Nidderdale Plus: delivering meals on wheels during Covid.

SHINING A LIGHT:
Examples of VCSE Organisations' Contributions to Health and Social Care Outcomes during Covid-19

CoLibra

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FOREWORD

Funding for this research by Colibra Limited comes from the West Yorkshire and Harrogate Health and Care Partnership, via the Harnessing the Power of Our Communities programme and overseen by a Steering Group comprising North Yorkshire Clinical Commissioning Group, Harrogate Borough Council and North Yorkshire County Council. This resource forms part of a longer-term ambition to support the resilience of the voluntary, community and social enterprise (VCSE) sector in Harrogate District and seeks to:

- Have the VCSE and public sector working more collaboratively in order to support and encourage local people to live healthier lives.
- Develop talent within the VCSE.
- Influence policy development and the co-design of services.
- Identify gaps in provision and communicating this to partners.
- Ensure the most hard to reach people within communities are heard.

The Programme in Harrogate and District is managed by Community First Yorkshire and delivered by the Strategic Leaders Group, a collective of 19 VCSE organisations. As Chair of the Steering Group I hope you find this a valuable and useful resource.

Dr Bruce Willoughby
Chair
Harrogate Harnessing the Power of Communities
Programme Steering Group

EXECUTIVE SUMMARY

Harrogate District Strategic Leaders Group exists to strengthen the visibility, credibility and position of the Voluntary, Community and Social Enterprise (VCSE) sector with wider health and social care system partners – including the NHS and Local Authorities. Their aim is for the VCSE sector to be an equal player in local health and social care leadership. They commissioned this research in July 2020 because they wanted to shine a light on how VCSE organisations contribute to positive health and social care outcomes, in particular during the first twelve weeks of the Covid-19 crisis.

This research does not seek to provide a comprehensive picture of Harrogate District's VCSE organisations engaged in delivering health and social care activities, nor does it claim to provide a representative sample, but rather to provide eighteen organisational examples, capable of demonstrating the range and diversity of the sector's health and social care provision, their responses and support during the first twelve weeks of the Covid-19 pandemic.

The eighteen organisations we were asked to interview for this research comprised a mix of:

(i) Eight geographically-based organisations addressing the needs of a particular community of place and delivering a range of services. (Including: Boroughbridge Community Care, Darley Community Support Group, Hampsthwaite Friendly Neighbours Group, Harrogate and District Community Action, Kirkby Malzeard Community Association, Nidderdale Plus, Masham Community Office and Ripon Community House).

(ii) Four organisations supporting a particular community of interest. (Including: Carers' Resource, Dementia Forward, Orb Community Arts and Supporting Older People).

(iii) Six service focused organisations. (Including: Citizens Advice Craven & Harrogate District's, Dancing for Well-Being, Pateley Shed, Resurrected Bites, Wellspring Therapy and Training and Your Consortium).

NOTE: There are estimated to be over 800 VCSE organisations operating across the Harrogate District (Source: **Harrogate District Council**).

All of the organisations interviewed were focused on supporting either the elderly, vulnerable, isolated or those who were shielding. These service user and geographically focused organisations were able to turn on a sixpence to rapidly re-engineer and diversify their support services during Covid-19. Significant digital transformations took place and in this sense, necessity really was the mother of invention. Health and social care support services delivered included: Prescription collection and deliveries; Covid-19 related information provision – online, over the phone, via newsletters and leaflet drops; Online counselling and advice; Shopping collection and deliveries; Provision of hot food; Foodbanks and Food Parcels; Delivering activity packs including jigsaws and books; Zoom exercise classes; Emergency transport provision; Befriending; Good neighbour schemes; Digital tuition and the provision of public access computers; Low maintenance gardening and dog walking.

Evidence from the six Community Support Organisations alone, during the first twelve weeks of Covid-19, demonstrates that these geographically based organisations made:

- 1915 prescription deliveries

- 3739 shopping deliveries
- 2346 telephone befriending calls
- 1122 phone check ins
- 1295 advice sessions
- 1148 pet care support
- 1390 food parcel deliveries
- 1303 meal deliveries
- 12819 interventions
- 641 GP appointments avoided with a potential cost saving of £19,000.00 (Based on £30.00 per GP appointment).

Across the eighteen organisations there was:

- A 126% increase in volunteers during the first twelve weeks of Covid-19.
- Representing a conservative estimated economic value of £173,000.00 (Note: This figure is based on just 66% of these volunteers volunteering for one hour a week over twelve weeks and assigning the national minimum living wage hourly rate of £8.72)

Collectively these organisations, and hundreds more like them, provided much needed safety nets for their communities of interest, place and identity. Thereby ensuring that the old, vulnerable, isolated and shielding were looked after and supported during these unprecedented times. Using strengths based approaches and drawing on their considerable community capital, these organisations add significant value in terms of local intelligence, local access, responsiveness, early intervention and prevention work. The health and wellbeing benefits of which, whilst difficult to quantify and qualify should not be underestimated, not least in terms of downstream demand and savings to the public purse.

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SECTION 1: INTRODUCTION

HARROGATE DISTRICT STRATEGIC LEADERS GROUP

The Harrogate District Strategic Leaders Group (SLG) was created in February 2019, with funding from the Harnessing the Power of Communities Programme (HPoC) via the West Yorkshire and Harrogate Health Care Partnership. The SLG aims to:

- Provide an opportunity for voluntary, community and social enterprise (VCSE) leaders working across the broad spectrum of health and social care services to engage with and influence the work of the West Yorkshire and Harrogate Health Care Partnership and the Harrogate District Public Services Leadership Board.

- Develop a local VCSE Alliance and Prospectus of Services.

- Secure representative membership of the **Harrogate and Rural Alliance**.

The SLG's vision is: '*For people in the Harrogate District to receive the right health and care services, at the right time, in the right place, by trained staff and volunteers, within a resourced and resilient system'* and '*For the Voluntary, Community and Social Enterprise (VCSE) Sector to have an equal place in local health and care system leadership'.* Thereby maximising impact on the health and wellbeing of local residents and making the most of local health and care system assets and resources.

The SLG comprises senior leaders from eighteen VCSE organisations. Appendix 2 provides a list of SLG member organisations. Going forwards, the SLG intends to significantly broaden and increase membership.

SLG meetings are chaired by an independent consultant and facilitated by Community First Yorkshire - the accountable body for the NHS Harnessing the Power of Communities Fund (Appendix 1 explains Harnessing the Power of Communities). The work of the SLG is overseen by the Harrogate District HPoC Steering Group, whose membership comprises representatives from Harrogate Borough Council, North Yorkshire County Council, North Yorkshire Clinical Commissioning Group (CCG) and Community First Yorkshire.

THE BRIEF, CONTEXT AND SCOPE OF THE RESEARCH

This report begins with the brief for the research, explains the context for this research, clarifies the terminology used throughout the report and details the methodology used. Case studies and cameos have been used throughout the report to highlight the VCSE sector's role and activities in terms of contributions to positive health and social care outcomes, both pre- and during Covid-19.

It concludes with a number of observations and recommendations for consideration by the SLG in terms of its future development, strengthening and positioning of the sector with health and social care system partners.

The Brief

In July 2020 CoLibra Ltd was commissioned by the Harrogate District Strategic Leaders Group (SLG) to research and report on Voluntary, Community and Social Enterprise (VCSE) organisations' contributions to positive health and social care outcomes and to shine a light on novel ways of working and collaboration, with a particular focus on activities during the Covid-19 pandemic. The report was to be accompanied by a set of case studies. The brief, agreed with members of the SLG, is contained in Appendix 3.

Context

This research was set against a backdrop of Harrogate District SLG wanting to strengthen the visibility, credibility and position of the VCSE sector with wider health and social care system partners. This aspiration is predicated on the belief that they make a vital contribution to positive health and wellbeing and that community life, social connections and having a voice in local decision-making are all factors that underpin good mental and physical health and reduce pressure on the Health and Social Care System. The VCSE sector operates at various levels including:

LEVEL	**SCALE**
1. Neighbourhood, Parish or Market Town	Where people live and where community happens.
2. Primary Care Network	The planning unit for GP practices.
3. The Harrogate Place	Harrogate District and the scale at which VCSE collaborations occur.
4. North Yorkshire	Where the majority of public service commissioning takes place.
5. Integrated Care System	Where transformation funding originates and is made available to place

VCSE organisations are active at all levels, however, a more equal relationship with system leaders is needed at levels 2-5. Community strengths based and collaborative working mainly happens at levels 1-3. Innovation and transformation take place at all levels but the transformation money to help change system working (i.e. HPoC and other innovation funds) originate and cascade from levels 4 and 5.

VCSE community centred approaches are about mobilising assets within communities, promoting equity and increasing people's control over their health and lives. As such community centred approaches can:

- Strengthen communities – where approaches involve building on community capacities to take action together on health and the social determinants of health.

- Enhance individuals' capabilities to provide advice, information and support or organise activities around health and wellbeing in their own communities.

- Build collaborations and partnerships – where approaches involve communities, local VCSE organisations and services working together at any stage of the planning cycle, from identifying needs to implementation and evaluation.

- Increase access to community resources – where approaches connect people to community resources, practical help, group activities and volunteering opportunities to meet health needs and increase social participation.

The National Institute for Health and Care Excellence (NICE) guidance endorses community engagement as a strategy for health improvement. There is a substantial body of evidence on community participation and empowerment and on the health benefits of volunteering.

NHS England's Universal Personalised Care Strategy (February 2019) represents more than just an internal NHS reset. It recognises that while medical intervention is a big part of the solution, it is only one part of the support needed to meet growing and changing demand. In particular, the plan recognises that social and behavioural factors are an integral part of healthcare alongside medicine. Feeling lonely, not feeling able to exercise or feeling overwhelmed in your everyday life all have a negative impact on an individual's health and wellbeing, including their ability to get better when they are ill.

This is where the VCSE sector comes in. As doctors themselves know, it is seldom enough to suggest to someone they should get out more, do more exercise or get on top of things at the end of a medical consultation. It is hard to break a habit, particularly when people don't have the confidence or motivation to do so. For doctors, time is a major limiting factor, but also the coaching skills needed to support people in this way. However, despite good intentions on both sides not that much, if anything, changes as a result. But outside of the NHS, there are many thousands of VCSE groups who know how to support people in this way – enabling them to build their confidence, motivation and sense of hope. There are well established support services that help people take steps to healthier behaviours and which combat loneliness, prevent ill health and build social fabric along the way.

What should be a win-win situation for the NHS and the VCSE sector, however, is full of challenges. One is the sheer gulf in scale between the two. The NHS is the fifth largest employer in the world and consumes over a hundred billion pounds of public money every year. The VCSE sector is a very diverse and broad church stretching from multimillion pound national charities through to small organisations operating on a shoestring and largely dependent on volunteers. This means that the NHS and wider Health and Social Care System organisations struggle to engage with this highly fragmented market, where it is hard to know who can do what best. At the same time the VCSE sector is often excluded from procurement procedures set up for much larger organisations.

As well as scale, another challenge is power. The VCSE sector has to balance their role as champions and advocates with their role as service provider. The former requires an ability to stand up to authority and challenge the status quo and the latter requires working in partnership across sectors – and these two are not always easy bedfellows. This results in an often uneasy tension in which both sides feel frustrated. On the NHS side it can feel like the VCSE sector struggles to move out of 'lobbying mode' and can feel 'relentlessly critical' and on the other side, the VCSE sector often feels shut out of key forums, unable to have a seat at the table and tasked with delivering services without enough funding and resources to do the job properly.

Covid-19 context

The Covid-19 pandemic is shining a light on the relative resilience of nation states; from the number of available ventilators, to food supplies, to the ability to provide monetary stimulus to keep the

economy afloat and to the resilience found in local communities and the ability of society and the state to work together in collaboration.

Whilst global in nature, the effects of the pandemic were seen and experienced at hyper local levels, with travel restrictions and social distancing making the population focus far more on immediate surroundings than ever before. The VCSE sector has always been a key player in the public health system and this is even more evident in the current situation. VCSE organisations are often closer to and better at connecting with marginalised, excluded and vulnerable groups than other sectors and are ideally placed to implement more community centred approaches. Understanding community needs and strengths and building local action are part of the public health response and can help build resilience. This should include:

- Having a strong and co-ordinated VCSE sector which can reach out to those in need in responsive and innovative ways.

- Utilising community led approaches to provide support and services alongside professional-led mainstream services.

- Maintaining two way communication and decision-making between communities and organisations to ensure needs and priorities are understood, resourced and addressed.

- Using strength based approaches and co-production and recognising the role of community development, especially in communities addressing the greatest health inequalities, in order to increase people's control over their health and wellbeing.

The diversity of the sector is often cited as a reason why health and social care system partners struggle to engage with the sector. However this diversity was arguably a real strength during Covid-19. The mix of geographical, interest and identity based responses delivered by VCSE organisations during Covid-19 meant that a large encompassing support net was there to reduce the numbers of people falling through.

In this sense, the Covid-19 pandemic has enabled a light to be shone on the many and varied VCSE responses and contributions to positive health and social care outcomes.

Terminology

For clarification, below we describe what we mean by the various terms used throughout this report:

- **Healthcare needs** are those which relate to the treatment, control or prevention of a disease, illness, injury or disability, and the care or aftercare of a person with these needs (whether or not the tasks involved have to be carried out by a health professional).

