



Voluntary Engagement Team

Linking Differently to
Health and Care

Lincolnshire Voluntary and Community
Sector (VCS) Health, Care and Wellbeing
Strategy

2020 -2023

Lincolnshire Voluntary Community Sector (VCS) is an integral partner in the strategic and operational delivery of health, care, and wellbeing services to the people of Lincolnshire

FOREWORD

I am delighted to introduce this strategy. I want to begin by acknowledging that there is more work to do and secondly to acknowledge the significant effort of Sarah Fletcher for Healthwatch Lincolnshire its principal author.

The VCS landscape has changed massively and for the long term over the last 6 months in a way none of us could have anticipated. These changes have given a higher premium to health and care and whilst hugely challenging have brought some new benefits for our sector.

The Coronavirus has been a huge impetus for people to put their shoulder to the wheel and it has illustrated the agility and dynamism of our sector. Sadly in some cases it has also exposed our vulnerabilities.

Having the Voluntary Engagement Team has enabled us to work on a joined up basis across the sector, not only supporting each other but contributing the bigger challenge of keeping the show on the road for those most in need of the services we provide.

Before the pandemic struck we were at an exciting moment of change with the publication of the NHS Long Term Plan. This had provided an opportunity for us to collectively reset the compass. The move to an Integrated Care System has already brought forward a number of key issues which sit at the heart of the VET agenda, these include:

- a recognition of the importance of Social Value as a guiding principle,*
- true partnership working,*
- a move from commercial competition to capacity building and shared agendas as a key opportunity.*

All of these are based around the harnessing of local insight and commitment to bring people together more effectively across the public, private and VCS sectors to deliver the best possible services for and with our communities.

The next stage for us is to widen the engagement of the sector and extend and strengthen our movement. I anticipate a very exciting next phase in the development of our work in which I am sure this strategy will play a key part.

Chris Wheway, CEO St Baranabas Hospice and Chair of Lincolnshire Voluntary Engagement Team

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ACKNOWLEDGEMENTS

To ensure we have put voluntary and community groups in Lincolnshire at the heart of this strategy it was important that we talked to a wide range of people from Lincolnshire VCS. The following groups have all provided their contribution by agreeing to talk about what they see as challenges and opportunities for their service and our sector, we would therefore like to thank:

Welland Seniors Forum; Lincolnshire Parent Carer Forum; Magna Vitae Leisure group; Guillaîne Barre and inflammation neuropathies (GAIN); County Care Grantham Voluntary Dementia support; Butterfly Hospice; South Lincolnshire Blind Society; Age Care Advice; Scotter Forward; Abbey Access Centre; L.I.V.E.S; Toolbar Bourne; PCF mind; Lincolnshire Action Trust; IDEA; Honeysuckle Club; Evergreen Care trust; Sage Gardener Lincoln City Foundation; Hogsthorpe Volunteers; Total Voice; Every-one; Nigel's Community Group; Lincoln and Lindsey Blind Society; Desire Change CIC EMBRACE; Boston Breast Cancer Self Support Group; Boston Carers Group with Learning Difficulties: Acts Trust Lincoln; Age UK Lincoln and South Lincs; Children's Links; St Barnabas; Every-one; Voluntary Centre Services; Lincolnshire CVS; Boston Macular Support Group; Skegness Live and Learn Community Group; Lincs Health & Care Managers Network; Little Miracles; Well Woman Group Gainsborough; Fibromyalgia Support Group; Lincoln Elders; LinCA; Active Lincolnshire; Future4me (Positive Futures); Centre for Ageing Better; members of the Lincolnshire Health and Care Managers Network

EXECUTIVE SUMMARY

Whether we are referred to as the Voluntary and Community Sector (VCS), Third Sector, Civil Society or Charity Sector these terms all mean the same thing; a large network of voluntary and community groups and organisations, registered charities, community interest companies, social enterprises, volunteers and people that provide essential frontline services that are the absolute bedrock of our county. The impact to Lincolnshire would be significantly felt if our VCS, volunteers, and unpaid carer network were taken away, so much so that our statutory services would most likely collapse. At the heart of our VCS delivery and support is health, care and wellbeing whether through direct services such as St Barnabas, Macmillan or Age UK or very small local befriending and support groups, such as walking or friendship groups helping people with their general wellbeing. What is clear to us all is that the plethora of support available is very hard to quantify.

This Lincolnshire Health, Care and Wellbeing Strategy has been commissioned by the Steering Group of Lincolnshire Voluntary Engagement Team (VET). Its successful implementation will enable the VCS in Lincolnshire to be an equal recognised partner in the design, delivery and monitoring of our health, care, and wellbeing services.

Our Strategy sets out what is already working well, alongside what actions need to be addressed to ensure our collective voice is stronger. As well as reflecting how well the VCS is working collaboratively to achieve positive partnership outcomes.

Part one of this document is the strategy which includes our mission, vision and principles. These set out our direction of travel for the coming years which is to be 'a valued and equal partner in the design, delivery, monitoring and evaluation of health, care and wellbeing services in Lincolnshire'. In this section we also recognise our challenges, goals and objectives which help to bring this strategy to life. Within part one we are also setting out what we hope will be the framework for joint protocols with our statutory partners. Finally, we identify our overarching next steps and key actions for the coming months.

Part two is a summary of the discussions we have had with our VCS and statutory partners and in many ways this section does not do justice to the significant amount of background candid and open information shared with us. This section provides not just evidence of support need within our sector, but also how and where the VCS in Lincolnshire can and does already support our statutory healthcare services.

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The VCS demonstrate time and again an ability to be both reactive, mobilising quickly in times of crisis, as well as proactive, helping to plan support and delivery of services for the future. The professionalism in which we deliver our services is not fully recognised but should be. Voluntary should mean free to the end user not to partners who we are helping achieve their targets, nor should it ever be referred to as amateur (over half of the voluntary sector workforce is educated to degree level or higher, NCVO Almanac 2019).

What our VCS provides is a trusted route into Lincolnshire communities which needs to be recognised and utilised better and more by our statutory partners. By working with us through this strategy statutory partners will be able to extend their communication, provision and services to many more people.

INTRODUCTION

Lincolnshire VET is the Voluntary Engagement Team for Lincolnshire. Lincolnshire VET is a partnership of voluntary organisations and statutory stakeholders who have chosen to work together to capitalise on opportunities that will ultimately improve the health and wellbeing of our population, maximising and supporting the wealth of resource and experience in the community and voluntary sector in Lincolnshire.

Implementation of this Lincolnshire Health, Care and Wellbeing Strategy for the Voluntary and Community Sector in Lincolnshire is one of the key 2020 priorities for Lincolnshire VET.

By working alongside our health, care and wellbeing commissioners and providers, this strategy will place our voluntary and community sector at the very heart of delivery, support and integration for our county's health, care and wellbeing services and the people they serve.

Lincolnshire VCS Scope, Diversity, and Reach

With over 5,000 voluntary and community groups making up the third sector in Lincolnshire, we have the ability to reach, develop and build relationships with our residents, where many statutory services are unable to. These relationships build trust by reaching out to some of our most vulnerable people and communities in a much less authoritative and bureaucratic way. In addition, many of Lincolnshire's communities look firstly to our sector for the advice, guidance and most importantly support they know they can rely on.

At times the Lincolnshire VCS can be taken for granted but as we move into more challenging environment, the impact of our support, capacity, expertise and reach has never been so keenly needed by those providing statutory services. This should be widely recognised and valued as an essential part of our health, care and wellbeing services in the county.

The diversity of our sector is immense, from the multitude of small groups through to the much larger charities. Every one of our organisations provide their own unique local involvement which is vital in underpinning the health and care needs of Lincolnshire people.

The mobilisation of community action has always been a pivotal part of our sector, whether this is through volunteering, membership and interest clubs, development of new and innovative services to meet demand or gaps, self-help groups or specialist support, the breadth of our sector covers a very wide spectrum of services.

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These services are provided not only within the enormous health, care and wellbeing agendas but extend to areas such as education and training, employment, transport, housing, playgroups and nurseries, management of village halls and community centres, culture and recreational services, environmental issues, social isolation for young and old.

Such diversity within our sector means we are reaching out to help meet the needs of all age, ability and communities of people in Lincolnshire.

The true value of our Lincolnshire VCS is almost impossible to quantify but it is widely acknowledged that our impact on society, including the additional army of volunteers we recruit could not be funded from the local statutory purse. For example, the cost and contribution from the third sector globally has been estimated at over £15billion *NCVO's Civil Society Almanac 2018 suggests that the sector accounts for almost 900,000 jobs and over £15bn in GDP*. Lincolnshire VCS mirrors that of the UK Third Sector *i.e. 'dominated by small organisations that operate locally'* *NCVO Almanac 2019*.