- **Social care needs** are those which focus on providing assistance with daily living activities such as: maintaining independence; social interaction; enabling the individual to play a fuller part in society; protecting those in vulnerable situations, helping people to manage complex relationships and (in some circumstances) accessing a care home or other supported accommodation. Social care in England incorporates the provision of social work, personal care, protection or social support services to children or adults in need or at risk, or adults with needs arising from illness, disability, old age or poverty.

- **VCSE organisations** – a broach range of independent organisations that are neither public nor private sector bodies, comprising charities, social enterprises, voluntary associations and faith based groups. These organisations may be large or small, staffed or entirely voluntary and can be differently constituted. They may focus on a community of place, interest or identity and may deliver generic or specialist services.

- **Health and Social Care System Partners** – these are mainstream public sector partner agencies and bodies such as the NHS, Local Authorities, Public Health, Clinical Commissioning Groups, GPs and Integrated Care Partnerships.

- **Outcomes** – these are the medium term results or differences experienced by beneficiaries, users or clients of services or activities.

- **Impacts** – these are the longer term results or changes resulting from interventions.

- **Social Prescribing** – a process that enables GPs, nurses and other primary care professionals to refer people to a link worker to enable them to access a range of local, non-clinical services to support their health and wellbeing.

- **Strength Based Approach** – an approach that emphasises people's or communities' self-determination, assets and strengths, rather than weaknesses or deficits. It is a philosophy and a way of viewing individuals and communities as resourceful and resilient in the face of adversity.

- **Strategic Leaders Group –** The Voluntary Sector Strategic Leadership group was created to Provide an opportunity for voluntary sector leaders working across the broad spectrum of health and social care services to engage with and influence the work of the West Yorkshire and Harrogate Health Care Partnership and the Harrogate District Public Sector Leaders Board.

- **Health inequalities –** are ultimately about the difference in the status of people's health, but the term is also commonly used to refer to the differences in the care that people receive and the opportunities that they have to lead healthy lives, both of which can contribute to their health status. Health inequalities can therefore involve differences in:

    - Health status, for example, life expectancy and prevalence of health conditions.
    - Access to care, for example, availability of treatments.
    - Quality and experience of care, for example, levels of patient satisfaction.
    - Behavioural risks to health, for example, smoking rates.
    - Wider determinants of health, for example, quality of housing.

- **Population health - is an** approach that aims to improve physical and mental health outcomes**,** promote wellbeing and reduce health inequalities across an entire population**.**

Methodology

The research methodology comprised mainly qualitative research and used a range of primary and secondary research methods, spanning eight headline tasks:

(i) Two initial meetings took place with the client (comprising four SLG members) to clarify the focus for this research.

(ii) Desk based research was undertaken to review a range of documents to provide further background information and context (these documents are listed in Appendix 4).

(iii) Agreement on those to be interviewed, and the development of two aides memoire for use in semi-structured interviews. One for use with VCSE organisations and one for use with Health and Social Care system partners. (The aides memoire are contained in Appendix 5).

(iv) Nineteen semi-structured interviews were undertaken with VCSE organisations, nine of whom were SLG members. The organisations interviewed included a diverse range of groups and organisations to reflect the sector, ranging from: well established place-based and focused charities providing generalist support; specialist organisations serving a particular community of interest or identity and delivering specific support services and; small unincorporated community groups/mutual aid groups that had sprung up to respond to the Covid-19 crisis. (Appendix 6 contains a list of VCSE organisations consulted).

A number of these organisations were also called 'Community Support Organisations' (CSOs). CSOs are part of North Yorkshire County Council's response to providing support during Covid-19. (Appendix 8 provides a diagram which outlines the role of these CSOs).

(v) Five semi-structured interviews were undertaken with individuals from the Health and Social Care System, all of whom sit on the HPoC Steering Group. (Appendix 7 lists those consulted).

***Note**: Given the need to adhere to safe working and social distanced ways of working during Covid-19, only two face-to-face interviews took place, the remainder were conducted by Zoom or over the phone.*

(vi) Ongoing client liaison and reporting.

(vii) Analysis and production of a draft research report for comment.

(viii) Final Research Report.

It should be noted that this research was never intended to provide a comprehensive picture of all Harrogate District's VCSE organisations engaged in delivering health and social care activities or even to be a representative sample, but rather to provide some examples of the range and diversity of such provision. Nor was this research an exercise to evaluate VCSE outcomes and impacts during Covid-19, as this would have been a completely different exercise, involving clear outcome identification and the robust attribution of cause and effect. Impact evaluation would not have been possible until further time elapsed, since the outcomes associated with a particular action take time to trickle through and become visible and therefore generate data which can be analysed to identify impact.

Segmentation of the VCSE organisations consulted

The VCSE organisations interviewed for this research fall into three broad categories:

(iv) Eight geographically-based organisations addressing the needs of a particular community of place and delivering of a range of services. (Including: Boroughbridge Community Care, Darley Community Support Group, Hampsthwaite Friendly Neighbours Group, Harrogate and District Community Action, Kirkby Malzeard Community Association, Nidderdale Plus, Masham Community Office and Ripon Community House).

(v) Four organisations supporting a particular community of interest. (Including: Carers' Resource, Dementia Forward, Orb Community Arts and Supporting Older People).

(vi) Six service focused organisations. (Including: Citizens Advice Craven & Harrogate Districts, Dancing for Well-being, Pateley Shed, Resurrected Bites, Wellspring Therapy and Training and Your Consortium).

The following findings from the research are intended to shine a light on the activities of the VCSE organisations interviewed, and in particular their response to the Covid-19 crisis. The findings also, where appropriate, include the perspectives from the wider System Partners consulted.

SECTION 2: FINDINGS

ADDING VALUE

VCSE organisations interviewed articulated various ways in which they believed they add value to the Health and Social Care System. Responses coalesced around the following different areas:

Community Capital, Social Value/Dividends

As previously mentioned VCSE organisations usually support a particular community of place, interest or identity or to provide specific services to address particular needs. They are neither part of the State (public sector) nor profit driven entities and therefore exist and operate in the space between – often referred to as the Third Sector. They pride themselves on being independent, accountable and user/client/beneficiary focused organisations and these attributes help build trust, deep roots and deep connections and reach into the communities they serve. As such VCSE organisations have extensive community capital. Community capital, sometimes called social capital, is defined as the 'banked goodwill that helps build trust between various groups within a community'. This community capital, resultant community led action and targeted interventions (especially those seen during Covid-19) strengthens communities. These social relationships have a value and by connecting people to others in their local areas this value can be grown.

The Royal Society of the Arts (RSA) 'Connected Capital'[1] argued that interventions which build and strengthen social relationships generate four kinds of social value or 'dividends': Wellbeing, Citizenship, Capacity and Economic dividends. These dividends can be derived by a managed approach to unleashing the value of community capital. Like other forms of capital, community capital can be increased, reserves of it can be unlocked, and putting it to use can bring about great social, economic and personal benefits.

VCSE organisations subscribe to the notion that there are assets within communities – including the social relationships that form the basis of these communities – and that these assets can be mobilised to the benefit of the members of those communities. The many examples and cameos throughout this report show how VCSE organisations successfully tapped into and deployed these assets, not least through the hidden armies of volunteers and tapping into external funding, sponsorship and private sector goodwill.

Local Intelligence, Access and Responsiveness

VCSE organisations interviewed were proud of their levels of knowledge and understanding of the communities they serve. The depth of which is in part a result of the community capital referred to above. As locally based organisations, with fingers on pulses, they believe they are well placed to: Identify local issues, challenges and problems; Find, engage and support those who are vulnerable or

[1] The Value of Connected Communities Report. Edited by Matthew Parsfield, with Professor David Morris, Dr. Manjit Bola, Dr. Martin Knapp, A-La Park, Maximilian Yoshioka and Gaia Marcus. October 2015.

in need; Develop and deliver local community based support interventions or signpost appropriately. This local reach, intelligence and responsiveness was particularly important during Covid-19.

Early Intervention and Prevention

A broad range of activities were delivered by the organisations interviewed, many of which they categorised as being preventative in nature and which support people to stay well, active and living in their own homes for longer. For example, activities which:

- Reduce social isolation and loneliness and thereby prevent the well documented negative impacts associated with loneliness - such as providing volunteering opportunities, delivering befriending and good neighbour schemes, support groups, running activity groups and inclusive community activities.

- Ensure people have access to healthy, nutritious food thereby supporting good health - such as running a Pay-as-You-Feel café, delivering food parcels and foodbanks.

- Transport people to enable them to access hospital, GP and dental appointments or to engage in social group support activities or access services such as community transport schemes and volunteer driver schemes.

- Support carers - see the cameo below on the benefits Carers' Resource's delivers.

CARERS' RESOURCE

Being an unpaid carer can have a significant impact on an individual's mental and physical health, wellbeing and finances, and can be a frightening and very lonely place. Many carers do not recognise themselves as such or know how or where to get help. Carer UK "State of Caring Survey" found that:

- 72% of carers reported mental ill health
- 61% reported poor physical health
- 65% of older carers (aged 60-94 years) had long-term health conditions or disabilities themselves
- 81% reported feeling lonely or socially isolated.

Older carers are disproportionately affected by social isolation, particularly in rural areas.

Carers' Resource work directly with carers to support them. Early intervention prevents crises, as they explained: "if carers don't cope, there will not be one person in hospital but two. If the carer becomes unwell through stress or depression for example and puts off going to the doctor or an operation because they do not have any other support for the person they are caring for, there will be a cost the Health Sector. In terms of finance, therefore, the provision of support to carers represents a saving to the NHS, as well as the work of (mainly unpaid) carers saving Health and Social Services considerable money[2]."

[2] The State of Caring Report 2019, published by Carers UK, includes an estimate of carers' support being valued at £132 billion p.a. nationally.

Interviewees believed that these types of prevention activities helped to stop individuals at risk deteriorating further or going into crisis and having to access mainstream health and social care provision. Having their finger on the pulse as mentioned earlier served to help stop people falling through the gaps in the local Health and Social Care System. This support for older and vulnerable people during Covid-19 has potentially averted an increase in the number of avoidable emergency admissions to the Health and Social Care System downstream.

Significant Contributions to Wellbeing

Without exception, all of the VCSE organisations interviewed for this research, regardless of whether they focused on a community of place, interest or identity or on delivering a particular activity or service, felt that they made substantial contributions to the wellbeing of those they supported. They tended to reference their contributions to one or a number of the New Economics Foundation's (NEF's) five wellbeing indicators. NEF frames wellbeing as comprising two main elements: Feeling good - happiness, contentment, enjoyment, curiosity and engagement are characteristic of individuals with positive experiences of everyday life and; Functioning well – positive relationships, having some control over lives and a sense of purpose. NEF's Five Ways to Wellbeing model is well known and has considerable traction with groups as diverse as General Practitioners, mental health commissioners, arts practitioners, church groups, community and voluntary organisations, Local Authorities and civil service departments alike. The model posits five key and mutually reinforcing aspects which contribute to wellbeing, these being:

(i) ***Being connected*** **-** Feeling close to and valued by other people is a fundamental human need and one that contributes to functioning well in the world. These social relationships are critical for promoting wellbeing and for acting as a buffer against mental ill health for people of all ages.

(ii) ***Being active*** **-** Regular activity is associated with lower rates of depression and anxiety across all age groups. Exercise is essential for slowing age-related cognitive decline and for promoting wellbeing. But it doesn't need to be particularly intense - slower-paced activities, such as walking, can have the benefit of encouraging social interactions as well providing some level of exercise.

(iii) ***Taking notice*** **-** Studies have shown that being aware of what is taking place in the present and around you (sometimes called mindfulness), directly enhances wellbeing and discourages self-criticism and introspection. Heightened awareness also enhances self-understanding and allows people to make positive choices based on their values and motivations.

(iv) ***Keep Learning*** **-** Continued learning through life enhances self-esteem and encourages social interaction and a more active life. Anecdotal evidence suggests that the opportunity to engage in work (paid or voluntary) or educational activities, helps to lift people out of depression. The practice of setting goals, in particular, has been strongly associated with higher levels of wellbeing. Emerging evidence also suggests that keeping the brain active through learning is helpful in preventing or delaying the onset of dementia.

(v) ***Keep Giving*** **-** Participation in social and community life has attracted a lot of attention in the field of wellbeing research. Individuals who report a greater interest in helping others are more likely to rate themselves as happy. Research into actions for promoting happiness has shown that committing an act of kindness once a week over a six-week period is associated with an increase in wellbeing.

In general, the evidence base around these five influencers of wellbeing is growing. Having strong social relationships, being physically active and being involved in learning are all important influencers of both wellbeing and ill-being. Similarly, the processes of giving and becoming more aware have been shown to specifically influence wellbeing in a positive way. A combination of all of these behaviours can help to enhance individual wellbeing and may have the potential to reduce the total number of people who develop mental health and other disorders in the longer term.

Cost Savings

In terms of cost savings to the Health and Social Care Sector, VCSE organisations outlined several ways in which they believed they achieve this. For instance:

- Delivering Home from Hospital schemes which support earlier discharge from hospitals and reduced subsequent re-admission rates.
- Reduction of potential Health and Social Care clients by supporting people with non-clinical conditions.
- Delivering holistic programmes of support which identify and address health and wellbeing issues alongside other.
- Staving off potential clinical cases through prevention work mentioned above.
- The potential for social prescribing solutions – which have yet to be fully realised.

NOVEL APPROACHES PRE-COVID-19

The research asked the interviewees whether they could identify non-clinical health or care innovations that their organisation had developed, delivered or been involved with pre-Covid-19.

This exploration yielded relatively few examples, probably due to the fact first that many innovations can be incremental and therefore difficult to identify as truly novel, and second that whilst the VCSE organisations deliver very valuable services they do not necessarily categorise them as innovative. The responses of several interviewees can be paraphrased as follows: *"we are not sure any of what we do is innovative, but it is all very much valued, needed and wanted"*.

It may also be that these organisations, many of which deliver their services with much stretched resources, do not have time to step outside of the everyday operational management to spend time on developing alternative and novel ways of supporting their communities. Covid-19 in a sense forced many organisations to adopt different and sometimes new approaches and these are detailed in the following section.

Pre-Covid-19, the examples cited of innovation by VCSE organisations include:

- **Nidderdale Plus** (a registered Charity) working with GPs to develop a prescription delivery service. This was accelerated through Covid-19 and is now in place.

- **Resurrected Bites** (a Social Enterprise) set up three affordable food cafes in Harrogate and Knaresborough, run by volunteers with supplies coming from Fareshare and donations from local supermarkets. They were run along 'Pay-as-you-feel' lines and used by different members of local communities. Profits were ploughed back to ensure those with limited economic means could access healthy, nutritious, hot and cold meals and snacks in accessible and friendly cafe environments. Resurrected Bites diverts perfectly good food from landfill - as they say, *"into people's bellies not bins".*

- **Citizens Advice Craven & Harrogate Districts** (a registered Charity) had begun to deliver advice sessions from North House GP's surgery once a week, thereby enabling greater interaction and access to clients. Indeed one client reported *"Basically I can get transport to get to the doctors, but I cannot get transport to anywhere else, so actually I've been able to see you (Citizens Advice) because you were in the doctor's survey".*

- **Citizens Advice** had also formed a partnership with **MIND in Harrogate** and **Orb Community Arts** as part of their mental Health Prevention Contract from North Yorkshire County Council to improve referral processes to enable easier and more seamless ways of moving clients around.

- **Your Consortium** (a Social Enterprise) spoke of the way their Action Towards Inclusion programme had adopted an holistic approach to employability and skills development for clients, which incorporates a focus on health and wellbeing, debt and financial capabilities and provides wellbeing courses, counselling and group sessions.

- The **SLG** with HPoC1 funding had co-ordinated the delivery of Mental Health Awareness Training (using different delivery organisations) for 120 people across a range of Public Sector and VCSE organisations. This was reported to have provided valuable networking, awareness raising, and relationship building opportunities between individuals/organisations and helped to make connections across the sectors and raise the profile of the VCSE Sector in particular.

- The SLG had previously commissioned a Community Asset Report and a Harrogate District Strategy to tackle Loneliness, for the full strategy, click **here**, or download a summary **here** . The latter linked to Community First Yorkshire's County wide Loneliness Strategy.

DIFFERENT APPROACHES DURING COVID-19

The Covid-19 crisis hit suddenly and Government restrictions severely impacted VCSE organisations' ability to deliver services. The research undertaken for this assignment confirms what has been widely acknowledged; that government, organisations, businesses and individuals have all had to address the unforeseen chaos caused by the virus and lockdown and adapt rapidly to enable the population to continue to live without facing significant health, social and financial difficulties.

In the VCSE sector, as with the Health and Social Care Sectors, the impact on staff, systems and services was unprecedented. In exploring this impact, and how VCSE organisations have done things differently during Covid-19, it is clear that many of the changes introduced were not what could be considered significant innovations, but rather modifications and adaptation. The degree to which these changes or adaptations have been successful and positive is impressive (and in many cases not predicted), and several organisations consulted reported their intention to continue with these changes in the future.

It appears that in many cases, Covid-19 has acted as a catalyst to redesign and implement novel or alternative ways of working and delivery, some of which were previously under consideration. Prior to Covid-19 these changes had been deferred due to perceived obstacles to change, or because they were considered to be too time-consuming. Covid-19 has, in the words of one of those consulted, *"given them a giant kick"*.

In many cases the changes made were more than just 'tweaks', with some new groups being formed specifically to deal with the crisis.

The Public Sector

Examples of different ways the public sector operated during the Covid-19 include:

- North Yorkshire County Council's (NYCC's) Stronger Communities' existing strengths based approach was amplified further through investment in the 23 local Community Support Organisations (CSOs) of which six were in the Harrogate District.

- NYCC's Stronger Communities team worked in partnership with other funders to de-duplicate funding, ensure synergy and maximise investments.

- Harrogate Borough Council (HBC) worked more closely with Parish Councils around digital inclusion and with faith-based organisations around food poverty.

- Setting up of hospital discharge command centres, enabled through bolstered community support to aid patient flow out of hospitals and back into the community or care homes.

In general a more 'can do' attitude prevailed, with reduced red tape, fewer institutional barriers and more reaching out to ask how they could help each another.

The VCSE Sector

Strength Based Approaches

Strength based approaches are a localised and bottom-up way of strengthening communities of place, interest or identity, through recognising, identifying and harnessing existing 'assets' (i.e. things like skills, knowledge, capacity, resources, experience or enthusiasm) that individuals and communities have, which can help to strengthen and improve things locally. The approach facilitates the empowerment of individuals and communities by helping them to identify and share their strengths and then work together to create their own social innovations.

The value and reach of strength based approaches took centre stage across North Yorkshire during the pandemic. North Yorkshire County Council's approach was to badge 23 existing, geographically focused organisations as Community Support Organisations (CSOs). Six of these were in the Harrogate District and each was given additional funding to co-ordinate place-based activities, to ensure that older and vulnerable residents knew where to go for local support. The flowchart in Appendix 8 outlines the County Council's CSO framework.

Whilst there was no prescribed delivery, each CSO was expected to offer the following:

- Information on local shopping options and trusted suppliers who were making deliveries.
- Collection and delivery of shopping.
- Collecting and delivering prescriptions.
- Pet care e.g. dog walking.
- Regular social contact via telephone, FaceTime, Skype or other methods.
- Encouraging Covid-19-secure links with others in similar situations.
- Delivery of books, magazines or other materials to support hobbies.
- Reassurance with accurate and up to date advice and information on the local support offer.
- Signposting to other local support.
- Access to North Yorkshire Local Assistance Fund (NYLAF) for food.
- Information on local charities seeking volunteers for those wanting to volunteer.

Five of the six CSOs were interviewed. The services they developed and delivered varied, but broadly included:

- Co-ordinating a small army of volunteers (existing and new), with assignation to houses/streets/tasks.
- Checking on people and identifying frail, socially isolated and vulnerable people.
- Telephone advice lines/local contact points.
- Phone calls to combat social isolation and/or befriending services.
- Information provision through newsletters, bulletins, leaflets, WhatsApp groups, Facebook groups, e-zines and community websites.
- Creating new websites.
- Shopping services including deliveries.
- Putting in place ordering systems with shops and providing information about which shops were open.
- Providing hot food e.g. 'Meals on Wheels', hot soup, fish and chips and take-aways.
- Prescription collection and delivery.

- Foodbanks and food parcels
- Transport – community car schemes with volunteer drivers and minibuses.
- Low maintenance gardening.
- Dog walking.
- Provision of public access computers.
- Lift share schemes.
- Digital tuition.
- Access to and delivery of craft projects and activity packs (and in some cases funding these).
- Library book and jigsaw deliveries.

Nidderdale Plus CSO covered a large, predominantly rural, area and operated a hub and spoke model. They divided Nidderdale into thirteen hyper local geographical communities, each with a lead local Coordinating Volunteer. The cameo below outlines how the village of Hampsthwaite, within Nidderdale, responded.

HAMPSTHWAITE FRIENDLY NEIGHBOURS GROUP

Hampsthwaite is a small village, five miles North West of Harrogate in Nidderdale, with a population of just over 1,000 people. Pre-Covid-19, a village Facebook group was in existence.

Early on in the pandemic, community members started to post concerns about older and vulnerable people in the community. A Facebook post calling for volunteers resulted in 40 individuals coming forwards and the Hampsthwaite Friendly Neighbours Group was formed. WhatsApp and Zoom were used to run meetings and co-ordinate activities.

They divided the village into several different patches to ensure nobody fell through the net and volunteers were assigned to each patch. They tapped into and used Nidderdale Plus's support, which they described as 'a godsend' and said that knowing they could call them with any queries, meant the community did not feel alone.

Volunteers aged 17 plus came forwards and one volunteer set up her landline as the main contact point, and this was 'staffed' seven days a week by herself, her husband and their two adult children. Calls came in from: older people living alone and not able to make hot meals; those shielding who could not get out to collect medication; sons and daughters of older people, living miles away, not able to travel and concerned about their parents' social isolation; a young mum with pneumonia not able to shop or collect prescriptions and a single parent with a son with autism who was terrified of going outside and catching Covid-19, which meant she could not leave the house either.

Hampsthwaite's forty volunteers collected prescriptions and food, leaflet dropped every house in the village, collected donated food, made up and delivered food parcels, created food storage facilities within the local hall, made hot food/soups and delivered to vulnerable and older residents, delivered 70 afternoon teas to cheer people up; organised VE day

celebrations involving loud music being played from the hall so all could hear and arranged Fish and Chip supper deliveries.

Covid-19 brought the community together and created new social bonds. One person reported that in the first few weeks of Covid-19, she had met more people than she had in the 22 years she had been living in Hampsthwaite.

Harnessing the Power of Volunteers

It is already a matter of great national pride that in a matter of days more than 700,000 people registered to become NHS Volunteer Responders. However, there has been far less celebration of the thousands of VCSE organisations and mutual aid groups which quickly organised support for some of society's most vulnerable and whom attracted and co-ordinated their own local volunteers, in significant numbers.

VCSE organisations are able to extract considerable added value from those volunteering their services with them. A rough estimate based on the interviews with 19 VCSE organisations, is that pre-Covid-19 these organisations were working with around 1,100 volunteers. During Covid-19 a further 1,390 volunteers came forward - this represents 126% increase in volunteer numbers. A very conservative estimate can be made of the value of the volunteer contribution: if two-thirds of those existing and new volunteers delivered just one hour of support per week in the first 12 weeks, this would result in 19,920 hours, which has an economic value of over £173,000 using the National Living Wage hourly rate of £8.72.

The increased scale of service delivery amongst VCSE organisations during Covid-19 has largely been made possible through the significant numbers of additional volunteers coming forwards. The demographic of Covid-19 volunteers was more diverse than previously. This is, in part, explained through volunteers coming forwards who had been furloughed from work or college/university age students.

In some cases the existing volunteers could not, or chose not to volunteer during lockdown, primarily because they were over 70 or shielding. In most cases, however, existing and new volunteers took on a wide range of roles, some of which they had not done before and were widely praised as having gone above and beyond expectations.

MASHAM COMMUNITY OFFICE

Masham had two existing volunteers who were extremely proficient in terms of IT, both over 70. They had been supporting the community before Covid-19 hit, one generating information for the 'Visit Masham' Facebook page, and the other emailing occasional newsletters.

During Covid-19, one of the volunteers sent out a daily newsletter containing the latest government information and guidelines, changes,

things happening locally which people needed to be aware of, information on how to get help, which shops were open, who was providing take-aways, etc. The volunteer and his wife, also a volunteer in Masham, spent 50 hours a week researching, writing and editing the daily bulletin.

Masham Community Office reported that this newsletter had been one of the successes of Covid-19. It was circulated electronically to around 70% of Masham's 750 addresses (those where an email address was available), and consistently achieved an 80% 'open rate'. Most of the community have said the newsletter was one of the most significant things for them because they felt secure knowing the rules, what was going on and how to access local delivery. They also felt connected.

The one concern was about how information was communicated to people not connected to the internet. This proved very difficult to solve as they were discouraged from putting paper through people's doors. The Community Office tried to encourage anyone reading the newsletter to pass the information to those not online.

Disclosure and Barring Service (DBS) checking processes for new volunteers was in some cases an issue. To combat this, several organisations described their flexible approach to addressing this. For example:

- By deploying volunteers with DBS checks in place first where having a DBS check was required.
- Using volunteers without a DBS check for roles that did not require this to be in place.
- Putting alternative policies and procedures in place, for example guidelines laid down by the County Council or requesting a passport and identification and having an inception meeting with volunteers or putting a Safeguarding Policy in place.

Supporting the Elderly, Frail, Vulnerable and Socially Isolated

Much of the focus of the VCSE organisations interviewed was on supporting the older, frail, vulnerable and socially isolated people during Covid-19 - those who were unable to leave their homes to carry out activities such as shopping, collecting medical prescriptions and attending appointments.

As well as circulating information about the services on offer and inviting people to make contact if they had a need, a great deal of effort went into identifying and then providing support to those who were socially isolated, whether that was through living alone, having an insufficient network of family and friends, or being cut off from face-to-face contacts due to the restrictions of Covid-19.

Once identified, volunteers were at the forefront of:

- Making telephone calls to check an individual was all right and whether they were in need of anything.
- Befriending services, using telephone or other online methods, where the calls were regular and social as well as practical.
- Shopping on behalf of shielding individuals.
- Making deliveries (of shopping, cooked food, food parcels, prescriptions and other things that were needed).
- Doorstep chats when making deliveries, which reportedly reduced the sense of isolation.
- Prescription collections and deliveries.
- Delivering books, jigsaws and, materials for hobbies and activity packs.
- Gardening and pet care.
- Providing transport in emergencies.