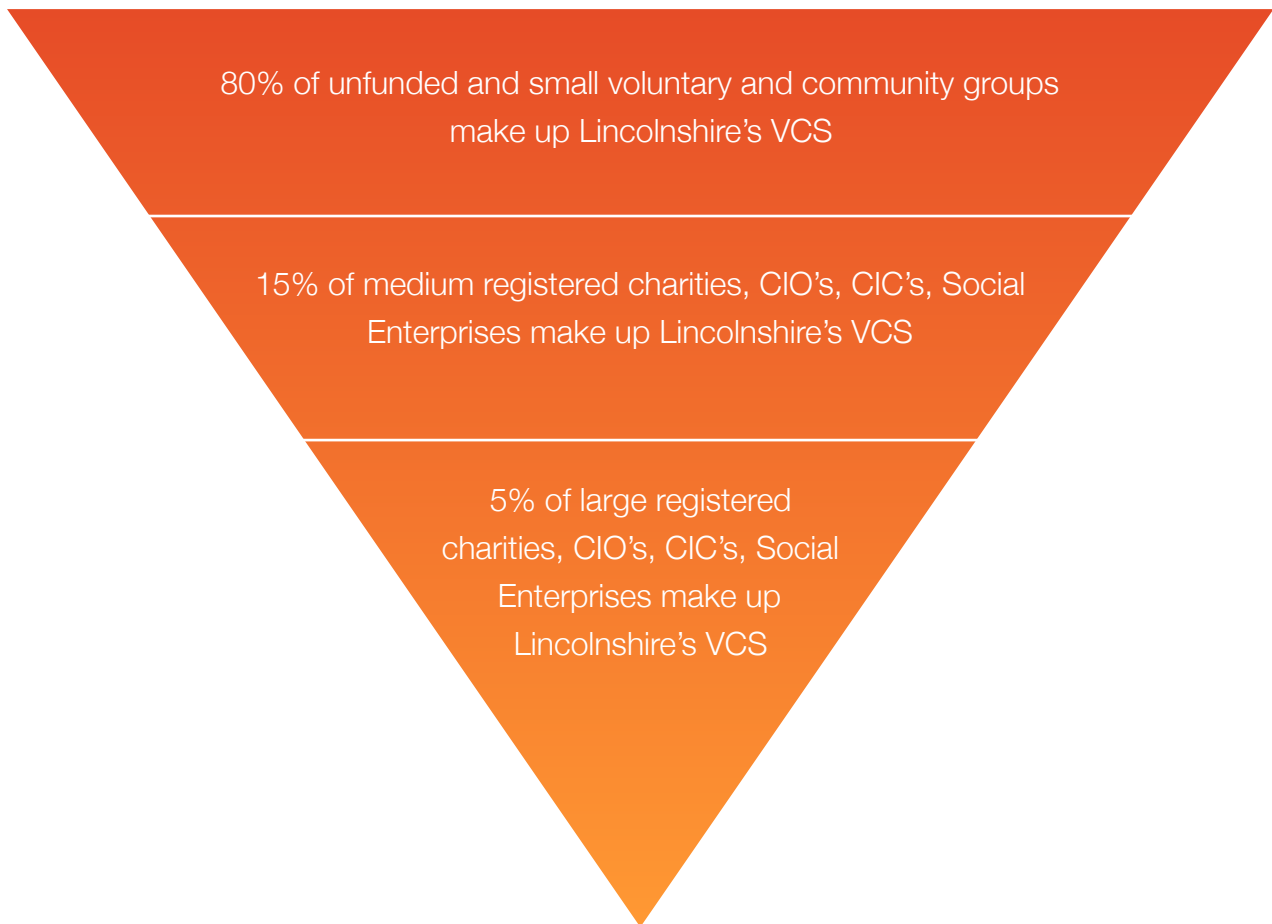
*[Lincolnshire VCS is the] "Glue that sets everything together", quote from **Sue Fortune, Chief Executive Officer, Lincolnshire Community Foundation***

LINCOLNSHIRE VOLUNTARY AND COMMUNITY SECTOR

Elements of Lincolnshire VCS

OUR VISION	OUR MISSION	OUR PRINCIPLES
<p>Lincolnshire VCS is a valued and equal partner in the design, delivery, monitoring and evaluation of health, care, and wellbeing services in Lincolnshire.</p>	<p>Enable voluntary and community organisations, volunteers, and other community helpers to deliver a diverse range of health, care, and wellbeing services; working closely with our statutory partners to enable this to happen.</p>	<ul style="list-style-type: none"> • Developing one VCS brand • Providing a united and strong voice • Supporting equality and diversity • People first • Integrity • Openness • Collaboration • Cohesion • Localism • Safety for all • Professionalism • Building resilience • Building capacity • Increasing our skills, knowledge, and resources • Reactive in times of crisis • Proactive ability to look at the bigger picture

[VCS organisations] "don't get recognised for what they do but they are the first people come to when in need" **Michele Jolly, CEO Age UK Lincoln, and South Lincolnshire Community Foundation**



% source data taken from NCVO The UK Civil Society Almanac 2019 VCS organisations are usually classed as small, medium or large dependent upon their size of annual income. Small receive little or no external income through to larger organisations that hold grants or deliver commissioned work

How does Lincolnshire VCS Support, Health, Care and Wellbeing?

The VCS in Lincolnshire provide many examples of how vital support to our health, care and wellbeing services are being delivered. Whilst there are too numerous to list individually, we can categorise them as follows:

- Delivering services under NHS contracts, eg St Barnabas and LIVES
- Delivering services under Adult or Children's Social care contracts eg Carers First
- Providing services through external funding e.g. Big Lottery or Department of Health such as T.E.D. in East Lincolnshire

- Providing specialist advice eg Samaritans, Victim Support or Citizen's Advice
- Providing information and signposting e.g. Connect to Support or Healthwatch
- Providing activities whether they be physical or self-interest eg walking groups, sports activities, keep fit groups through to ones like wood-turning and singing clubs
- Providing opportunities to reduce social isolation eg befriending groups, craft clubs, luncheon clubs or specialist interest groups
- Running local self-help groups eg Breast Cancer Self Help Support
- Reaching out to our communities such as faith groups and other activities
- Supported Housing for older and vulnerable people eg LACE Housing Association
- Through our 'legion' of volunteers, always ready to lend a hand, from making the tea, befriending, organising, chatting, doing the admin through to being a Trustee
- Reacting in time of need, no better time was this demonstrated than in March 2020 when our VCS rapidly mobilised to provide essential frontline support to the most vulnerable in our communities.

Capacity - Offer and Constraints

In developing this strategy, we have put the views of our voluntary and community groups, registered charities, and other non-profit making organisations at its very heart. We have done this by listening to both their concerns regarding their current capacity to take on more work, but also hearing loud and clear that they have a definite willingness to increase support to our health, care and wellbeing services where they possibly can.

"We would expect that to increase the offer from its current market position, the sector would have to embrace not only its existing models but also more new and innovative methods of delivery" was one view. However, another message was also clear that any increased support would require sound financial commitment to allow for additional resources, planning and successful delivery. The fact that Lincolnshire VCS provides professional, cost effective and in most cases much more economically viable services should not be overlooked by our statutory partners when planning commissioning of local services.

One important fact to note about Lincolnshire's VCS is its ability to act quickly, without the constraints of bureaucracy. This means that from planning to delivery stage we can get services up and running, often within days, reaching out quickly to the people that need support the most. Reassuringly Lincolnshire VCS delivers highly professional services that have proven time and again, are well-respected by the people we serve, as well as recognition and respect from local and

national commissioners and other grant funders. Regardless of some people's belief there is absolutely nothing amateur when it comes to our sector delivering core contract services and meeting KPIs and making a real positive difference in people's lives.

Goals and Objectives

1.Goal - To enable Lincolnshire's Voluntary and Community Sector to be involved in all aspects of the delivery and support of health, care and wellbeing services in our county. To enable this it important our sector and civil society has a recognised strong brand which includes a united clear and representative voice.

1.1 Objective – by December 2020, identify the people and organisations that will be integral to the management and delivery of this strategy

1.2 Objective – by December 2020, create a recognised 'single' VCS contact point which is easily recognised by our statutory and private sector partners, as well as the wider Lincolnshire VCS

1.3 Objective – by December 2021 increase membership of Lincolnshire VET to 200

1.4 Objective – by December 2020, create a set of working protocols that enable our statutory partners to have reassurance that contract criteria and performance is adhered to, leaving our sector without the need to continually evidence this and stifle its ability to deliver

1.5 Objective – by March 2021, agree joint working protocols with all statutory partners

1.6 Objective – to evaluate annually the effectiveness of Lincolnshire VCS representation at appropriate strategic and operational NHS Health and Care boards and bodies

1.7 Objective – by December 2020, agree who will represent and present the voices and offer, of Lincolnshire VCS at relevant strategic and operational Lincolnshire NHS and Care boards and bodies, as well as in other relevant arenas

2.Goal - To recognise Lincolnshire Voluntary and Community Sector's need to demonstrate autonomy, transparency, trust and neutrality.

2.1 Objective – by December 2020, create and be able to demonstrate an environment that allows for autonomy, transparency, trust and neutrality

2.2 Objective – to continually support, encourage and promote existing smaller VCS groups and allow them to thrive without the constraints of bureaucracy

2.3 Objective – to continually support and encourage the development of new VCS opportunities

3.Goal – To agree the need for robust infrastructure support that provides capacity building and development support to Lincolnshire VCS

3.1 Objective – by December 2021 support our infrastructure body’s to lobby the need for sufficient funding to enable them to provide ongoing training, advice, and support for all VCS organisations in their membership

3.2 Objective – by December 2021 create a digital strategy that enables agreed platforms for data sharing, data management and data security between partners

4.Goal – To have an equal opportunity to access funding through commissioning and other local contract grant opportunities

4.1 Objective – by December 2021, our infrastructure bodies to create and facilitate opportunities for all VCS organisations to better understand how to apply for tenders through commissioning and contract grant opportunities

4.2 Objective – by December 2020, our infrastructure bodies to create and facilitate opportunities for like-minded VCS organisations and groups to form partnerships and discuss shared working opportunities

4.3 Objective – by December 2020, our infrastructure bodies to provide opportunities for Lincolnshire VCS organisations to receive training, advice, guidance, and support about all aspects of funding and fundraising.

Our Ambition

In creating this strategy, we have agreed an overarching ambition for Lincolnshire Voluntary and Community Sector to be included as a valued and equal partner in the design, delivery, monitoring and evaluation of health, care, and wellbeing services in Lincolnshire.

Lincolnshire VET will be working to achieve its vision, mission, goals and objectives, keeping our principles at the heart of all we do.

In realising our ambition, we recognise the need for understanding the diverse third sector in which we reside. Lincolnshire VET or any other Infrastructure organisation in Lincolnshire can speak out on behalf of their members when they know what those members are thinking. However, we know that not every VCS group will want to or is able to be part of the ‘bigger picture’. Many smaller groups deliver vital local support and are not looking to expand, diversify, partner, or deliver their service on behalf of or with any other organisation. Often the reason for this is fear of extending services beyond their control, especially if they are a fully volunteer led service. This standpoint must be respected by all partners and the caveat included in all communications.

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Equally, some smaller organisations want to be part of the ‘bigger picture’ but do not currently feel ready for this. Through this strategy it is intended to provide the support, training, and partnership liaison to enable any Lincolnshire VCS group or organisation to thrive and be confident in offering their current or new extended services to our statutory partners.

Below is a summary of our ambitions:

- A step change in the positive health and care outcomes for the people of Lincolnshire.
- A recognition that social value is central to the delivery of the best possible services which underpin these outcomes.
- An acknowledgement that social value is sustained by a commitment to investing in the shaping and delivery of services by local organisations with their roots in local communities.
- An acknowledgement that local provision is the smart way forward because it brings insight, added value and long-term sustainability to the health and care agenda by engaging local people in the services that sustain them.
- An acknowledgement by all parties involved in the health and care agenda that they need to deliver on the promise of excellence to achieve their ambitions for Lincolnshire.
- A commitment by all parties to achieve their ambitions in health and care for Lincolnshire through increased mutual learning and continuous professional development.
- A commitment by all parties to the importance of the achievement of preventive outcomes, delivered through locality working as the core of their strategy.
- A commitment by all parties to measure and regularly review the impact of their work together encouraging through this process transparency and positive challenge.
- An agreement by all parties to express their joint commitment to drive this agenda through the adoption of a brand to communicate their partnership.