Supporting Older People's charitable objectives are to address the issues faced by the elderly. The cameo below describes their work and response during Covid-19.

SUPPORTING OLDER PEOPLE

Supporting Older People was founded in 1982 and is a small registered Charity which aims to alleviate loneliness and isolation amongst older people. Their team of three part-time staff is supported by a committed and active team of 100 volunteers. They primarily support older people living in Harrogate and Knaresborough.

Pre Covid-19 they delivered: Monthly tea and talk sessions for 40 people with transport provided by local volunteer car drivers; Face-to-Face befriending for 157 people; Various group activities for 200 people; Monthly trips and outings with the Happy Wanderer for 12-14 people; A Singing Group at St Peter's Church; Co-ordinated Lunch Club and Dining Out Clubs using local independent cafes and restaurants, and a weekly movement and music group.

They organise: Social activities, outings and events; Liaise with family, statutory agencies and voluntary organisations; Host events where volunteers and the older people they support join together e.g. quizzes, Christmas parties or International Day of Older Persons' Lunch.

During Covid-19, a further 200 volunteers came forward offering support. Demand increased from 220 service users to 500. All group and face-to-face activities were shifted online or over the phone. They started a shopping and prescription collection and delivery service. They linked with Asda, Waitrose and the Round Table for food parcels – the first two donating food and the latter crowd sourcing £5,000 to help with food bags, frozen meals and administrative costs. In addition, in partnership with a local cook they have delivered 4,500 meals, on average delivering 40 meals a day. Referrals came in from Living Well, some GPs, Mutual Aid Groups, and Churches, self-referrals, family members and mental health teams. They have also sent out guidance and treats for service users who see them as a trusted pair of hands.

During Covid-19, a 23 year old volunteered her services to help raise Supporting Older People's profile and has been doing blogs, twitter and social media for free which has led to lots of positive local press and radio coverage, and they were even approached by a London film maker to do a piece on them. Such has been their media coverage success that they received referrals from as far away as Darlington, Cumbria and Kent.

Going forwards they are set to become a social prescribing organisation for the Living Well Team. They also reported an 80% new volunteer retention rate. They intend to keep telephone befriending alongside their face-to-face befriending services. They are looking at digital developments and greater use of Facebook and Zoom and exploring with Ability Net how to encourage older people with an interest in using IT. They also propose to retain elements of the flexible home working for staff.

HADCA, alongside the other five Harrogate District CSOs, also provided a raft of services to support those who were elderly, infirm, and alone or with underlying health conditions which required them to socially isolate. Their Covid-19 response is summarised in the cameo below.

HARROGATE AND DISTRICT COMMUNITY ACTION (HADCA)

HADCA's services include: Volunteer Driving for individuals with poor mobility and health, lack of transport or a loss of confidence to go out and about alone; Befriending for those living in their own home, missing social interaction, feeling isolated or generally at a low ebb and; Help at Home -providing gardening, decorating and basic repair service for older and vulnerable people. In the year 2019/20 they delivered 11,726 journeys for people, undertook 285 practical jobs for people in their own homes and gardens, delivered 2,350 hours of practical support around the home for individuals who struggle with certain tasks and supported 132 volunteers to help deliver services. The vast majority of service users are older and vulnerable people aged 75 years plus.

When Covid-19 hit, HADCA had to suspend their Volunteer Driving scheme. Their befriending service saw an increase of 700 new people requesting support and they shifted support from face-to-face to the phones and have been undertaking garden visits when possible. Their Help at Home service had to stop, the only exception being emergencies. They attracted an additional 250 volunteers during Covid-19, to supplement their existing 100 volunteers, thereby enabling them to provide extra befriending support, leaflet drops, telephone support and signposting and

increased partnership working with other support agencies in Harrogate.

Tackling Food Poverty

Some estimates say that as many as ten percent of parents in the UK rely on charities and Foodbanks to buy enough good food. Food poverty, or household food insecurity, can often be triggered by a crisis in finance or personal circumstances and the pandemic fed into this.

Foodbanks existed before Covid-19. However, the need for these services rose during the pandemic. Referrals into foodbanks came from GPs, Social Services and Schools. People who had never used a food bank before found themselves in need because they had lost their job and there were delays in receiving Universal Credit. Two main challenges facing existing foodbanks were highlighted: (i) Access - because of travel restrictions not everyone was able to travel to them; (ii) Food bank volunteers (primarily of an older age range) found themselves having to socially isolate or shield and not therefore able to continue volunteering.

In two cases, a new local branch of a food bank was set up in collaboration with the existing one, often with the local church taking a central role in establishing and running it, for example in the village of Darley, where the back of the church was used to receive food coming from Pateley Bridge, and in Boroughbridge where they opened up a local branch of the Ripon Food bank. Ripon Community House (RCH) took over the running of the Ripon Food bank from the Salvation Army and Local Church, whose volunteers were no longer able to run it because of shielding. They received donations of food and essential goods from individuals, local supermarkets and people who did not need the Government Food boxes they received. In RCH's case, people referred into the food bank were entitled to three food boxes over a three month period, to avoid building dependency and expectation. Those collecting food boxes could also help themselves to perishable goods donated by supermarkets three times a week.

RCH reported a glut of various goods which had been donated, such as sanitary protection, which they have been offering free to schools, in order to build relationships and also in the hope of promoting referrals from schools for families in need. Their approach, as with many others, has been to provide a service, but also to capture other issues enabling them to signpost people to other support services.

The organisation - Supporting Older People - worked in partnership with a local cook and has delivered 4,500 fresh meals. They were also supported by grants from Waitrose, Asda and Ruby and George Trust, and the Round Table crowd funded £5,000 to cover food bags, frozen meals and administrative costs.

Providing services involving perishable and non-perishable goods required space and refrigeration. The scale of donations was significant, for example RCH reported having received 25 tonnes of food donations and supported 400 families with food parcels.

Resurrected Bites had to close their three pay-as-you-feel-community cafes and within two days of closure transitioned to being able to deliver food to people at home. The cameo below provides more detail.

RESURRECTED BITES

Resurrected Bites set up a Food Waste Café on a pay-as-you-feel basis, as part of a local church in Harrogate in 2018. They receive donated food from Fareshare and local supermarkets and their model essentially stops perfectly good food unnecessarily ending up in landfill, by diverting it into people's bellies not bins. One paid member of staff supported by 65 active volunteers ran until Covid-19 three cafes across Knaresborough and Harrogate. Customers are largely, but not exclusively, from lower income families at risk of food poverty.

The onset of the pandemic meant they had to close all three cafes. However, within two days they transitioned to delivering food parcels to people at home and have provided food for 3,850 adults and 2,338 children. Food parcels include fresh food items to those at risk of food poverty. Individuals needing support could self-refer, and GPs and District Nurses also made referrals into this service.

With the help of an IT Programmer from Knaresborough Connectors they were able to set up a new website system with user accounts to enable people to order items for delivery. Their holistic approach ensures that conversations are had with all users to ascertain if they have other needs such as; benefit checks, mental health support or assistance with getting to appointments and users are signposted to other areas of support if needed.

During the pandemic they had to move premises to accommodate thirteen new fridges to keep food fresh. Harrogate Borough Council greatly assisted by providing removal vans and support with purchasing new fridges.

Going Forwards Resurrected Bites are keen to re-open their three pay-as-you-feel cafes, because these serve to enhance community connections.

Enabling and Improving Access

Transport

Pre-Covid-19, VCSE organisations delivered and co-ordinated a range of transport provision including:

- Volunteer driver schemes - where volunteers used their own car or an organisation's vehicle to transport individuals without access to private transport and where public transport is limited or non-existent. These journeys typically covered hospital, GP and dental appointments, but were also used for other activities such as shopping, care home visits and exercise classes.

- Community transport schemes using minibuses to transport groups of people at subsidised rates for group outings and activities.

- Car lift sharing schemes.

Social distancing requirements proved to be a significant challenge for public and community transport provision during Covid-19. Whilst some services, such as the community transport service in the Nidderdale Plus area were maintained, others were stopped or only operated for emergencies.

VCSE organisations successfully re-engineered their transport services to keep the wheels turning. This led to a shift in volunteers collecting and delivering people to collecting and delivering shopping, prescriptions, food parcels, Meals on Wheels, take-aways and hot meals, library books, jigsaws and activity packs. These deliveries had the additional benefit of providing much needed, albeit socially distanced, contact with valuable doorstep chats taking place.

Volunteer driver transport was also used to help the NHS, for example Nidderdale Plus delivered essential supplies from the local NHS to over 80 care homes and five GP practices.

Prescriptions and shopping collection and delivery

Practically all the place-based groups and organisations set up prescription collection and delivery services. The impacts of this service should not be underestimated in terms of reducing a person's stress about: (i) accessing medication, and (ii) worrying about detrimental effects on their health if they were unable to access the medication.

Mechanisms to manage this included the provision of permission slips for those collecting prescriptions on behalf of others. The local GP surgery approached Masham Community Office the week before lockdown to see if they would co-ordinate prescription collection and delivery services for them. They issued all referrals for prescriptions to the Community Office and a volunteer was then tasked with collecting and delivering the prescription. Nidderdale Plus delivered 50 prescriptions per week. In Boroughbridge, the doctor's surgery gave Boroughbridge Community Care a direct line into the surgery in case of problems relating to prescriptions, and the local pharmacy grouped the prescriptions by area for ease of volunteer delivery. Boroughbridge Community Care also worked very closely with the Community Nursing Team.

Access to Information, Advice and Support

VCSE organisations played a key role in the provision, cascading and distribution of Covid-19 related information to their communities of interest, place and identity. Various communication mechanisms were used to ensure widest possible reach and access, including paper based routes such as information leaflet delivery to all households, postcards for residents and service users, newsletters, bulletins and posters as well as telephone and online methods such as phone calls, WhatsApp and Facebook groups, emails, community websites and dedicated Covid-19 pages on websites.

Boroughbridge Community Care's volunteers delivered 8,000 leaflets through people's doors. Dementia Forward's staff and volunteers created hand painted and handwritten postcards for service users and sent 4,000 through the post – aided by a donation of stamps from two trustees. Darley Community Support Group stepped up the frequency of its local newsletter by producing three additional newsletters in the first twelve weeks of Covid-19. These were delivered to all households and supplemented by weekly emails. As already highlighted, Masham Community Office

worked with two volunteers who organised daily bulletins to be circulated to all the residents who were online.

KIRKBY MALZEARD, LAVERTON & DALLOWGILL COMMUNITY ASSOCIATION

Kirkby Malzeard is a village seven miles north east of Ripon which falls within the Nidderdale Plus area. It has a population of 1,147.

Covid-19 accelerated the setting up of an interactive community website portal to bring all village activity under one umbrella. The website was designed for free by the husband of a local Parish Councillor, involved in co-ordinating the local response.

The website (www.kirkbymalzeardarea.co.uk) and a Facebook page were used to promote government advice and information from trusted sources such as North Yorkshire County Council, the police and the BBC during Covid-19, and included pages on:

- Shopping information
- Latest advice on isolation
- How to make a face mask
- Keeping safe whilst volunteering (a free online course)
- Scam Covid-19 emails
- Inspirational Captain John Moore
- Thank you for volunteering
- Mental health during lockdown
- Prescription delivery service
- Library books and resources.

Other website permanent sections included:

- News and events
- Community groups
- Local businesses
- Market Place
- Parish Council
- Quick links.

Whilst the use of ICT was instrumental in providing open access and communicating with local residents and service users, not all people are online. Where this was the case, attempts were made to ensure that these people were kept informed.

Greater use of ICT

Being unable to deliver face-to-face services during the pandemic, VCSE organisations had to pivot towards using digital tools to enable remote working, communication and service delivery. Examples include counselling sessions over Zoom, remote Microsoft staff team meetings, WhatsApp groups for local communities, telephone befriending and Facebook call outs for volunteers. In this sense, necessity has largely been the mother of invention.

There was a significant shift to making greater use of information, communication technologies to maintain and re-engineer service delivery by VCSE organisations during Covid-19. In some cases what organisations had not thought possible, proved to be possible. For instance, HADCA reported that they had not thought it possible for their Volunteer Coordinator to work remotely and to support volunteers (existing and new), but forced to do this during Covid-19, they have changed their mind.

Some organisations, such as Dementia Forward, had already made infrastructural changes and these enabled a smoother transition during lockdown, as the cameo below illustrates.

DEMENTIA FORWARD

Eighteen months ago Dementia Forward installed a cloud-based telephone system to enable them to transfer calls between offices and to mobile phones. Having this system in place meant that everyone in the organisation could collect a phone and decamp to work from home, when lockdown started. The result being that their Helpline never stopped working, and nothing changed for their Helpline users.

Had this cloud system not been in place, this transition would have been far less seamless.

Some organisations had to purchase new laptop computers to enable home-working for their staff. Other organisations set up websites and portals or enhanced existing ones with, for example, new online ordering systems.

For Your Consortium and Citizens Advice (see cameos below), the shift to online/remote working has delivered unexpected benefits for their service users, clients and staff. In Darley, church services have been delivered online resulting in increased numbers of parishioners.

YOUR CONSORTIUM

Your Consortium brings together voluntary and community sector organisations to collectively bid for, secure and deliver projects with a focus on learning skills and employability.

Pre-Covid-19 they delivered a lot of group based sessions and around 90% of their one-to-one work was face-to-face. Covering the whole of North Yorkshire this involved considerable amounts of staff travel time. When the pandemic struck they shifted service delivery online, slashing travel and travel time. This has meant that they have been able to increase their one to one contact time with clients, which is reaping benefits.

As a consequence of this, they plan to incorporate this way of working in the future. Thereby ensuring increased contact time with clients and a reduced carbon footprint at the same time.

The necessary use of ICT for supervision of staff and management proved unexpectedly beneficial for some organisations. Orb Community Arts found that staff felt appreciated through the one-to-one Zoom sessions they had with management and Your Consortium's twice weekly staff Zoom tea-breaks proved very popular and have helped maintain and enhance a sense of teamwork.

The quality of interaction with volunteers has, however, in some cases been diminished, through their inability to use ICT or not having access to it, or because they have missed the social aspects of volunteering. However, in other cases the volunteers have been the ones at the forefront of encouraging the use of technology (see Masham cameo).

For some user groups, trying to continue to deliver group-based activities online presented a significant challenge. The example below illustrates how one organisation addressed this.

DANCING FOR WELL-BEING

Dancing For Well-Being aims to help older people living in the community for whom mainstream dancing or exercise classes are too strenuous and/or challenging in terms of co-ordination, balance and memory.

Dancing For Well-Being had to suspend their groups with the onset of Covid-19. They needed to keep in touch with their mainly elderly members, as well as finding a way for them to continue dancing. A staff team of six supported members and volunteers with well-being phone calls and emails, about once every two weeks. In June they made 420 phone calls.

Rather than simply being about keeping in touch with people, these phone calls have provided much appreciated conversations and companionship. They started live sessions on their Facebook page and in August also started Zoom sessions, with members still being able to access recorded Facebook sessions.

The intention is to get members used to Zoom so when they return to face-to-face sessions those who are unable to attend can use Zoom, and those returning to face-to-face sessions can use the Zoom session in addition.

One of the most significant impacts of increased ICT usage has been on Citizens Advice Craven & Harrogate Districts' business model. Citizens Advice described the change in their operations as a shift from a *"face-to-face drop in"* model to a *"ring us leave a message and we'll get back to you"* model.

CITIZENS ADVICE CRAVEN & HARROGATE DISTRICTS

With staff working from home during Covid-19, Citizens Advice found this to be a more efficient model and reported doing more with fewer staff and volunteers.

Waiting times for clients have reduced. Previously a person would have dropped into the office to have a 10-15 minute initial face-to-face session, a front-end triage service discussing their problem, after which they would either be given an appointment for a more in-depth session or signposted elsewhere. The appointment would typically be two to three weeks later. With the new Covid-19 proofed phone/internet-based system in place, Citizen Advice's ring back time for the in-depth session is typically two to three days.

Most clients have been ok with telephone support, but some vulnerable people have struggled and will still need face-to-face sessions. Looking to the future, this is a challenge - they are wary of *"just throwing open the front doors again"* as they are concerned they will be flooded with people who don't actually need a face-to-face meeting but find it more convenient to drop in.

In some of their outreach locations, such as a doctor's surgery, where previously a part-time person was housed, they are placing a laptop in the room with what they call 'in person' – whereby a client talks with an advisor in real time online. This innovation was driven by the need to provide clients with access to a Citizens Advice advisor in person, but without all the Covid-19 risks, for those who do not have a computer at home or a decent internet connection, or who may need privacy. Citizens Advice believe there is a place for this model in the future.

The phone/internet system has extended the contact hours for clients, who are now able to call and leave messages on a weekend too. Citizens Advice's view is that Covid-19 *"has forced their hand to make changes, and for the majority of people involved, it has been a better experience".*

Whilst the shift to online support proved more successful than had been anticipated for most organisations, for some it posed challenges. Dementia Forward provides an example in the cameo below.

DEMENTIA FORWARD

Dementia Forward reported losing contact with the primary person (i.e. the person with dementia) in many cases during Covid-19, because they were no longer able to have face-to-face meetings and Zoom was not always an option. To counteract this, they proactively made welfare calls using their database of 4,000 people to ensure that people did not feel forgotten.

They also undertook a very large mail out - posting hand painted and handwritten postcards to 4,000 people. The main purpose was to say, *"don't forget we are here and connected to you".* They were able to do this following a generous £2000 donation from two trustees.

Whilst the postcards generated a lot of calls to Dementia Forward, it was still largely the carer who read the postcard, made the calls and answered the phone. Covid-19 has meant that Dementia Forward's support has been conducted through the carer, whereas previously it was the person with dementia who had the face-to-face contact with Dementia Forward.

Dementia Forward used Zoom in some cases to maintain contact with the primary person, but they observed:

"Zoom is only two dimensional - it's like working with your hands tied behind your back".

Partnership working and collaboration

The research revealed a considerable level of networking and collaboration pre-Covid-19, both between VCSE organisations, with organisations from the public and private sectors and including in some cases with Health and Social Care system partners. Examples included working with the Health Sector providing transport for people to the GP surgery or hospital (Boroughbridge Community Care), Home from Hospital Schemes (HADCA and Carers' Resource), providing services for each other (Dancing for Well-Being delivering a session for Carers' Resource), and two partner

organisations (Orb Community Arts in Knaresborough and Pioneer Projects in Craven [outside the Harrogate District but sharing a Strategic Director with Orb Community Arts]), having considered how to work together in ways that address some of the bigger picture issues without losing 'localness'.

A number of those interviewed reported that collaboration had increased during Covid-19. Collaboration examples cited included:

- The sharing of ideas, advice and good practice at Zoom networking sessions between CSOs.

- Amalgamating services and activities to avoid duplication and ensure maximum efficiency in Masham, where the Community Office and the two churches merged their volunteer lists into a single list and worked together to undertake whatever was needed. Similarly, HADCA worked with Resurrected Bites, so as not to duplicate services.

- Funding from North Yorkshire Sport for activity packs for Carers' Resource's carers, and for colourful prop bags used by Dancing for Well-Being's members to use on Zoom sessions and at home.

- Joint funding bids - Boroughbridge collaborated with similar organisations in Ripon and Harrogate to bid for funding to obtain Kindle computers with a dongle for older people with no computer access.

- The supply of equipment - HADCA worked with the St Vincent De Paul Society to help people access cookers, washing machines etc.

- Private sector support. For example Proctor and Gamble provided gallons of hand sanitiser and a local business gave small plastic bottles into which the sanitiser was decanted to HADCA.

- Collaboration on the provision of services. This was particularly the case with foodbanks, where the local place-based organisation and local churches teamed up and between Citizens Advice and the Trussell Trust's network of foodbanks.

- Individuals coming forward to work with the VCSEs to provide specific support (for example, a 23 year old came forward to help HADCA raise its profile, and has taken on the management of blogs, twitter and social media for HADCA free of charge).

- Dementia Forward lent their minibus to Nidderdale Plus during Covid-19.

Interaction with GP Practices

Pre-Covid-19 some organisations had relationships with their local GP practices, however, there was little evidence of having formalised systems in place for referrals. In the majority of cases where relationships existed, these were based on personal rather than professional connections. Some organisations, mainly those involved in the provision of mental health support, had more formalised systems and ways of working with GPs. Others dealing with conditions such as dementia, received some referrals, but often relied on self-referral when a person was affected by the early stages of dementia. Seemingly one of the issues for GPs working with VCSE organisations relates to concerns about data protection and security systems being in place.

One good example of information sharing is Orb Community Arts. They have established close working relationships with seven GP practices and information is regularly shared. When Orb start working with a client, wherever possible, they ask them to get a GP referral if they have not already been referred by the Health Sector – this means a formal link is developed with the Health system.

Throughout Covid-19, VCSE organisations necessarily had more contact with GP surgeries, primarily because they were co-ordinating the collection and delivery of prescriptions or were able to provide transport for people to surgeries, hospitals or in emergencies. Nidderdale Plus also helped GPs by delivering essential supplies to five practices. In Boroughbridge the local doctor's surgery referred all people who were shielding to the Community Support Organisation – Boroughbridge Community Care - to help reduce the number of people falling through CSO safety nets.

Social Prescribing

Whilst there is no single agreed definition of social prescribing, in general, it is a process whereby healthcare professionals can connect people with a need for non-medical community interventions which improve their health and wellbeing. These 'social prescriptions' could be for arts and creative activities, social groups, physical activities, education and learning new skills, self-help, volunteering and befriending or even for support with welfare advice. The most common type of referral mechanism is through a link worker, responsible for linking patients with relevant organisations and activities.

The Living Well team at North Yorkshire County Council are the contracted social prescribers for the four Primary Care Networks (PCNs) and responsible for rolling out social prescribing across the Harrogate District and are currently developing systems and processes. They intend to put in place a set of Quality Standards that VCSE organisations will have to meet if they want to be an organisation that is socially prescribed to.

Whilst more robust, systematic evidence is needed, a recent review by NESTA found that social prescribing has been shown to improve self-esteem, sense of control and empowerment, wellbeing, reduce anxiety, depression and a reliance on primary and secondary health care. Nesta's People Powered Health programme suggests that the cost of managing patients with long-term conditions could be reduced by up to 20 per cent and the Rotherham social prescribing pilot estimates over five years, a return of investment (ROI) of £3.38 for every £1 invested. Using a social return on investment (SROI) evaluation the Wellspring Healthy Living programme demonstrated that for every £1 invested £2.90 of social value is created, and it has been suggested that social prescribing could lessen the pressure on GPs.

It has not been possible to develop a case study for social prescribing as was initially suggested, as none of the organisations interviewed for this research were yet sufficiently engaged in the Social Prescribing system. However, notwithstanding this, going forwards, we believe that the vast majority of those interviewed have the potential to be socially prescribed to and there was considerable appetite, interest and enthusiasm for this. The case study on Orb Community Arts picks up their Social Prescribing Pilot.

PATELEY SHED

Pateley Shed is a newly established Charitable Incorporated Organisation (CIO) with 23 members and a Steering Group of six. Pre-Covid-19, plans were well underway to establish a Men's Shed in Pateley Bridge.

Men's Sheds provide a place for men to pursue practical interests at leisure, to practice skills and enjoy making and mending. Unlike a garden shed, in which activities are often solitary undertakings, activities in Men's Sheds are communal. They are about social connections, friendship building, sharing skills and knowledge, and of course a lot of laughter. Men's Sheds are whatever their members want them to be and can be run from empty offices, portable cabins, warehouses, garages, and in at least one case a disused mortuary. Some Sheds are purpose built workshops, but they rarely start out that way. Many don't have premises at all in the beginning and instead form a group that meets regularly for the social connection, company and camaraderie until they can find somewhere to kit out with tools. Many Sheds get involved in community projects too – restoring village features, helping maintain parks and green spaces, and building things for schools, libraries and individuals in need.

Activities in Sheds vary greatly, but you can usually find woodworking, metalworking, repairing and restoring, electronics, model buildings or even car building in a typical Shed. Sheds typically attract older men, but many have younger members and women too. Whatever the activity, the essence of a Shed is not a building, but the connections and relationships between its members.

The founding members of the Pateley Shed espouse the benefits of Men's Sheds to be: building social connections amongst members to reduce social isolation and loneliness; keeping members active through undertaking joint endeavours; giving back to the community by helping with such things as installing new railings for village halls or building and installing bird boxes in community woods; members learning and sharing their skills and expertise with one another be this in woodworking, engineering or restoration; mindfulness through living in the moment when undertaking joint activities in Shed; creating a sense of belonging, purposefulness and camaraderie amongst members – each of which feed into NEF's Five Ways to Wellbeing. They were particularly animated about the role Men's Sheds play in supporting men's general health and wellbeing, prevention and diversion of potentially unhealthy behaviours and how they should be part of the social prescribing system.

The Health and Wellbeing of the VCSE Workforce, Including Both Paid Staff and Volunteers

The experiences of staff and volunteers have varied considerably, depending on the nature of the organisation, roles and motivation for involvement. Where organisations were supporting particular

communities of interest e.g. people with mental health issues or carers, extra communication, staff and volunteer wellbeing measures and welfare support were put in place (particularly for frontline staff working in full PPE and potentially exposed to Covid-19 in their day-to-day activity, as was the case with Carers' Resource).

It has not been possible to identify common volunteer experiences since there was such diversity in role, age, vulnerability and motivation. However, VCSE organisations reported that where volunteers had to socially isolate or shield themselves they had missed the social interaction and sense of giving that volunteering gave them and that whilst some were offered different types of volunteering roles such as telephone befriending, not all wanted to do this. Conversely, HADCA's experience mirrored that of other organisations' volunteers, who proved extremely flexible and willing to turn their hand to the many tasks that were needed during Covid-19.

HADCA

Before Covid-19, HADCA worked with around 100 volunteers. An additional 250 came forward to boost this pool during Covid-19.

Many of the existing volunteers adapted and moved from being, for example, a volunteer driver to a telephone befriender, making daily calls to the same person and building relationships.

Orb Community Arts' experience of managing their staff during Covid-19, set out in the cameo below, provides an insight into their approach and the learning they have gained from it.

ORB COMMUNITY ARTS

On the one hand the Strategic Director of Orb reported being very pleased with how well everyone has managed. However, they said that *"on a week by week basis someone somewhere is having a meltdown! No matter what you do, no matter how many one-to-ones you put in place, no matter how much guidance you hand out and how many options you offer, someone is always at some point going to find it really difficult."*

The pressures on people's time have not gone away, and unfamiliar Covid-19 circumstances have added to these. He reported that some staff have experienced a sense of guilt and a difficulty with relationships and friendships because of the very different experiences people in the Third Sector are having: some who have been furloughed are unable to do anything, whilst others are doing more and different work than they normally do.