Photo taken from Healthwatch
Lincolnshire Learning Disability Event

Joint Protocols - Working Together Lincolnshire VCS, Lincolnshire County Council, Lincolnshire Clinical Commissioning Group, NHS Trusts in Lincolnshire

These joint protocols lay the foundation for a partnership based on mutual trust and respect and will open up opportunities for more active participation by the Voluntary and Community Sector in design, developing and delivery of health, care and wellbeing services in Lincolnshire, they include:

- Create an environment where people are at the heart of public services. Whether this is through voluntary and community groups, registered charities, other non-profit organisations, volunteers or in partnership with other statutory organisations it should focus on development and delivery and include experts by experience in the monitoring and evaluation of our services.
- Statutory partners create a transparent and open commissioning environment to foster good relations, encourage co-operation and partnership.
- When working jointly with another organisation, respect each other's organisational processes and use established procedures to address any concerns or queries that arise.
- Ensure regular communication routes are open which provides a 'no surprises' approach and agree protocols for working with the media that address mutual respect.
- Establish new structures of engagement and communication between the Lincolnshire Statutory and VCS sectors.
- Ask statutory partners to respect and uphold our VCS independence and support us to deliver our missions including our right to campaign regardless of any relationship financial or otherwise which may exist.
- Ensure VCS is supported and resourced in a reasonable and fair manner regardless of whether we are commissioned or funded by our statutory partners to fulfil our aims.
- Ensure that all statutory partners recognise the need to properly resource, in a range of ways, local infrastructure and capacity building organisations in order that they may assist Lincolnshire VCS to fulfil its ability to deliver positive outcomes.
- Ensure greater transparency by making data and information more accessible and creating a joint protocol that request all partners to sign up to and memorandum of understanding with GDPR, Data Protection and Information Management requirements.
- Consider ways to facilitate greater access between partners including their premises and resources where this will produce benefits to the delivery of health, care, and wellbeing services.
- When campaigning or advocating our Lincolnshire VCS will ensure that robust evidence is provided including information about the source and range of people and communities represented.

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- Monitor and evaluate activities that are undertaken to ensure they achieve the organisations mission and are in line with contract performance requirements.

[Lincolnshire County Council] "sees Lincolnshire VCS in a very positive light", quote from a Stakeholder

Governance, Infrastructure and Capacity Building Support

Lincolnshire VCS independence is critical, and it should be acknowledged that this strategy aims to ensure that the right level of governance, leadership and partnership working between our sector and the statutory sector is in place. This is vital in overseeing the successful management of this Lincolnshire VCS health, care, and wellbeing strategy, as well as the successful completion of all its identified actions. By having good governance and leadership in place, it is expected Lincolnshire VET will work towards improving the often slow wheels of the statutory sector to get agreement and approval, and instead enable the Lincolnshire VCS to act at pace, get the right support, in the right place, when its needed.

In setting good governance structures for Lincolnshire VCS, Lincolnshire VET must also consider not only the breadth of skills of the individuals looking at these structures, but also consider wider enablers such as shared resources, policies, knowledge & learning opportunities, IT infrastructure, as well as the need for choice and inclusion of those groups that have been marginalised, to ensure they can be included if they want this. By working together, sharing and signposting to others, this synergy should create capacity, not hinder it.

Currently there are several VCS capacity building and infrastructure support organisations available in Lincolnshire including (but not exclusively):

- Lincolnshire VET
- Involving Lincs
- Voluntary Centre Services (covering Lincoln and district)
- Lincolnshire Community and Voluntary Service (covering South Lincolnshire)
- Community Lincs (covering rural communities)
- Just Lincolnshire (supporting equality in Lincolnshire)
- Children's Links (supporting children and young people services)

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Whilst each of the above organisations provide important support services to their own Lincolnshire VCS members, our statutory partners recognise that lack of one neutral independent single point of access into our sector does cause problems. Without this independent access point, it is currently felt that many VCS groups and organisations are missing out on opportunities to get involved in the delivery of health, care and wellbeing services, simply because if they are not actively part of one of these infrastructure or capacity building support organisation, they are rarely aware of and invited to access the opportunities being offered.

The constraints facing our sector are many. However, a great deal of constraints can be identified as funding which remains one of the single biggest issues for the VCS in Lincolnshire. It is expected that good governance and leadership in our sector will also help to facilitate financial cost saving by brokering opportunities to share resources, back office support, possible mergers, and other alternative ways in which to reduce overheads. Through this initiative we expect to create a much more sustainable, cohesive, and unified VCS.

[Lincolnshire] "VCS needs to be recognised as an equal partner", quote from
Elaine Bayliss, Chairman of United Lincolnshire Hospital NHS Trust and
Lincolnshire Community Health NHS Trust

Linking Lincolnshire Health and Care Strategies

This Lincolnshire Voluntary and Community Sector Health, Care and Wellbeing Strategy 2021 – 2023 must compliment and support the local authority and NHS in Lincolnshire’s strategies.

Our Strategy needs to compliment/ partner the Joint Health and Wellbeing Strategy and the Lincolnshire NHS Long Term Plan



Next Steps and Action Plan

Next Step

Action plan - Real → Live → Happen → Change

Action	Comments	Lead Responsibility	Timelines
Ensure Health, Care and Wellbeing VCS Strategy for Lincolnshire aligns with key Lincolnshire Strategies	This is a key issue if we are to set out our stall effectively and ensure scope to add value and not duplicate	VET Executive	January 2021
Lincolnshire VCS funding strategy or plan	This is key to sustaining the long-term future of the organisation and will form the core of a re-worked business plan	Vet Executive	January 2021
Lincolnshire VCS digital strategy or plan	We can build on the work with the website and if we take a long-term view of this it also needs to involve looking at the digital capacity of VET members	Vet Sub-group could be established	September 2021
Lincolnshire VCS Volunteering strategy or plan	This needs to be integrated with the work of the Lincolnshire Resilience and Recovery initiative	Led by the two CVS on behalf of VET	June 2021
Lincolnshire VCS Training strategy or plan	We are widening the activities of the Strategic Development Adviser programme to cover this aspect of the plan and engaging with more modest sector needs through the capacity building aspect of our mini-brief	SDA team	January 2021
Create a reliable, trusted, neutral Single Point of Access	We can consolidate our approach to this at the planned conference in October 2020	VET Secretariat	October 2020

PART TWO

Methodology - Developing this Strategy

A strategy such as this requires background research to get behind the views of the people and organisations in which it will serve.

To better understand the needs of our Lincolnshire VCS, during May 2020 47 interviews were conducted of which, 1 was with a Community Interest Company (CIC), 26 were with registered charities, 10 with community groups (unincorporated organisations) and 10 were with organisation we classed as 'others', which include small volunteer led groups.

27 of the organisations and groups interviewed employed a total of 1,288 people between them. However, 16 of these groups had no paid staff at all. Two organisations that employed most staff delivered their work both in and outside of the county.

We identified that a staggering 2,346 volunteers are integral to the work of this small number of organisations with the largest group of volunteers supporting LIVES who have an average of 600 volunteers. The average number of volunteers per group is 55, but when we remove the extremely high LIVES figure, the average then reduces to 42. Our two county Blind Societies have between them an impressive 348 volunteers! If we consider the total number of VCS groups and organisations in Lincolnshire, we can guesstimate the sector being supported by more than 200,000 volunteers.

In addition to the above interviews we arranged further interviews with a number of key stakeholders from our Statutory Sector including the Chairman of Lincolnshire Health and Wellbeing Board, Directors of Lincolnshire Adult Social Care and Public Health, Chairman of United Lincolnshire Hospital Trust and Community Health Service.

Additional research documents referenced include:

- NCVO – The UK Civil Society Almanac 2019
- The Burden of Disease in Lincolnshire, The Director of Public Health Annual Report 2019
- Draft Lincolnshire NHS Strategic Plan for 2019-2024
- The Lincolnshire Public “Talk About” NHS Long Term Plan June 2019, Healthwatch Lincolnshire
- Voluntary Sector Health and Care Survey, February 2020; Lincolnshire VET
- ThirdSector

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- DCMS Select Committee <https://publications.parliament.uk/pa/cm5801/cmselect/cmcumeds/281/28103.htm> - summary

<https://publications.parliament.uk/pa/cm5801/cmselect/cmcumeds/281/28107.htm> - conclusions and recommendations

What our Statutory Partners Said

From the people we spoke to representing statutory partners, there was overwhelming respect and recognition for the voluntary and community sector in Lincolnshire. There was also an understanding of the many challenges we face and concern that not all our sector will cope and survive in 2020 and beyond.

Statutory partners felt that rather than stifle us and hold us back with unnecessary bureaucracy, they should allow us to thrive by provide a helping hand where they can. It was suggested support could be through a variety of offers such as leading partnerships, training opportunities, providing administration or office space, helping to promote our work, in addition to recognising and providing a range of funding opportunities.

However, whilst there was a lot of positive words spoken there was also some concerns raised about how well our VCS in Lincolnshire:

- **Collaborate with each other** – it was identified that it appears only the ‘bigger players’ were ‘round the table’ and the raft of local smaller groups that are trusted by their communities were missing out. They felt much more needs to be done to recognise the power and importance of the many smaller localised groups. It was agreed that a more obvious collaborative VCS will generate opportunities and a feeling of unity and strength.
- **Offers transparency and trust** – feeling that our statutory partners do not always feel confident in knowing who to talk to or approach to ensure information is widely shared and all, regardless of size or status, relevant VCS organisations are involved.
- **Provide a stronger voice** – we are not listened to often enough, we are not invited ‘round the strategic or operational table’ often enough, we need to address this.
- **Understand that sometimes we need to accept the system** – if a commissioning pathway is in place then we must ‘abide by the rules’. That said it was also highlighted that our statutory partners should also recognise the important role of the VCS in delivering services, they must accept we deliver our services differently.
- **Work with partners to design new pathways** – particularly important for areas such as self-help and wellbeing where our VCS is already delivering some of these services, this is all about joining up what is already working well with new services.
- **Open our untapped capacity** – how do statutory partners know what we have to offer? How can we ensure they know? It was also recognised that the VCS open routes into communities that statutory partners struggle to.
- **Utilise opportunities** eg COVID19 demonstrated how well our VCS quickly mobilised itself in Lincolnshire.