Orb has learned how important the 'real world' is and their challenge is to build back a system where people start to meet each other. As a starting point, Orb has introduced socially distanced one-to-one or one-to-two team meetings to build up the ability to reconnect at an organisational level.

They are also putting in place meetings to bring back in trustees who had become distanced because they could not see what was going on. They will have a trustee and management stakeholder meeting shortly in a very large hall with eight or nine people sharing ideas in a socially distanced way.

Change fatigue is also a factor in trying to manage the work environment - everyone went through the process of making enormous changes when locking down. Coming back out and having to relearn skills and a whole new set of rules in an ever-changing and turbulent environment is very difficult. A lot of people had not known beforehand how much they liked certainty, and those who were not happy about rules suddenly want rules and guidance.

Outputs, Outcomes and Impacts

One of the main challenges to articulating the benefits and outcomes delivered by the VCSE sector, and the positive impacts their work has on the Health and Social Care Sectors, is the availability of clear and relevant data to build a sizeable evidence base.

Data is not for the most part generated, collected and collated in a robust, systematic and scalable way at the moment for a number of reasons:

- The acknowledged fragmentation of the VCSE sector. Whilst most VCSE organisations collect some activity and output data, smaller numbers have identified outcomes and collect outcome data, and even fewer are able to translate these into impacts. Where data is being collected, a range of varying indicators are being used. These data sets are difficult to aggregate in order for the VCSE sector to demonstrate scale and impact vis-a-vis Health and Social Care outcomes.

- Resources to collect, analyse and report these data. Most VCSE organisations' management resources are much stretched and the task of identifying, collecting and reporting activity, output, and outcome and impact data is not to be underestimated.

- Different sectors tend to be interested in different data sets. For example, the Health Sector's interest is likely to focus on medical and financial aspects: medication reduced, fewer GP visits, falls prevention, reduced hospital admissions and improved discharge rates, whereas the VCSE sector tends to focus on improved mental health and wellbeing, reduced social isolation and loneliness, enhanced community connections and greater levels of physical and social activity.

Having recognised the challenges to collecting and analysing data faced by the VCSE sector, it is also necessary to acknowledge the need for these data. Not least the requirement for evidence of the benefits delivered by an organisation, or organisations, when bidding for funding or contracts, and reporting on progress and results of the contract. In addition, for an organisation's internal management, capturing appropriate data is critical in their ability to observe the difference they are making, improve and make changes to their operations.

Outcome and impact measurement in the VCSE sector is nothing new. Any google search will result in a plethora of outcome and impact measurement tools and frameworks and can leave

organisations confused and caught in the headlights. A number of tools pertinent to VCSE organisations working in the health and social care fields were mentioned by interviewees, including:

- The New Economics Foundation: **Five Ways to Wellbeing**
- Warwick-Edinburgh **Mental Wellbeing Scale** (WEMWBS)
- **NICE**
- The Recovery Model
- CORE-OM (Evans et al, 2000)[3]
- **Population Health Management Programme** (mentioned by a Health Sector representative)

Interviewees from organisations serving a specific user group such as those with mental health needs were more focused in terms of collecting, measuring and reporting on outcomes when compared to the organisations serving a community of place, where the activities undertaken were less clearly linked to measurable results:

- For instance, Wellspring Therapy and Training use Core Outcome Measures for Mental Health.
- Orb Community Arts use the WEMWBS scale, which captures a snapshot at the beginning, middle and end of engagement to gather whether treatment has had an impact - it provides a good baseline and end point. They previously used the Recovery Model, and they use Five Ways to Wellbeing to generate a set of data about an individual that can be used with that individual.
- Your Consortium has required delivery partner organisations to use WEMWBS to report on outcomes, thereby enabling them to aggregate data across several organisations working to a single contract.

Stronger Communities' aggregated data

As mentioned earlier, NYCC has been providing funding to the six Harrogate District CSOs and we understand that continued funding is in place until March 2021. A requirement of this funding is for the CSOs to report various activity and output data to Stronger Communities. Aggregated data from the six Harrogate District CSOs for the first 12 weeks of Covid-19 is presented in the table below.

Table 1: Data from the six Harrogate District CSOs	
Contacts received (Covid-19 related enquiries and referrals received)	
1. Referrals from NYCC (phone and email)	267

[3] Clinical Outcomes in Routine Evaluation – Outcome Measure

2. Referrals from District Council (phone and email)	37
3. Direct contacts for support (phone, email and social media)	9,790
All contacts (phone, email and social media) [1+2+3]	15,913
Referrals made	
Referrals back to CSC - inappropriate referral	13
Referrals to social.care@northyorks.co.uk	
Declined to be referred back to social.care@northyorks.co.uk	
Other	27
Support provided over 12 weeks	
Prescriptions delivered (number)	1,915
Shopping delivered (number)	3,739
Befriending requests	628
Befriending calls made	2,346
Phone check ins complete (contacts made)	1,122
COVID-19 grant applications made	108
Advice & guidance provided	1,295
Pet care	1,148
Book, jigsaw, craft material supply	346
Transport provided	136
Food parcels delivered	1,390
Meals delivered	1,303
Other (please specify)	1,056
Total interventions over the 12 weeks (number)	12,819
Volunteers	
Volunteers available	
Current active volunteers (deployed over the 12 weeks)	656
Total volunteer hours delivered over the 12 weeks	10,224

Source: Stronger Communities, North Yorkshire County Council

Clearly, the scale of activity has been impressive, averaging over 2,000 interventions per CSO over the 12 week period (based on the 'total interventions' number of 12,819). Some individuals may have had multiple interventions. Because there is no figure provided for the total number of individuals supported, the scale of reach in the Harrogate District cannot be calculated, i.e. the percentage supported out of the total Harrogate District population.

The activity data provide information on the scale of support delivered, but their contribution to changes or outcomes amongst the community are assumed, rather than evidence of a clear link being identified. Taking the CSO data and applying some assumptions, it is possible to make an initial guess at the NHS savings generated, and the value of the voluntary contribution, as a result of the VCSE interventions:

- Taking the total intervention figure of 12,819 over a 12 week period, if it is assumed that for one out of every 20 interventions a GP appointment was avoided, that would be 641 appointments avoided. NHS England states that each GP appointment costs an average of

£30[4], which suggests that the activity reported by the six CSOs in the Harrogate District could have saved the NHS over £19,000 over the 12 week period.

- Examining the contribution of the CSO volunteers, if a financial value of £8.72 (i.e. the National Hourly Living Wage[5]) is applied to the volunteer hours delivered by the six CSOs, this equates to just shy of £90,000 over a 12 week period. The 10,224 volunteering hours reported to have been delivered in the first twelve weeks by the CSO volunteers thus equates to six Full Time Equivalent staff for a one year period.

These calculations only focus on the data relating to the activity of the six CSOs and associated groups and organisations. They do not take into account the activity of the other VCSE organisations interviewed for this research, nor the wider VCSE community serving the Harrogate District which were not included in the research.

The organisations delivering mental health or dementia support, or physical activities for the elderly and the alleviation of loneliness and isolation are also not included in the CSO data above, but undoubtedly contribute to the greater health and wellbeing of their communities, and therefore to a reduction in demand for and pressure on the Health and Social Care Sectors.

However, this research did not set out to gather monitoring data from the organisations interviewed, nor did it seek to identify common indicators against which they might report which could then be aggregated to give an overview of their activity and ultimately their impact. This would require significant work with each organisation individually as well as a central co-ordinating, collating and analysis function, and would be a different piece of research.

Sustaining VCSE Organisations

Securing and diversifying funding and resources to continue to deliver services or develop new ones are perennial challenges for the VCSE sector and ones which are not likely to go away. A significant number of organisations interviewed had successfully tapped into Covid-19 related funding – such as grants from NYCC for CSO delivery, Lottery or the Two Ridings Community Foundation (TRCF) Covid-19 related grant schemes, or from local charitable trust and foundation. Whilst these were welcomed by organisations, they do not provide longer term funding solutions and some interviewees expressed concern about downstream cuts within public sector budgets, to offset the extra monies spent during Covid-19 and the impact of this on the VCSE sector. Community First Yorkshire (CFY) has provided active support to 14 of the 18 SLG member organisations during Covid-19 and also supported organisations profiled in the various cameos throughout this report.

North Yorkshire devolution plans and discussions were also raised as a worry and how this might impact on relationships, partnerships, grants and contracts for the VCSE sector going forwards. Additionally, VCSE organisations who had successfully diversified their income pre-Covid-19 to include generating income through various trading activities and community fundraising activities had been particularly badly hit, when their traded services had been closed, they could not earn from room or venue hire and they had to cancel any planned community fundraising events.

When asked what would help with sustaining their organisations, respondents identified the following key elements:

[4] https://www.england.nhs.uk/2019/01/missed-gp-appointments-costing-nhs-millions/#:~:text=Each%20appointment%20costs%20an%20average,of%202%2C325%20full%20time%20GPs
[5] www.gov.uk/national-minimum-wage-rates/

- Funding for core costs and full cost recovery is a particular issue across the sector. Whilst it may be a cheaper to deliver certain services and activities using volunteers, there is a still a cost to VCSE organisations if they are to effectively co-ordinate, support, check and train volunteers.

- Greater genuine partnership working to develop and provide collective, impactful solutions.

- Greater recognition for the role and value of the VCSE sector as a key player in the Health and Social Care System.

- Improved dialogue with the Health and Social Care system partners.

- VCSE organisations who previously successfully community fundraised were particularly impacted by Covid-19, donations also rely on organisations being visible – less so when you have to move services/activities online.

RETAINING THE GOOD AND BUILDING BACK BETTER

The pandemic is far from over, but even so, attention is turning to recovery as lockdowns ease. Phrases such as *'Retaining the good'* and '*Building back better'* have entered the lexicon of Covid-19 and trip off the tongues of policy makers and organisations alike. Covid-19's X-ray of the body politic has exposed society's fractures and pathologies and whilst VCSE organisations cannot solve these issues, they can be part of the solution. The vast majority of the organisations interviewed identified newly adapted service delivery models developed during Covid-19, which they intend to retain. These include:

Integrating/embedding greater use of online meeting software such as Zoom, Teams or Skype into delivery models

For example: Wellspring intend to continue to offer online counselling as well as face-to-face counselling to clients, because this will ensure a wider geographical reach and increase choice for clients; Your Consortium will continue to make use of online sessions to reduce staff travel time and costs and enable more one-to-one contact time with clients and; Dancing for Wellbeing intend to support members' familiarity with Zoom and to use Zoom to deliver sessions for those unable to attend classes in person in the future – thereby ensuring wider access.

Supplementing face-to-face support with telephone support

During Covid-19, organisations switched face-to-face support services such as Befriending or Advice Support to the telephones. Supporting Older People intend to continue to offer telephone befriending services alongside their in person Befriending services and Citizens Advice intend to continue with their new phone based triage systems.

Enhancing digital inclusions

Digital exclusion and disinterest precluded some (primarily older people) from being able to access online services. A number of VCSE organisations interviewed made efforts to overcome this by either offering training, loaning tablets or public access computers. These organisations intend to

continue to support their clients with digital skills. For example, Supporting Older People plan on working with Ability Net to increase digital skills and inclusion amongst older people, Kirkby Malzeard are hoping to provide some public access computers within the village with associated training and Citizens Advice intend to locate a laptop in doctors' surgeries with what they call 'in person', where the client talks to an advisor on screen in real time.

Introducing more flexible working

Covid-19 resulted in many staff within VCSE organisations having to work from home. VCSE organisations whose staff had previously worked out of offices are now considering continuing with the mix of hybrid/flexible working models – with staff continuing to work from home and the office. For some organisations these models may deliver cost savings vis-à-vis reduced office costs.

Retaining more diverse volunteers

Significant numbers of volunteers came forward to support the work of VCSE organisations during Covid-19, the demographic of which was younger and more diverse than is the norm. Those consulted are hoping to ensure they retain as many of these volunteers as possible.

Enhancing communication with volunteers

In some instances, Covid-19 required greater levels of co-ordination, communication and support for volunteers. Where this was the case, VCSE organisations found this paid dividends, created an increased sense of community and buy in and so therefore intend to provide this enhanced level of communication in the future. For instance, HADCA reported that they will continue to use a mix of emails, online volunteer group meetings, socially distanced meetings, coffee mornings, thank you cards/emails etc.

Reducing the carbon footprint

Revised ways of working for some resulted in positive impacts in terms of reduced carbon footprints and some organisations are keen to maintain these gains. For instance, Your Consortium will reduce travel through increased online support for clients and Kirkby Malzeard want to continue with lift sharing schemes and group shopping deliveries.

Some VCSE organisations identified new services or activities which they had developed or taken on during Covid-19 that they now intend to continue delivering. For instance:

- Nidderdale Plus started a prescription collection and delivery service, as well as delivering books and jigsaws for older, vulnerable, geographically remote and shielding individuals. They intend to continue with these delivery services in the future and are working with local GP surgeries on the best ways forward. They also developed a Meals on Wheels Service during Covid-19, delivered in three of their thirteen hyper local communities and are keen to roll this out amongst the other ten communities if there is sufficient demand.

- Ripon Community House took over the running of Ripon's Food bank during Covid-19. Previously this was organised and operated by a local church and the Salvation Army. It has been agreed that Ripon Community House will continue to run the Food bank in the future. Furthermore, given RCH's shift from being a building to a service delivery organisation, they are keen to maximise the additional social capital developed during Covid-19 to ensure they develop responsive new community services and activities in the future.