LINCOLNSHIRE VOLUNTARY AND COMMUNITY SECTOR

*[Lincolnshire VCS needs a] “Stronger sense of collective voice for the sector in Lincolnshire”, quote from **Glen Garrod, Executive Director of Adult Care and Community Wellbeing, Lincolnshire County Council***

NHS Long Term Plan, Need for Sustainable Health and Care Service in Lincolnshire

Health and care leaders have come together to develop a Long-Term Plan to make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers’ investment.

Lincolnshire VCS is referenced 18 times within the Lincolnshire Long Term Plan, this recognition is a positive. However, to ensure our VCS continues to support our statutory partners in their delivery of the NHS Long Term Plan for Lincolnshire, there needs to be recognition throughout that we will need support to do this. It is hoped our Health, Care and Wellbeing Strategy will provide the platform in which the right level of support financial and otherwise is provided, and at the right time. Feedback we received did confirm this is important with one person saying [the VCS can] “Take a lot of work off the NHS but VCS is seen as a ‘bolt-on’” another person said “Statutory organisations consider VCS are all just volunteers, need to recognise the professionalism and get away from the negative language and views of ‘just volunteers and therefore amateur’”.

You can read the Full and summary Lincolnshire Long Term Plans here:

https://lincolnshire.nhs.uk/application/files/8515/3139/3204/STP_full_plan_20161212_web.pdf

<https://lincolnshire.nhs.uk/application/files/3915/3139/3203/>

[Sustainability and Transformation Plan web Summary doc.pdf](#)

The Lincolnshire Sustainability and Transformation Partnership is aiming to give the people of Lincolnshire an effective and easy to use health and care service that will be fit for many future generations.

Their vision is to create a sustainable, long term prevention, self-care, and early intervention system. They want to reduce premature illness and death by helping people to look after themselves, working closely within our local communities and neighbourhoods.

To do this they will build clear, joined up care and health packages where your services are provided close to home and with physical health, mental health and social care all working as together as one.

They will work closely with voluntary organisations, charities and networks of care providers in your community; developing urgent care centres, diagnostic support (tests), outpatient services; supporting people as they move through their care journey between hospitals and home.

These things will help them to provide care pathways that are easy to understand and more efficient for all. They will reduce waste, improve efficiency and close services that are not effective but costing them a lot of money. This will also reduce the need for people to go to hospital when they are unwell and have not been able to access care early enough.

Sometimes, a trip to hospital is the best option so they will develop a service that delivers complex, emergency care, as well as providing planned care without long waits and cancellations. It will also include outreach teams to support local neighbourhood working and community facilities, keeping people out of hospital and in their own homes safely.

Enablers

Funding - Grants, Commissioning and other Sources eg Donations

Funding is often seen as one of the single biggest issue for many VCS organisations. Mainly because our annual funding is very often uncertain.

Funding is complex from annual grants, commissioned work on short to longer term contracts (longer term may offer at best up to a 5-year contract with often no guarantee of annual allocation), donations, public fundraising activities and in some cases trading, all of which can be costly and time consuming without any guarantee of success.

Sue Fortune, CEO Lincolnshire Community Foundation is concerned that whilst during April – June 2020 they supported 100 small groups with funding, they are aware that the impact of COVID19 is seeing many more groups struggling to survive. Lincolnshire Community Foundation is keen to reach out to these groups and would like support to help raise awareness to many more VCS groups.

Many of our larger VCS organisations rely on commissioned funding, concerns were raised about how inflexible and at times inaccessible commissioning is. There is a keenness from those VCS involved to set agreements in Lincolnshire with commissioners that enable a more open and supportive locally recognised framework.

VCS organisations that require income to pay for annual running costs, staffing etc are constantly horizon scanning, this again is a time consuming and costly exercise.

Through our talks with VCS groups, funding received the largest number of responses highlighting concerns such as:

- VCS delivery is not free, but there is an expectation we are offering our services ‘voluntarily’
- National Audit Office, 8 guiding principles of commissioning, Lincolnshire STP should be endorsing these principles
- Commissioning is a difficult landscape to understand. How do you get on a provider list? Getting commissioned to deliver work in Lincolnshire is very difficult.
- Outcome based commissioning is better for the VCS
- Funding uncertainties and constraints result in good staff being lost
- Difficult to find the right level of transparency, neutrality and altruism in an environment where “we are fighting for survival and every penny counts, systems force us into this situation”
- Equality around funding is important but doesn’t seem to be happening, ‘equity of opportunity for bid writing and commissioning is required’
- “Reinvest to make sure right service, right people, right time” quote from Karen Parsons, CEO, Children’s Links
- We have a lot of learning to do as a sector
- We need to challenge statutory organisations to change the way they commission our sector
- VCS need to be more skilled in applying for tenders and commissioned services as well as negotiating
- We should be able to access ‘Better Care’ fund to bridge the gap
- We need to avoid driving competition between VCS
- Forming co-operatives/larger partnerships might be a positive solution to share best skills within the VCS and statutory organisations for bid writing, service provision, recording of complex data, monitoring, evaluation and report writing
- Provide a single point of access (SPA) for commissioners, this must be neutral and transparent to enable all VCS organisations to benefit
- Collaboration between VCS organisations is essential for particularly vulnerable, seldom heard and BAME communities
- Statutory organisations don’t have 1, 3- or 5-year funding imposed on them, but they expect health, care and wellbeing VCS delivery organisations to work under these constraints, this needs to be addressed
- Recognise VCS specialists in their field, others should not try to be this if that is not their primary object
- We need to ‘Thrive and survive’

When we asked whether groups if they would be willing to work in funding partnerships, generally the message was yes. However, smaller groups had some concerns this could result in them losing their identity and even that they felt this would not benefit them in any way.

A very useful resource produced by Regional Voices for better health is 'Working with the voluntary and community sector: A guide for health and wellbeing boards'. This document includes on page 5 a useful resource which demonstrates 'Ways the voluntary and community sector can support health and care commissioning', the document can be accessed here: http://www.oneeastmidlands.org.uk/sites/default/files/library/Briefing_on_VCS_for_healthwelbeingboards.pdf

Action - As Funding is One of the Most Important Issues for the Survival of VCS a Countrywide Funding Strategy or Plan is Required

Volunteers and Volunteering

'Volunteers play a significant role in the delivery of services with 94% of organisations being supported by volunteers' (*Lincolnshire VET Voluntary Sector Health and care Survey – February 2020*)

Without volunteers our VCS organisations would not be able to deliver the full range of services they currently do. On average volunteers provide around '156 volunteer hours per organisation/per week' (Voluntary Sector Health and Care Survey – February 2020), if the an individual VCS organisation was to fund this level of employer support they would need to find a staggering additional £120k+ annually (as a minimum).

Volunteering opportunities in Lincolnshire offer a wide variety of options ranging from strategic level trustee support to youth work, counselling and advice work, practical helps such as gardening, helping at heritage sites through to local befriending schemes etc. Since March 2020 we have seen a significant increase across the county in local COVID19 community schemes with many people offering to help within hours of lockdown.

Many volunteering roles require training, some of it clearly at high level such as The Samaritans, while other training is role related or practical such as health and safety. The Red Cross told us that "to become a Red Cross volunteer takes more training than many paid jobs in the private and statutory sectors" and we suspect many people just do not realise the commitment, time, passion and energy people put into the volunteering.

Ben Barley from Urban Centre Services told us they were concerned that there is a “large gap in befriending services in the county”. This is concerning as befriending is a very important role in helping people cope in times of crisis or to support housebound or disabled people with their general wellbeing.

To find out more about volunteering opportunities in Lincolnshire visit:

<https://do-it.org/>

<http://www.lincolnshirecvcs.org.uk/for-volunteers/>

Infrastructure, Resources, IT, Skills, Knowledge and Training

VCS across England benefit from infrastructure support to provide a central source of contact, networking, representation, training, development support, advice and guidance. Infrastructure in Lincolnshire is provided through several routes (please see page 13). However, we heard from several sources with their concerns that “[infrastructure] support is not available locally like it used to be”. As a result, it appears locally our VCS is now looking nationally for their infrastructure capacity building and development support. Also, we heard that some of our local infrastructure bodies are in survival mode and there was a feeling that there needs to be an investment in our core infrastructure support. This would enable them to refocus their work away from needing to deliver frontline services to prop up their income, to concentrating on being the central support and resource for our Lincolnshire VCS.

Our VCS along with statutory partners may benefit from opportunities to share buildings, staff, back office support, communication, marketing and other resources, and it would be hoped that the development of this strategy will open up such opportunities.

Since March 2020, with the rapid and increased use of digital technology it has become apparent the VCS organisations that can ‘keep up’ have, and those that either don’t have the right level of skills, knowledge or resources haven’t. This has left many of our smaller VCS groups disadvantaged and widened the gap further between us. The benefits of having ‘state of the art’ IT and particularly digital opportunities for our day to day work is important. Many of us have resisted becoming too ‘tech savvy’ due to cost, fear of the unknown or just believing rightly that human contact is by far the better approach. **The need for a Lincolnshire VCS digital strategy to include inclusion, learning and training has never been as important as it is today (August 2020).**

Digital health is also being rapidly introduced with one person asking, “digital by default how can we use it more in everyday life”. There was a suggestion that our statutory partners need to work much more with the VCS partners to digitally share patient records which would benefit all.

Training can often be expensive and therefore inaccessible to our VCS in Lincolnshire. Upskilling employees, volunteers and trustees is important for both the individual and the organisation they are involved with. Access to free or low-cost training is important, there is more we can do to share training and learning across statutory and VCS organisations.

Unfunded, Small Voluntary and Community Groups

(Including those Supporting People who are Seldom Heard, Vulnerable or come from Rural and BAME Communities)

Unfunded, small voluntary and community groups make up the largest part of the Lincolnshire VCS (see page 7). Support from these groups is usually very local and the social value they bring is widespread. (social value contributes to the long-term welfare of people and communities with things like confidence to socialise, volunteer, take up training and employment, helping to reduce the need to access health and care services).

Unfunded, small voluntary and community groups provide activities, support and socialisation for people of all ages, disabilities, health needs and self-help needs. However, there is some concern that not enough people know these groups exist. We somehow need to arrive at a fine balance between ‘inclusion and stifling’ with one person saying, “don’t stifle them but we need to know they are there”.

Many smaller groups are not registered with Connect to Support <https://lincolnshire.connecttosupport.org/> the central source of information, with some simply choosing not to. Whilst this may be frustrating for some, their decision to remain local and not be part of the bigger picture must also be respected.

*“Better understanding of the VCS, not forced into something it is not”, quote from
Vicky Thompson, CEO, Every-one*

Small voluntary and community groups are often a lifeline for people who are seldom heard, vulnerable, from BAME or rural communities. These groups tend to be even more insular and

remote from our wider VCS community. This strategy must look at ways in which our sector encourages participation with Infrastructure bodies such as Lincolnshire VET, Involving Lincs and our CVS.

Rurality in Lincolnshire comes out repeatedly as being a big issue. We know that Statutory services are not able to reach every corner, village, hamlet and community across our county. One person told us that “People in our village tend to miss out through inability to drive or the driver becomes ill”, we need to make sure that these people are not forgotten by both our Statutory and VCS services.



COVID19 - Impact and Implications

A strategy written in 2020 without referencing the COVID19 pandemic and its known and unknown impact on our VCS in Lincolnshire would be unwise.

At the time of writing this strategy (June to August 2020) the county had already experienced lockdown resulting in cessation of hundreds of local weekly community activities; a significant change to volunteering with many volunteering activities stopping overnight, including people aged over 70 being asked not to return to volunteering until further notice; cessation of services because of reduction in income eg in June Age UK Lindsey announced closure of one charity shops and it's 'at home' and 'community transport' services directly as a result of reduction in income due to COVID19. Prior to COVID19, Age UK Lincoln and South Lincolnshire had a footfall of 1,500 people a week at their Park Street Eatery, the income this site generated may not be replaced for a long time to come, and more importantly the cessation of the social aspect of the Eatery will be felt by thousands of people this year. Skegness Live and Learn was set up about 18 months ago has been forced to close. This was brought about by the COVID19 situation as the community room that they had use of has reviewed its hiring policy for their lettings and will for the foreseeable future not be letting out the room to community groups. The group leader is looking into another location but with no funding for hiring and the current restrictions in place they feel that this may be a long time in coming. Another casualty of the times – the group was supporting 18+ adults with low level mental health and social isolation issues.

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The impact of COVID to the VCS is being felt heavily by people across Lincolnshire. Imagine if you are someone who relies each week on attending a community group as part of your social activities due to being widowed, or you suffer from depression and you would normally keep busy by attending a number of weekly activities. Suddenly in 2020 all of this was taken away and you were then asked to stay at home in isolation of others, the impact of this is slowly unfolding, not everyone has coped well.

During COVID19 lockdown 380 VCS groups provided localised support responses. None of these groups were registered as part of the Lincolnshire Resilience Forum and NHS Responders Scheme, there is a view that if they were encouraged or wanted to join this would make a 'bigger impact'.

*"During COVID19 we have seen [from VCS] a stronger sense of collective community voice in Lincolnshire", quote from **Glenn Garrod, Executive Director Adult Care and Community Wellbeing, Lincolnshire County Council***

Funding uncertainties are always at the forefront of concern for the VCS and as we have mentioned above, we know services and activities are being affected due to reduction in their funding. However, as the pandemic continues, we are not aware what will be the full impact COVID19 is going to have on funding for our VCS. Whilst there is and will be some new opportunities opening up eg Big Lottery prioritising funding for communities affected by COVID19, other funding opportunities such as government grants, may not be as certain over the coming months and years. To survive VCS groups, from small to large, will almost certainly need to quickly diversify the way they are offering services and activities. They will need to redesign projects and think about new ways of recruiting and keeping volunteers, all with the end user 'Lincolnshire people' in mind. The challenge is overwhelming, and our infrastructure and capacity building support will need to be leading the way.

Capacity for our sector to provide more support and services during COVID19 provided a mixed reaction. For some VCS the nature of their work i.e. frontline delivery, meant enforced overnight closure, furloughed staff and volunteers being asked to stop their involvement until further notice. For other VCS organisations they were either asked and in some cases expected to support a range of activities to meet demand eg Age UK Lincoln and South Lincolnshire have been involved in supporting up to 120 patients a day within 24 hours of patients being discharged from hospital; Children Links increased their volunteer numbers during lockdown by 20 to cope with the demand of community activity which was coordinating the collection and distribution of prescriptions from

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Boots the Chemist. Many VCS organisations and groups told us they do have capacity to take on more work and would need this to be properly resourced if they were to do so.

There was a general view that COVID19 has brought an opportunity for new ways of working, much of which should have been done a long time ago.

Longer term capacity for the VCS is under scrutiny with national predictions that we stand to lose 60,000 paid positions in the sector by the end of this year (taken from ThirdSector, 19 August 2020)

ThirdSector stated: Latest results from Pro Bono Economics' Charity Sector Tracker, which involves research with more than 450 voluntary sector organisations, found that 19 per cent of respondents had already made job cuts and that 23 per cent expected to make further redundancies when the government's furlough scheme was withdrawn at the end of October.

Job losses on this scale will have a major impact on our sector and its ability to deliver services. However, this is also an opportunity for our sector to think and work differently, much more collaboratively, and could lead to some successful and important mergers over the coming year/s.

What we did see within hours of the COVID19 pandemic lockdown was a sizeable number of very local people and community groups mobilising themselves into action to support those most vulnerable in their street, village, town, and city. Many of the people who offered to help were new to volunteering. It was inspirational and fantastic to watch this unfold, particularly over social media. The NHS nationally and Lincolnshire Resilience Forum were not far behind in trying to pull all this activity together, however, not all the local groups wanted to be part of a 'system'.

The way in which individuals and communities have come together to support others should be captured quickly to ensure we keep **momentum. People who were new to volunteering and offered their time should be recognised. There should now be a new opportunity to sign up to a local volunteering register, without the bureaucracy that comes with more traditional volunteering. People want to help but not all the time, once on the register they could be called up to help in times of need and crisis eg another pandemic or floods in the county.**

VCS and Statutory Partnerships - Social Prescribing, Opportunities and Case Studies

Social Prescribing

Social prescribing has become an important and formal part of providing self-help and wellbeing support to patients, service users and carers in Lincolnshire. Social prescribing enables medical staff to refer or signpost people to a range of non-medical community-based services to help them manage or maintain (both physically and mentally) their own new or existing health conditions. To be successful it needs a collaborative approach.

From the interviews with VCS representatives, just over half told us their knowledge of Lincolnshire's social prescribing service was good, although it is worth noting that 28% of groups did tell us they had little or no knowledge of the service. This is quite a concerning statistic bearing in mind that social prescribers may well signpost people on to their service.

Some charities told us they have provided a form of social prescribing support to their service users as part of their day job for a long time, with one stating they have been doing this for over 100 years. These charities feel that their work around social prescribing should be recognised and included as part of the coordination and network of social prescribing in Lincolnshire.

In 2019 1,465 people presenting at GP surgery were supported through social prescribers achieving very positive outcomes eg 74% are taking better care of themselves; 89% have more people they can talk to; 78% feel more hopeful and 68% feel more control of their own life *Source data INW report Voluntary Centre Services, Lincolnshire CVS, Lincolnshire STP and Social Value Engine.*

Whilst social prescribing is recognised and acknowledged in the NHS Long Term Plan as being an essential service for local systems to provide, with one of its visions being '**People will get more control over their own health and more personalised care when they need it**', we should also recognise the potential fragility of VCS organisations and small groups, particularly where large numbers of patients and service users could be referred into them. Part of the ongoing planning and management of Social Prescribing requires continual checking around capacity to avoid disappointment and frustrations from all sides.

We are aware that Primary Care Networks which are networks of GP Surgeries in Lincolnshire as well as other NHS services are indicating funding will be available to meet demand. Additional funding will be essential to employ more Social Prescribers because the system is working at capacity.



Photo taken from Healthwatch England stock library

Opportunities and Case Studies

Statutory and VCS partnerships do exist but there is a need to look at new ways to partnership working, for instance:

- An NHS Trust or Adult Social Care might want to partner a specialist health or disability support group to 'test' out a newly designed pathway before commissioning the new service. We have so many such groups eg blind and visually impaired support groups, mental health support groups to stroke, heart, diabetes, and Multiple Sclerosis.
- An NHS Trust or Adult Social Care might want to partner a vulnerable community support group to better understand their needs eg gypsy travellers support group
- An NHS Trust or Adult Social Care might want to partner a charity to work with them to provide one to one next step guidance such as discharge from hospital or what to expect when needing to access care services.

Examples of how VCS Supports Children and Adult Social Care

- **Children** : church faith groups, Sunday schools, volunteer run after and before school clubs, sports clubs and activities, volunteer run breakfast clubs, play groups, cubs, scouts, guides brownies, youth support groups, SHOUT (scheme to help others by the under twenties), Young Farmers, community swimming pools, community larders, young carers forums, holiday clubs, children's links services, PAACT
- **Adults** : deaf society, blind society, lions Club, rotary clubs, there are large numbers of 'relief in sickness' charities which offer support to those generally elderly, disabled and in need of practical and financial support., WI, Storehouse in Skegness provides space and services for

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those in need, Alford Day Centre, Helping Hands in Conningsby, community larders, community transport schemes, carers forums/groups, local dementia support groups, home from hospital schemes

What is the Expanse of the Voluntary Community Sector?



Visit <https://lincolnshire.connecttosupport.org/> to find out more.....

We have many examples of where and how the VCS in Lincolnshire is already successfully partnering our Statutory services, below is examples

- Occupational therapy, psychology and memory strategies, as part of the NHS services provided by the LPFT
- Local dementia advisers, provided by the Alzheimer’s Society
- Admiral Nurses, provided by Dementia UK, who provide information, practical advice and emotional support for carers
- Access to a range of local support services
- Onward referrals to other services (including telehealth) and to other community groups for advice. The service receives 90 referrals

Below are two case studies where statutory and voluntary sector work closely together provided by Lincolnshire Community Health Foundation.

LCHS - Cardiac rehab case study

“We offer the best medicine – a talk and a laugh mean so much.....”

Carol Wilkinson knows what it means to support someone with a serious heart condition. Her husband Ernie, an ex RAF serviceman, had to have a heart valve replacement in 2004. Following his successful recovery, they both wanted to know what they could do to say thank you and the rest, as they say, is history.