The wider System Partners also contributed some suggestions, including:

- Keep CSO model for locality/place-based working.

- The Strategic Leaders Group could be instrumental in promoting flu immunisations working through its constituent organisations and helping Public Health outcomes – using ambassadors and community connectors established during Covid-19.

- We understand that North Yorkshire's District Councils and York have a strategic partnership called the Local Resilience Forum[6] which has a Humanitarian Work stream, with a task group on Voluntary Sector Sustainability, Community and Health, which the Head of NYCC's Stronger Communities Team and the Chief Executive of Community First Yorkshire lead on. This task group is looking at: (i) Volunteering - how to keep and retain volunteers; (ii) Working with funders to maximise investment and reduce duplication and (iii) Community Support Organisation ethos - in terms of restoring, retaining and re-imagining. Much of the action plan is being led by CFY.

[6] Local Resilience Forums (LRFs) are in place across the country. These are multi agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act. LRFs are supported by organisations, known as Category 2 Responders, such as the Highways Agency and public utility companies. They have a responsibility to co-operate with Category 1 organisations and to share relevant information with the LRF. The geographical area LRF's cover is based on police areas.

SECTION 3: OBSERVATIONS AND RECOMMENDATIONS FOR THE SLG

Below we present a number of observations and recommendations, which we hope will be of interest and use to help guide the future development, focus and work of the SLG.

(i) Role, function, objectives, outcomes and impact of the SLG

Whilst steps have been taken to further clarify the above and to achieve consensus amongst SLG members, further work still needs to be done. If you are not clear about where you are going, how are you going to get there?

Recommendation: SLG members might benefit from having an externally facilitated session/away day - to bottom out its vision, mission, values, outcomes and impacts.

(ii) Awareness of the SLG

We know that work is underway to identify a name, develop a brand and to encourage greater and wider membership of the SLG. Eight or 45% of the VCSE organisations/groups interviewed were not active members of the SLG (namely: Ripon Community House, Hampsthwaite Friendly Neighbours Group, Pateley Shed, Resurrected Bites, Kirkby Malzeard, Laverton and Dallowgill Community Association, Darley Community Support Group, Dancing for Well-being and Masham Community Office). Of these, six had not heard of the SLG and the three who had, knew of it in name only and had no idea what it was about or doing. One respondent said, *"I am not a leader"* and therefore excluded herself from being involved. VCSE organisations and groups interviewed were all interested in knowing more about the SLG.

Recommendation: Consideration should be given to renaming the SLG, excluding the word 'leaders' and adopting a more inclusive, says what it does on the can type of name. For example 'Consortium of Health and Social Care Organisations in Harrogate (COHSCOH) or such like. Perhaps this could be discussed at the facilitated session mentioned above.

(iii) Strength in Diversity – turn what some see as your negatives into positives

The VCSE Sector's diversity of provision – both in terms of the types, focus and spread of VCSE organisations and the nature of the different activities, services and support they deliver is a real strength – clearly evidenced by the sector's response during Covid-19. Turn what some in the Health and Social Care system see as a negative – in terms of being able to engage with a disparate and diverse sector, back into the positive it is. Own this and shout about it. Align this diversity with the many different social determinants of health and how the sector is supporting outcomes in these areas – poverty, housing, community, environment, economy and education etc.

Recommendation: Use and analyse secondary research into the Harrogate District's VCSE Sector and segment this along useful selected lines – be this those contributing to social determinants of health, serving particular groups at risk of poorer health and social care outcomes to help make bridges with Health and Social Care system partners. This will need to be determined by the SLG.

(iv) Balance what already exists with piloting the new

There is a balance to be had between delivering, proving and improving the value of what the VCSE sector already delivers in terms of contributions to health and social care outcomes, with developing, trialling and piloting new things. Clearly there is insufficient data, evidence and evaluations at a macro level across the District that can be used as leverage. Whilst outcome and impact data exist at a micro level and are found in case studies, testimonials, projects and in some cases at organisational level – this packs no punch with Health and Social Care system behemoths. If, for whatever reasons, the SLG cannot evidence (at scale) the VCSE Sector's contributions, is the best way to tackle this issue to develop and pilot new SLG projects?

Recommendation: Developing a Theory of Change (ToC) for the District's VCSE health and social care-related projects/organisations – which articulates, and details associated macro level: outputs (short term result - numbers supported); outcomes (medium term results and differences made to the individuals supported), and impacts (long term results and changes) could be a useful exercise. Involving a wider group of VCSE organisations in this process to identify and articulate collective outcomes and impacts could not only serve as a useful learning exercise for organisations but could also help to secure their buy-in to the SLG.

A common outcome and impact framework could be developed for trial usage, and the harvested data used with Health and Social Care system partners.

Whenever possible economic values could be assigned to this, for instance £15,000 per hip operation avoided, £30 per GP appointment not needed. This type of information would be useful for the SLG, Health and Social Care System Partners and for the VCSE organisations themselves when trying to evidence their outcomes and impact with other funders and contractors.

(v) **Be more externally focused**

The SLG needs to be more externally focused in terms of: developing a wider, more inclusive and representative membership; being a two way information conduit; understanding how best to meet the needs of VCSE members and; understanding the needs of Health and Social Care system partners.

Recommendation: A useful exercise to undertake would be to identify Health and Social Care system partners' desired/required outcome and impacts, communicate these with members and when possible graft the sectors outcomes and impacts on to these. This will help to position SLG members around relevant tables/committees, armed with evidence, so that the VCSE Sector can feed into future policy, priorities and activities.

(vi) **Set up thematic Task and Finish groups**

We recognise that the SLG has only been in operation since October 2019 and that it has had Covid-19 to deal with for most of this time. We also recognise that the vast majority of SLG members give their time voluntarily and support the SLG alongside their day jobs. The SLG now needs to be more strategically focused and to shift its focus from managing individual pieces of work or projects – such as Community Fit or Workforce

Development to areas that will achieve a sizeable shift forwards in terms of its stated aspirations. Time and funding for the SLG in its current form will expire in April 2021, so the clock is now ticking on this current window of opportunity.

Recommendation: To achieve a step change in progress, we recommend that the SLG identifies and sets up a series of timed Thematic Task and Finish Groups, with allocated budgets from remaining underspend, with co-ordinators identified from amongst SLG members and membership to be opened up to the wider sector. These Thematic Groups might be around: Outcome and Impact Reporting; Social Prescribing; Partnership Development and Relationship Building; Data Protection and Security etc. Thematic leads could apprise the SLG of developments over the next few months.

(vii) Cost benefit analysis

Given the limited remaining monies at the SLG's disposal, all future allocations should ensure biggest bang for your bucks. The SLG therefore needs to prioritise what it needs and wants to do and use this criterion when making future decisions. For instance, is piloting a new activity the best way to achieve stated outcomes or would another activity best serve the SLG.

Recommendation: The SLG should deploy available resources to deliver the most influential pieces of work and not for pilot projects or activities.

Note: This above should not be seen as a recommendation to dismiss or replace the much valued work undertaken by the current independent chair/facilitator.

(viii) Maximising use of the Community Support North Yorkshire Service

NHS North Yorkshire Clinical Commissioning Group and North Yorkshire County Council, already commission Community First Yorkshire to deliver a VCSE capacity and capability support service across North Yorkshire. CFY's Community Support North Yorkshire Service is a free service for all North Yorkshire based VCSE organisations and comprises three work streams:

- *Connecting VCSE groups with quality support* – improving access to good quality information, advice and guidance, locally and online.
- *Connecting VCSE voices for good* – enabling individuals, groups and organisations to connect and collaborate to influence local policy, planning and practice.
- *Connecting communities* – empowering even more people to make good things happen.

Recommendation: That the SLG seeks to ensure that VCSE organisations make best use of the commissioned Community Support North Yorkshire Service delivered by Community First Yorkshire.

APPENDIX 1: NHS HARNESSING THE POWER OF COMMUNITIES FUND

Vision

Our vision is to establish a new relationship with our communities built around good work on the co-production of services and care. Our intention is to support people to greater self-care, prevent ill-health, and the implementation of the Five Year Forward View to join-up our community services.

Outcomes

- VCS and public sector working more collaboratively in order to support and encourage local people to live healthier lives
- Developing talent within the VCS
- Influencing policy development and the co-design of services
- Identify gaps in provision and communicating this to partners
- Ensuring the most hard to reach people within communities are heard

In order to establish our Harnessing the Power of Communities leadership group, Terms of Reference (ToR) have been developed to describe the purpose, scope and governance of the group. The ToR is the roadmap to delivering our strategy by identifying key partners, their roles and responsibilities and commitment to the programme. You can also read more in our 'VCS2020' strategy.

Working alongside our communities is an important part of our partnership - seeing the people we serve as assets. Working alongside local communities, ward councillors, council colleagues, voluntary community organisations and many others is essential if we are to fully understand the real value of early help and self-care.

There is a wealth of expertise across West Yorkshire and Harrogate and communities are better placed than us to know what they need and to make positive change happen. If we are to genuinely work alongside communities as equal partners, then we need to change our relationships and build trust. We have good leadership from the voluntary sector, and we are attracting support from Healthwatch, NHS England, Nurture Development and National Voices to help us to think about our next steps.

APPENDIX 2: STRATEGIC LEADERS GROUP MEMBERS

1.	Alzheimer's Society
2.	Carers' Resource
3.	Citizens Advice Craven & Harrogate Districts
4.	Cliff House Community Support Services
5.	Community First Yorkshire
6.	Dementia Forward
7.	Harrogate and District Community Action (HADCA)
8.	Healthwatch North Yorkshire
9.	MIND in Harrogate
10.	Nidderdale Plus
11.	North Yorkshire Sport
12.	Orb Community Arts
13.	Ripon Walled Garden
14.	St Michael's Hospice
15.	Supporting Older People
16.	Wellspring Therapy and Counselling
17.	YMCA Ripon
18.	Your Consortium

APPENDIX 3: THE BRIEF/TERMS OF REFERENCE FOR THE ASSIGNMENT

EXTRACT FROM DOCUMENT ENTITLED 'SUMMARY NOTES FROM THE INCEPTION ZOOM MEETING ON 3 AUGUST 2020'

Present at the meeting were: Helen Flynn (Nidderdale Plus), Jill Quinn (Dementia Forward), Nick Scott and Jane Rindl (CoLibra Ltd)

The note of the meeting was agreed with Helen Flynn (Nidderdale Plus), Jill Quinn (Dementia Forward), Mark Hopley and Dewi Winkle (both of Community First Yorkshire).

Extract:

"It was felt that now is not the time to undertake an interim evaluation of the SLG's delivery of HPoC 1 and 2 projects in terms of outputs, outcomes and impacts, its functioning to date or the wider VCSE's understanding of its purpose, and that what was needed and would be more useful, is a piece of work capable of:

(i) Capturing and telling the stories of VCSE organisations' responses and delivery during Covid-19 vis-à-vis Health and Social Care outcomes. These stories should be wider than SLG member organisations. This would serve to shine a light on the work delivered by the VCSE during Covid-19, its professionalism, flexibility, good practice, success stories, innovations and to raise the profile and value of the sector, help cement its importance/relevance with System Partners and to gain wider buy-in from the sector. It was noted that CoLibra need to speak with all six CSOs to achieve this.

(ii) Providing a representative set of case studies to illustrate good practice, innovations and collaborative working during Covid-19 and looking at what has been achieved and how they have worked (done, outcomes, process) which capture the voices of beneficiaries to add further weight and credibility to the VCSE's outcomes and impact, role and functions.

Note: It is important to note during the interviews with VCSE non SLG members that this exercise is not just about gathering evidence for the SLG to hold up as to what it has achieved, but that "this piece of work has wider benefits for the sector as a whole."

APPENDIX 4: DOCUMENTS REVIEWED FOR THIS ASSIGNMENT

Primary Documents

- HPoC Briefing Meeting Document (October 2018)
- HPoC 1 Proposal
- HPoC 2 Proposal (December 2019)
- HPoC VCS Status Report (March 2019)
- HPoC Harrogate Place Reporting Template (January 2020)
- SLG Terms of Reference
- SLG Alliance Collective Draft (March 2020)
- SLG Organogram (July 2020)
- SLG Agendas and Minutes (various)
- List of SLG attendance (July 2020)
- Community Fit Proposal (December 2019)

Secondary Documents

- West Yorkshire and Harrogate Health Care Partnership VCS 2020 Strategy (December 2018)
- Build Back Better Together: Voluntary and Community Sector Resilience Report (May 2020)
- Community Health Asset Mapping Stocktake, Harrogate and Ripon Centres for Voluntary Service (June 2019)
- Health Structures Explained, Community First Yorkshire (June 2020)
- West Yorkshire and Harrogate VCS Resilience Report (July 2020)
- Harrogate District CSO Outputs, NYCC, (September 2020)

APPENDIX 5: AIDES MEMOIRE FOR THE PRIMARY RESEARCH CONSULTATIONS

QUESTIONS FOR VCSE ORGANISATIONS

	INTRODUCTORY INFORMATION	Rationale
1.	**Date:**	Background data
2.	**Name of Interviewee:**	Background data
3.	**Name of Organisation:**	Background data
4.	**Preamble** We are undertaking this research on behalf of Harrogate District Strategic Leaders Group (SLG). This is a group of voluntary, community and social enterprise organisations operating across the Harrogate District who have come together because they are interested in positioning the Voluntary, Community and Social Enterprise (VCSE) sector as equal partners in the Health and Care systems. Through this research we hope to shine a light on good practice examples of the sector's projects/services/activities which demonstrate partnership working and which contribute positive health and care outcomes.	Context for this research and some information on the SLG
5.	**Segmenting** **Would you describe yourself as:** An active SLG member A non-active SLG member - if so why? Not a member of the SLG - Were you aware of the SLG?	