“We were so impressed with the help we had that we wanted to give something back” explained Carol. “We joined the East Lindsey Heart Support Group (ELHSG) in 2003 and became the Chair and Secretary working closely with the Cardiac Rehabilitation team at Lincolnshire Community Health Services (LCHS) NHS Trust”.

The ELHSG holds monthly meetings inviting people who are undergoing cardiac rehabilitation to get help, support, and a friendly face to talk to.

Carol explained: “We organise fundraising events from raffles and bus trips to BBQs and Christmas dinners to help buy new exercise equipment to support people recovering from heart problems.

“But the biggest support we can give is to offer a reassuring voice as many of us have experience of the same worries and concerns. We can give emotional support in an honest and open way and listen to people about how they’re feeling as we’ve been there as either patients or carers.” It’s a recipe that’s proving popular with patients. The group now boasts over 200 members from across the Lincolnshire east coast.

It’s not just the emotional support that people can rely on from the group. The volunteers organise physical fun activities and fundraising events to help people get out, socialise, and share their stories.

Alison Bunn has been the Cardiac Rehabilitation Nurse Specialist and Team Leader with LCHS for 21 years and helped to set up the ELHG, working with the committee and Ernie and Carol, as she recognised the benefits it could bring to cardiac patients across the county.

“We are a small team, covering the whole of Lincolnshire. At any time, we are working with around 250 cardiac patients to support their recovery. Our approach is about empowering our patients to manage their long-term condition independently at home, enabling them to lead a healthier lifestyle” said Alison.

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The team provide tailored programmes for each patient of between 6 to 12 weeks to meet their specific needs help people stop smoking, exercise more and enjoy a healthier diet.

But tackling patients' psychological fears can be a bigger challenge as Alison explained.

"We can talk to patients about the exercises they need to take, the changes they need to make to their diet and about how they're feeling. Our volunteers and the members of the heart support group are able to have those peer-to-peer conversations that really matter, about people's feelings and fears drawing on their own experiences as many were former patients or partners".

It was this insight, drawn from years of professional practice, which encouraged Alison to approach former patients and their partners to set up the ELHG.

"Most cardiac rehabilitation teams don't usually work as closely with heart support groups.

"We're very grateful to our volunteers and the ELHSG for the exceptional support they give our service. Many of the volunteers we recruit to join the group have previously been our patients."

Carol has the last word about her experience supporting the work of the volunteers:

"You get much more out than you put in. When people tell you that you made it worthwhile for them to come out of the house and join in, you know you've done a good job. You can't ask more than that."

About the East Lindsey Heart Support Group

- Established 2003, has 200 members
- 15 volunteers recruited by LCHS NHS Trust aged from 60+ to over 80 years of age
- Rely entirely on fundraising activities – no statutory grant

About the Lincolnshire Community Health Services NHS Trust Cardiac Rehabilitation Team

- Set up in 2000, supports around 2,000 cardiac patients each year
- A team of Specialist Nurses, Exercise Specialists, Assistants and Volunteers working collaboratively with other organisations.



Discharge case study

24-hour patient discharges: creating wrap around community care between patients, the NHS and Age UK Lincoln and South Lincolnshire

In April this year, with the threat of COVID-19 becoming a clear reality, all NHS trusts were instructed that patients who were well enough should be discharged from acute hospital beds as soon as possible to either return home, be transferred to a care home or receive rehabilitation support at a community hospital or a transitional care bed.

This decision was taken by the government to create additional bed capacity at hospitals to treat patients suffering from coronavirus.

As part of this process, Lincolnshire Community Health Services (LCHS) NHS Trust was responsible for supporting the discharge of patients to their own home who did not need a specific care package to support them. This is formally known as Pathway Zero.

Recognising that patients needed a safety net to ensure that their physical and mental health needs were being met on their return home, LCHS approached Age UK Lincoln and South Lincolnshire (LSL) for support.

Working collaboratively, an innovative new wrap around service was introduced. All patients returning home would receive a phone call within 24 hours from an Age UK LSL representative to find out how they were getting on and to check if they needed any additional help.

Liana Arnold, Clinical Service Lead for Transitional Care and Flow from LCHS explains: “The new service we created with Age UK LSL was designed to address the holistic health needs of our patients – not just their medical requirements.

Our focus was to consider not only the immediate medical needs of our patients but also their social, mental and general wellbeing needs to help improve their overall quality of life. This is where Age UK LSL’s connections with ground level community and charitable organisations really came into their own.

For example, during conversations with patients, Age UK LSL has been able to resolve concerns about new medication, by making sure the local pharmacy provides tablets in easy to use blister packs to increase people's confidence. They have been able to signpost and involve local charities and smaller specialist services to make a real difference to the quality of life for our patients at home, arranging talking newspapers, the installation of grab rails as well as access to local community social groups.

And by creating this safety net, staff at our acute hospital wards have a better understanding of the support available in the local community and the reassurance that patients will get the wrap around care they need to recover at home.

The support from Age UK LSL has been amazing, providing support in just one month to over 800 people. The fact that they were able to deliver this service from scratch in just two weeks is a true testament to them."

Rosie Davidson, Head of Care and Support at Age UK LSL said: "61% of patients discharged from hospital via Pathway Zero are over 51 years of age.

As a provider of services for people over 50 years, our expertise ensures patients are supported and referred on to appropriate services efficiently. However, the relationships we have and partnerships we nurture with our third sector colleagues mean anyone we engage with can be guided into services that they need at the time they need them.

Whilst under the care of the hospital, those needs may not be apparent to the patient or those around them until they return to their home. This transition can often highlight emotional and social needs as well as the needs of those with a caring responsibility.

We have been able to guide people into practical support provided by Adult Social Care Teams, Carers First, The Wellbeing Service, support for Veterans and serving military personnel, and mental health support to name a few. Where appropriate we maintain contact with patients to ensure they are moving towards the support they require.

The opportunity to work with LCHS to create and develop this innovative way of providing wrap around support has enabled us to focus on the entire wellbeing of patients, not just their medical needs. So far, we have referred 380 patients into ongoing support services. And those that have not required further support are incredibly grateful for our contact post discharge, making them feel cared for beyond the walls of the hospital and valued as a member of their community."

About the LCHS Pathway Zero discharge service

- Working with Age UK LSL, LCHS established the new 24-hour follow-up call service for patients within just two weeks
- The discharge service supported 845 referrals to the Pathway Zero service in June – the busiest month on record
- Comments from service users show that they value the service and are pleased and grateful to receive a call
- The Age UK LSL service is staffed by a team of three co-ordinators

Case study: avoiding breaking point for a vulnerable patient

Patient A was discharged from hospital as part of the Pathway Zero approach.

Upon speaking with Patient A, the Age UK LSL co-ordinator was advised that he was still in pain with his stomach and back and that his GP had told him he needed to eat and drink more. The patient confirmed that he was struggling to prepare meals for himself as he felt unwell, required help to prepare his meals and was worried about his when and how to take his medication.

Recognising that the patient needed additional support and with his consent, the Age UK LSL co-ordinator made a referral to the Neighbourhood Team.

The Neighbourhood Team made an onward urgent referral to HART (Hospital Avoidance Response Team), delivered by Age UK Lincoln & South Lincolnshire and commissioned by LCHS. HART accepted the referral and phoned the patient twice a day.

HART provided care and support to Patient A for six days and saw an improvement in his ability to look after his own needs and manage his medication.

Contact was maintained with the Neighbourhood Team and it was agreed that as Patient A was in a position manage his own care needs, support from the HART team could be withdrawn. A representative from the Neighbourhood Team commented that without the Pathway Zero phone call, this patient "...would have been heading for trouble, as he was not coping at all".

APPENDIX ONE

Lincolnshire Voluntary Engagement Team

Voluntary Sector Health and Care Survey - February 2020



The Voluntary Sector Health and Care mapping survey was commissioned by the Voluntary Engagement Team in December 2019 with the aim of:

- Understanding the current scope, size and economic impact of the sector and its contribution to health and care within Lincolnshire.
- Identifying the opportunities for collaboration, development and growth.
- Identifying the current risks and challenges facing the sector.












































77 surveys were completed as part of the initial survey phase prior to the VET annual conference scheduled for March 2020.

Headline results:

- ❖ A significant proportion (77%) of the organisations indicated that an area of focus was Health and Wellbeing. Other main areas of focus were Advice and Information (60%), Volunteering (53%), Older People (47%), Tackling Isolation (44%), Disability (40%), Community Development (35%), Self Help (34%), Social Care (30%), Families (29%) and Carers (27%).
- ❖ Almost half (41%) of organisations are registered as Charities, with 13% Companies Limited by Guarantee, 7% Charitable Incorporated Organisations (CIO), 7% Community Interest Companies (CIC), and 7% self-help groups.
- ❖ The sector is well established with 58% of organisations operating for over 10 years and 34% operating for between three and ten years.
- ❖ Annual income varies significantly with 29% of organisations operating on less than £10,000 per annum and 26% of organisations operating on over £250,000 per annum.
- ❖ Sources of income – There is a very broad range of funding sources with several organisations securing income from fundraising events and activities, private donations, charging for services, charitable trusts and other grant funding.
- ❖ Community assets – The main community assets operated by organisations in the sector were Community Centers/Hubs with eleven across Lincolnshire. There is also a village hall, library, playing field, church, training centre and a community pub.
- ❖ Area of operation – The geographical spread of delivery is very broad with an even spread of delivery across the County.
- ❖ Employees – Over 50% of organisations indicated that they do not have any paid employees and are run entirely by volunteers. In total 80% of organisations operate with less than 10 members of staff but there are seven organisations with over 50 employees.

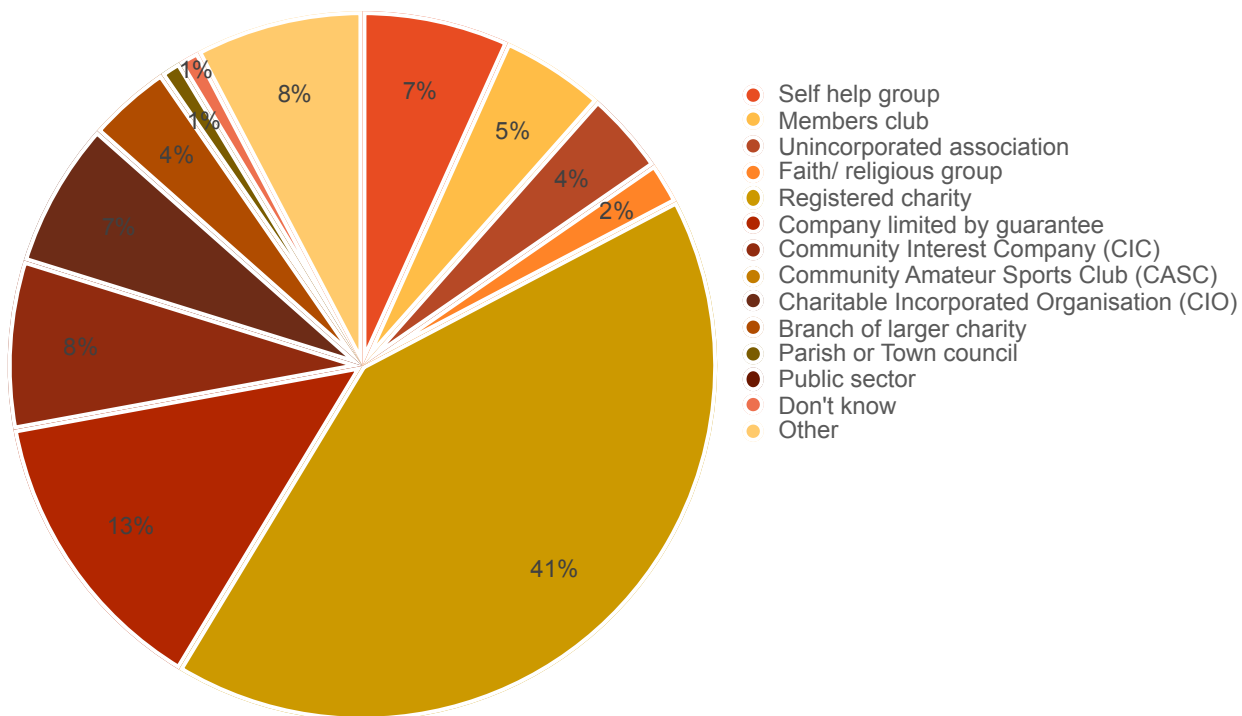
- ❖ Volunteers play a significant role in the delivery of services with 94% of organisations being supported by volunteers and 13 organisations are supported by over 100 volunteers each. Volunteers provide an approximate average of 156 volunteer hours per organisation/per week.
- ❖ Key risks identified as:
 - Loss of funding
 - Lack/loss of volunteers
 - Cost of volunteer expenses
 - Lack/loss of trustees
- ❖ Significant barriers and challenges as identified as:
 - Insufficient funding
 - Lack/loss of volunteers
 - Lack/loss of paid staff
 - Loss of skills from staff and volunteers
- ❖ Main opportunities identified as:
 - Accessing new funding opportunities
 - Increasing volunteer involvement
 - Using new methods of fundraising
 - Increasing presence/ services in Lincolnshire
 - Joint delivery of projects with other organisations
 - New partnerships/collaborations
- ❖ Connect 2 Support – 57% of organisations were not aware of Connect 2 Support and have agreed for their details to be added to the online directory. 35% of organisations were already registered and 8% were not interested at this time.
- ❖ The majority of organisations (92%) indicated that they are either already members of the VET network or were keen to keep in touch with developments of the VET network moving forward.

LINCOLNSHIRE VOLUNTARY AND COMMUNITY SECTOR

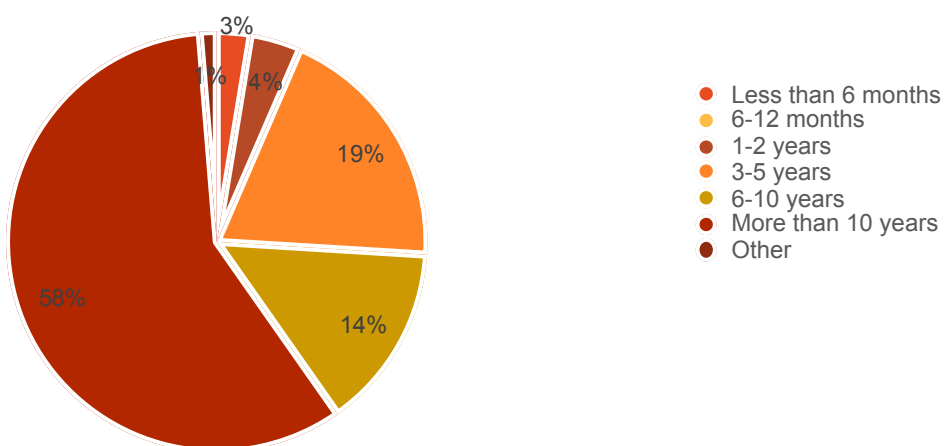
Area of focus & activities? Select all that apply.		
Addiction/ substance misuse		10
Advice/ information		47
Animals		1
Art/ crafts		15
Armed forces/ veterans		9
Black/ ethnic minority		4
Campaigning		11
Carers		21
Catering/ refreshments		10
Children and young people (up to 18)		19
Community development		27
Culture		6
Dementia support		17
Disability		31
Emergency aid		3
Environment		8
Events		16
Faith/ religion		5
Families		22
Finance		8
Health and wellbeing		59
Heritage		1
Housing		10
Human/ civil rights		5
International/ overseas aid		0
Law and justice		2
Learning/ education/ skills		21
Leisure		10
LGBTQIA+		4
Migrant workers		3
Older people		36
Performing arts/ music		5
Politics		2
Prisoners/ ex-offenders		7
Refugees/ asylum seekers		3
Self help		26
Social care		23
Sport/ physical activity		9
Tackling isolation		34
Transport		10
Volunteering		41
Women		17
Young adults (18-25)		16
Other		10

LINCOLNSHIRE VOLUNTARY AND COMMUNITY SECTOR

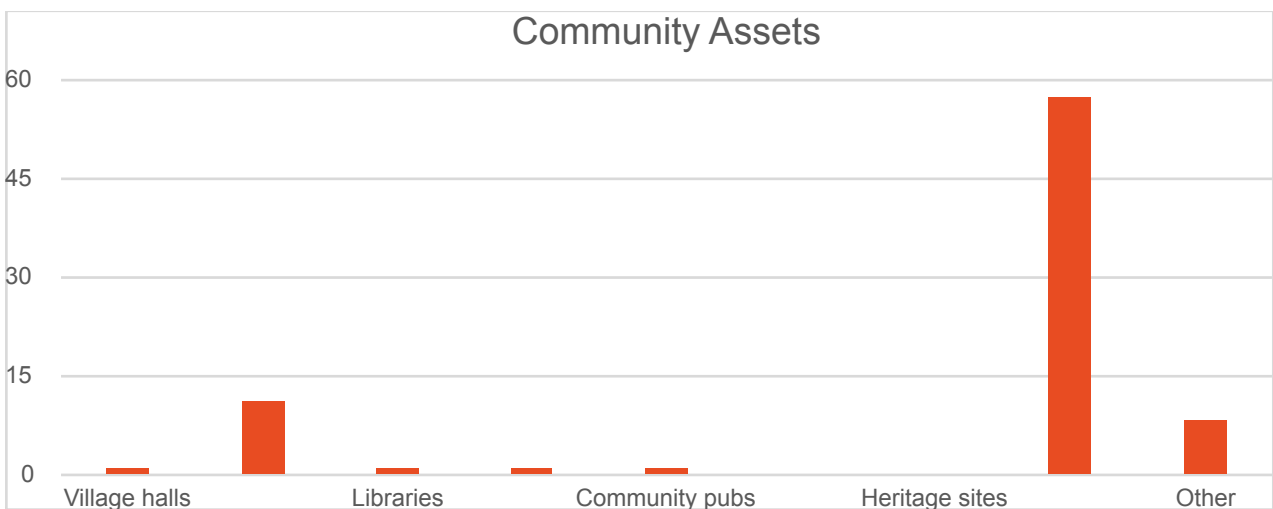
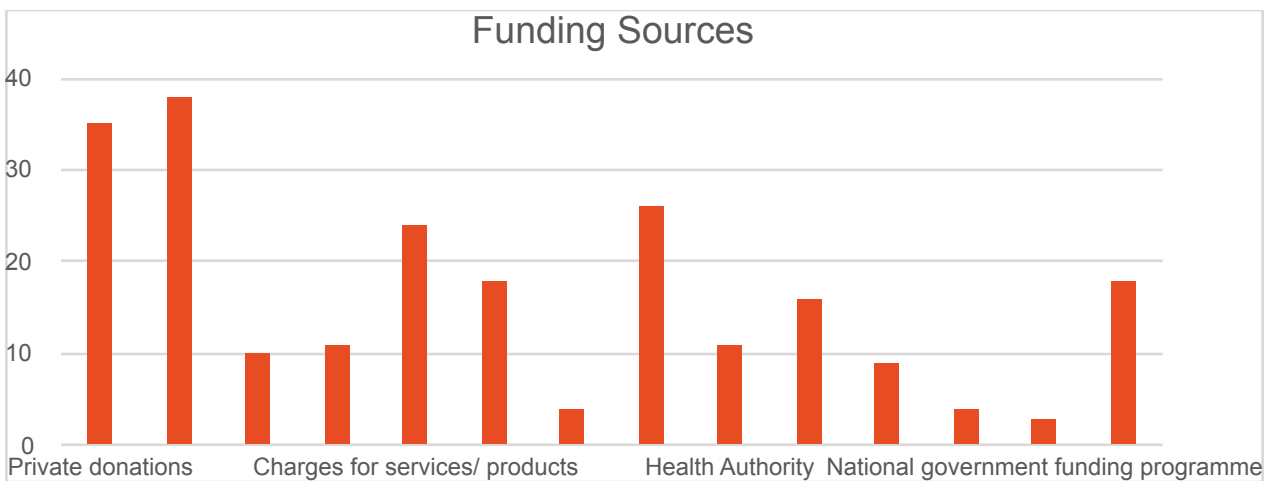
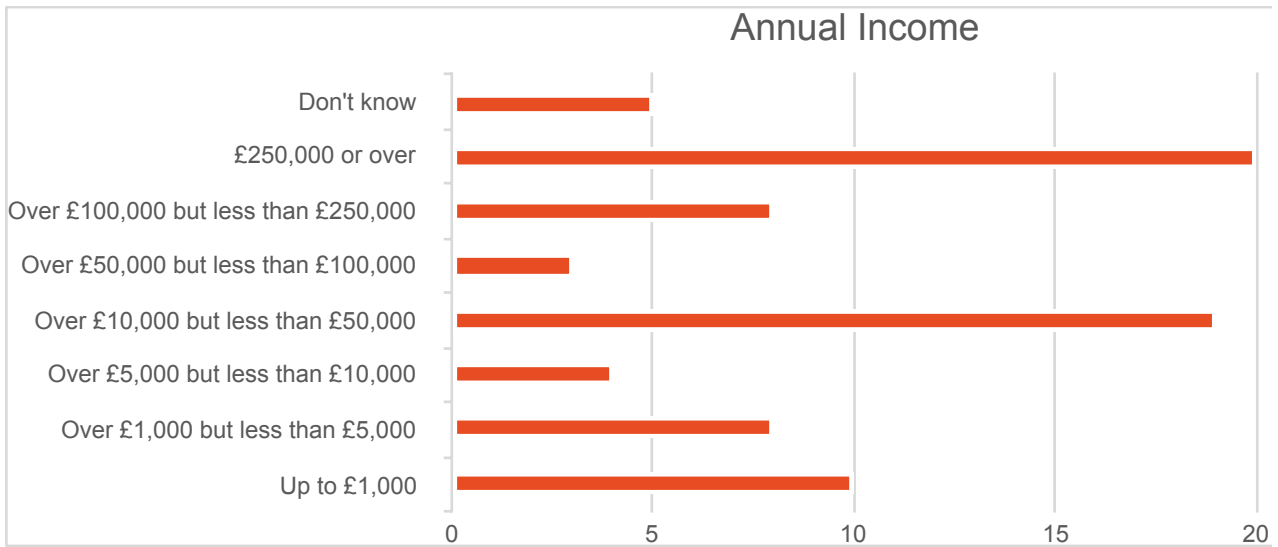
Legal Status