6.	**Can you provide a brief overview of your organisation?** *(Prompts: purpose, users/clients/beneficiaries, services and activities?)*	To understand the role and remit of organisations and their focus – generic or specialist, community of place, interest or identity.
7.	**How does your organisation and its activities contribute to positive health and care outcomes?** *(Prompts: early intervention, prevention, partnership working, transport provider – home from hospital, volunteer drivers, community transport, referrer, contractor, social prescribing….)*	To capture data for the jigsaw of support, relationships, partnership working, early intervention and prevention, contributions to health and social care outcomes.
8.	**Can you identify any health or care related innovations that your organisation has either developed/delivered or been involved with (pre-Covid-19)?** *(Prompts: Changes in service delivery or collaborations with partners, why did they occur, what were the results etc.)*	To capture innovations and new ways of working Pre-Covid-19 and the benefits of these. Hopefully some from HPoC 1.
9.	**What do you think VCSE organisations bring to health and care system partners? Where is the added value?**	Identifying what the sector brings to the table and how it adds value.
10.	**If you were trying to convince a GP, social care commissioner or CCG member of the importance and value of the VCSE sector in terms of delivering positive health and care outcomes, what three arguments would you make?**	To identify where the VCSE sector sees its own value and how best to articulate this – to aid the SLG development.

	COVID-19-RELATED QUESTIONS	
	Preamble The next few questions relate to your experiences during Covid-19.	
11.	**What have you been/are you doing differently during Covid-19 in relation to supporting health and care outcomes for your clients/users/community? Please describe the changes, how and why they came about and the benefits?** *(Prompts: Were there any innovations, temporary or permanent changes, learning)*	To capture innovations, origins, achievements and successes. To help inform case studies.
12.	**If you could put a spotlight on just one of your organisation's Covid-19 responses/activities in relation to supporting the health and care of your community – what would this be and why? Can you articulate the challenges, solution and benefits to those supported and how did this help the health and care sectors?**	To gain real life, focussed examples with some clout and for possible case study usage.
13.	**What key principles and learning will you take from the Covid-19 crisis?** (*Prompts: Joined up working, no institutional barriers, collective action, unity under pressure, retaining the good)*	To capture learning. To hold on to the good. To challenge the status quo.
14.	**Do you intend to:** • Continue with novel ways of delivering your existing services? • Retain the new/different services you introduced during Covid-19?	To hold on to the good. To highlight flexibility, adaptability responsiveness, client focus

15.	**Are there other organisations with whom you worked during the Covid-19 crisis?** • If yes, who (if you have not already mentioned them) • In what way?	To identify new partnerships and collaborations
16.	**Do you intend to continue with the collaboration?** • If yes, how? In the same way? In a different way post- the Crisis? • If no, why not?	Sustainability and willingness to forge stronger relationships and partnerships
17.	**Is your intention that the organisation reverts back to how it was operating before the Covid-19 crisis if and when it is over?** • If so, why?	For example, were happy with the way the organisation operated beforehand; lack of openness to new approaches/entrenched; novel approach did not work/was too expensive/diverted from core activities; volunteers will reduce as things return to normal.
18.	**Do you think the health and care sector has changed as a result of Covid-19?** *(in terms of numbers and types of organisations, services delivered, referrals, ways of operating, numbers of volunteers, types of volunteers, collaboration between care providers and between the care and health sectors, other?)* ○ **In general?** • In Yorkshire? • In Harrogate? • Or is it too early to tell?	
19.	**Do you see any changes within public sector health and care partners vis a vis the VCSE sector, as a result of the Covid-19, in terms of:** • delivery • willingness to collaborate • attitudes	To assess perceived changes in attitude to the VCSE sector by the VCSE sector delivering health and care outcomes, prevention and early intervention work and partnerships. These could inform future SLG

	• other **If so, please describe**	work/priorities
20.	**How would you describe the current health and wellbeing of your workforce? (both paid and voluntary)** *(Prompts: in terms of morale, fatigue, other?)*	To assess the impact on staff and volunteers.
21.	**What would be helpful in sustaining your Organisation beyond September 2020?** *(Given the marathon nature of Covid-19 and the uncertainty as to when conditions may return to the normal', if ever?)*	Identifying future support needs of health and care related VCSE organisations – to feed into SLG future planning.
	STRATEGIC LEADERS GROUP	
22.	**Is the Harrogate District Strategic Leaders Group something you would:** • Like to know more about • Get involved in	

QUESTIONS FOR WIDER HEALTH AND CARE SYSTEM PARTNERS (INCLUDING STEERING GROUP MEMBERS AND OTHERS)

	INTRODUCTORY INFORMATION	Rationale
1.	**Date:**	Background data
2.	**Name of Interviewee:**	Background data
3.	**Name of Organisation:**	Background data
4.	**Preamble** We are undertaking this research on behalf of Harrogate District Strategic Leaders Group (SLG). This is a group of voluntary, community and social enterprise organisations operating across the Harrogate District who have come together because they are interested in positioning the Voluntary, Community and Social Enterprise (VCSE) sector as equal partners in the Health and Care systems. Through this research we hope to shine a light on good practice examples of the sector's projects/services/activities which demonstrate partnership working and which contribute positive health and care outcomes.	Context for this research and some info on the SLG
5.	**Can you provide a brief overview of your role and how, if relevant, this links with the SLG?**	To understand the role and remit of the interviewee and their focus.

6.	**Could you give me an example of a project where the health or care sector collaborated with a VCSE organisation and delivered improved health and care outcomes (pre-Covid-19).** *(Prompts: Changes in service delivery or collaborations with partners, why did they occur, what were the results etc.)*	To capture innovations and new ways of working Pre Covid-19 and the benefits of these. Hopefully some from HPoC 1.
7.	**What do you think VCSE organisations bring to health and care system partners or public sector health and care? Where is the added value?**	Identifying what the sector brings to the table and how it adds value.
8.	**What key change would you like to see in the VCSE sector that would improve its ability to work as an equal partner in the Health and Care System?**	
	COVID-19-RELATED QUESTIONS	
	Preamble The next few discussion areas focus on activity and experience during Covid-19.	
9.	**What have you been/are you doing differently during Covid-19 in relation to supporting health and care outcomes for your clients/users/community? Please describe the changes, how and why they came about and the benefits?** *(Prompts: Were there any innovations, temporary or permanent changes, learning, new collaborations, increased collaboration with existing partners)*	To capture innovations, origins, achievements and successes. To help inform case studies.

10.	**Have you come across any innovations during Covid-19 that you believe is worth retaining?**	Identifying innovations and potential changing ways of working.
11.	**If you deliver a service(s), do you intend to:** • Continue with novel ways of delivering your existing services? • Retain the new/different services you introduced during Covid-19?	To hold on to the good. To highlight flexibility, adaptability, responsiveness, client focus
12.	**Do you think the public sector health and care landscape has changed as a result of Covid-19?** • If yes, in what way? • Or is it too early to tell?	
13.	**Do you see any changes within public sector health and care partners vis a vis the VCSE sector, as a result of the Covid-19, in terms of:** • delivery • willingness to collaborate • attitudes • Other **If so, please describe**	To assess perceived changes in attitude to the VCSE sector by the VCSE sector delivering health and care outcomes, prevention and early intervention work and partnerships. These could inform future SLG work/priorities

APPENDIX 6: VCSE ORGANISATIONS CONSULTED FOR THE ASSIGNMENT

VOLUNTARY, COMMUNITY AND SOCIAL ENTERPRISE ORGANISATIONS

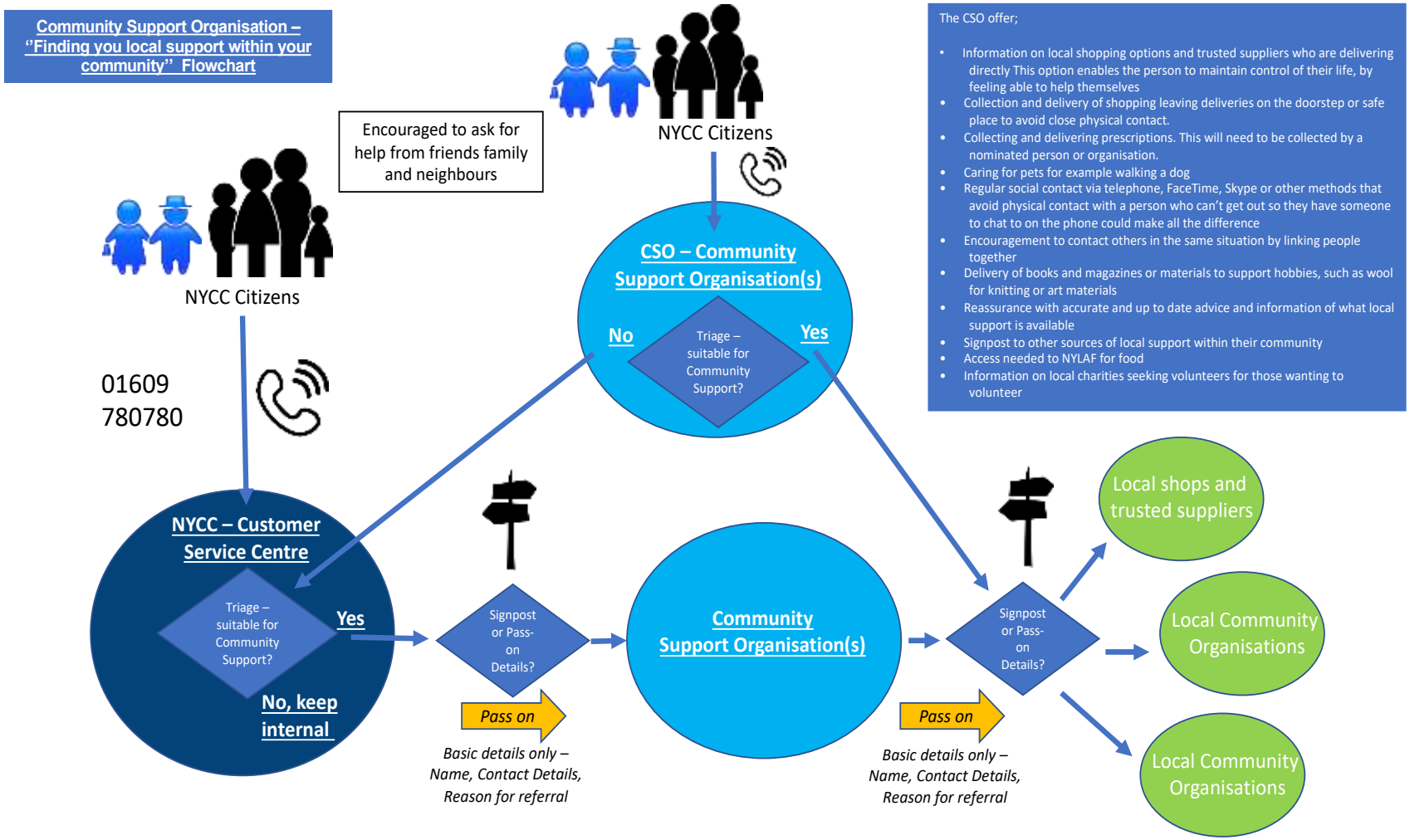
Organisation/Group	Interviewee
Boroughbridge Community Care	Karen Packer
Carers' Resource	Candy Squire-Watt
Citizens Advice Craven & Harrogate Districts	Edward Pickering
Dancing for Well-Being	Jackie Terry-Schuhmann
Dementia Forward	Jill Quinn
HADCA	Karen Weaver
HADCA	Frances Elliot
Hampsthwaite Good Neighbours Group	Gina Crowther
Darley Community Support Group	Bryan Dexter
Kirkby Malzeard Parish Councillor	Kate Aksut
Masham Community Office	Sue Palin & Gaynor Pearson
Nidderdale Plus	Helen Flynn
Orb Community Arts	Leon Fijalkowski
Pateley Shed	Alan Cotterill
Resurrected Bites	Michelle Hayes
Ripon Community House	Suzanne Bowyer
Supporting Older People	Kate Regatta
Wellspring Therapy and Counselling	Emily Fullerton
Your Consortium	Sam Alexander

APPENDIX 7: WIDER SYSTEM PARTNERS CONSULTED FOR THE ASSIGNMENT

STATUTORY HEALTH AND SOCIAL CARE SYSTEM PARTNERS

Interviewee	**Organisation**
Dawn Bowness	Clinical Commissioning Group (CCG)
Ann Byrne	Partnerships and Engagement Manager, Harrogate Borough Council
Liz Meade	Stronger Communities Manager, North Yorkshire County Council
Angela Portz	Consultant and Independent Chair of the SLG
Dr Bruce Willoughby	Chair of the HPoC Steering Group, GP and Clinical Lead for Integrated/Community Care on North Yorkshire CCG

APPENDIX 8: CSO FLOW-CHART- This internal document was designed to support the information flow between CSOs and NYCC.



APPENDIX 9: CASE STUDIES

See separate document.

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West Yorkshire and Harrogate Health and Care Partnership

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