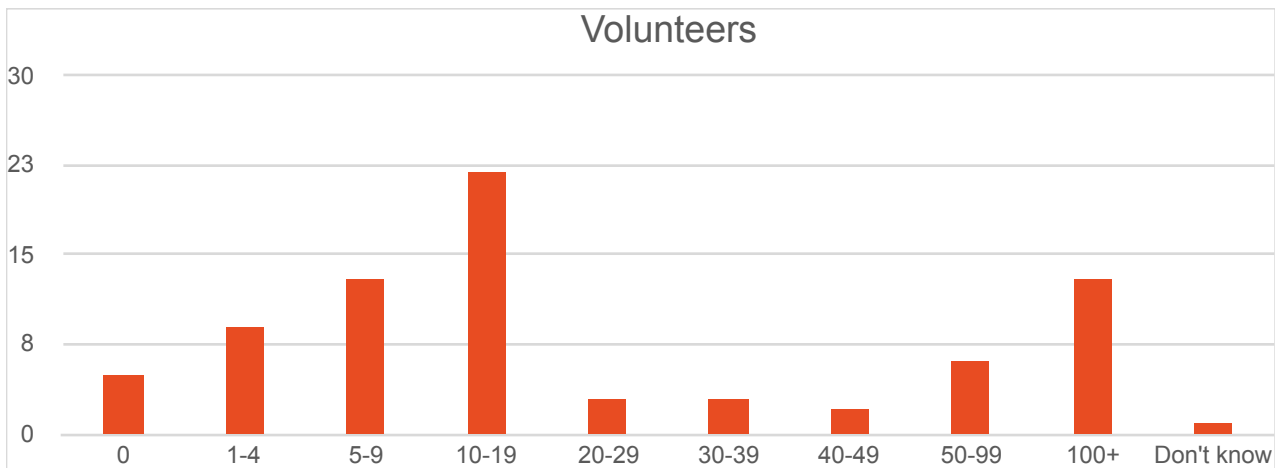
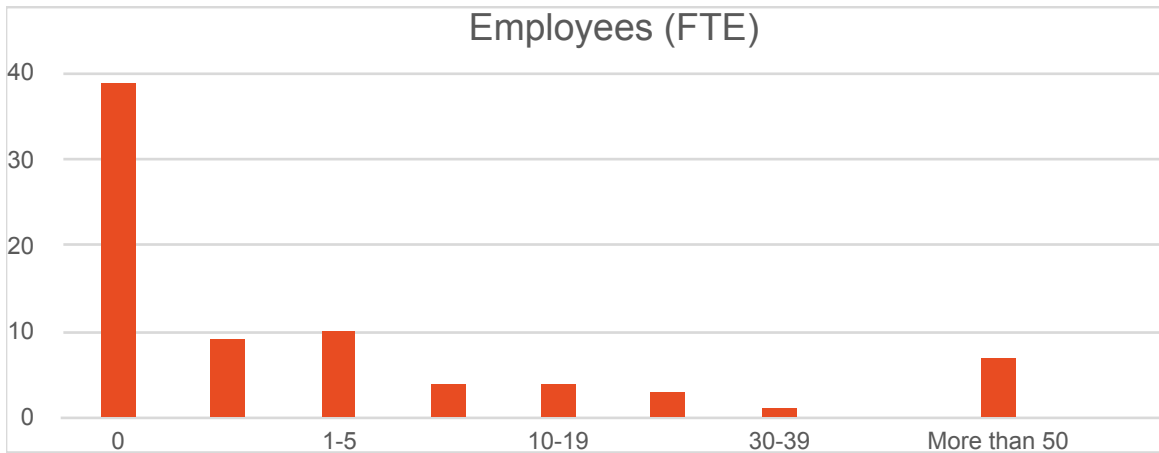
How long has your group/ organisation been established (in any form)?



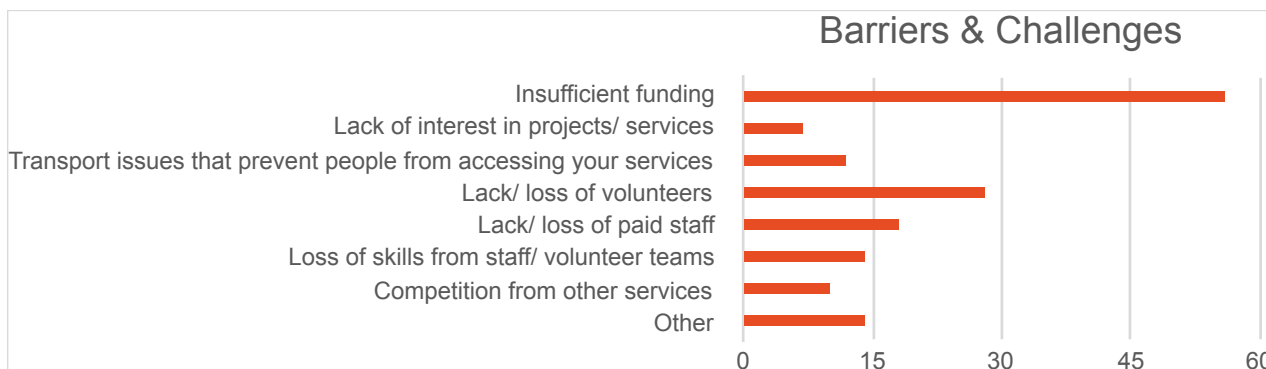
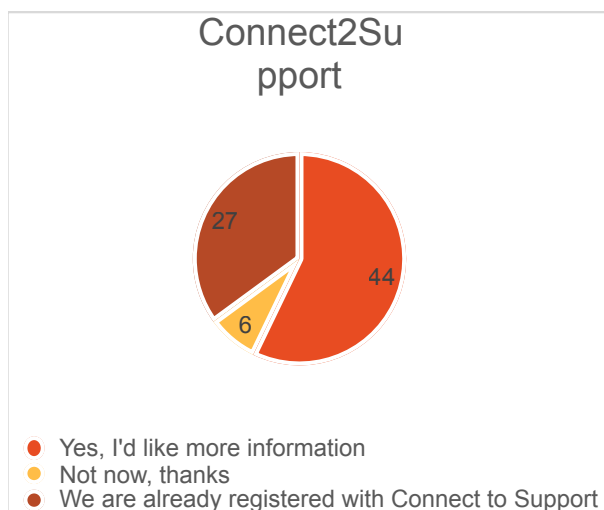
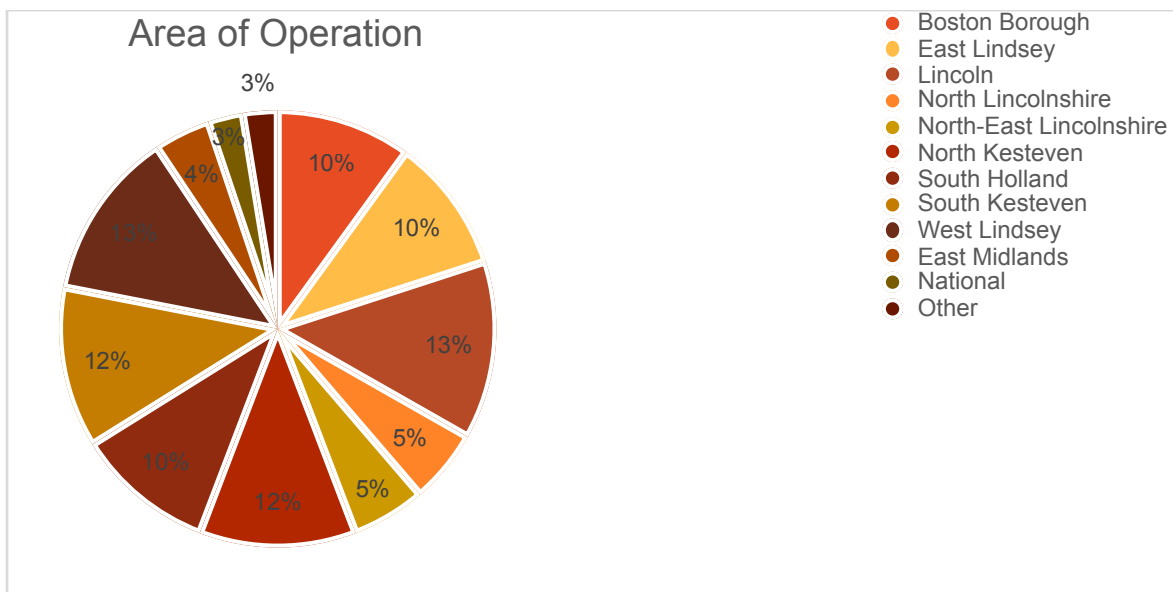
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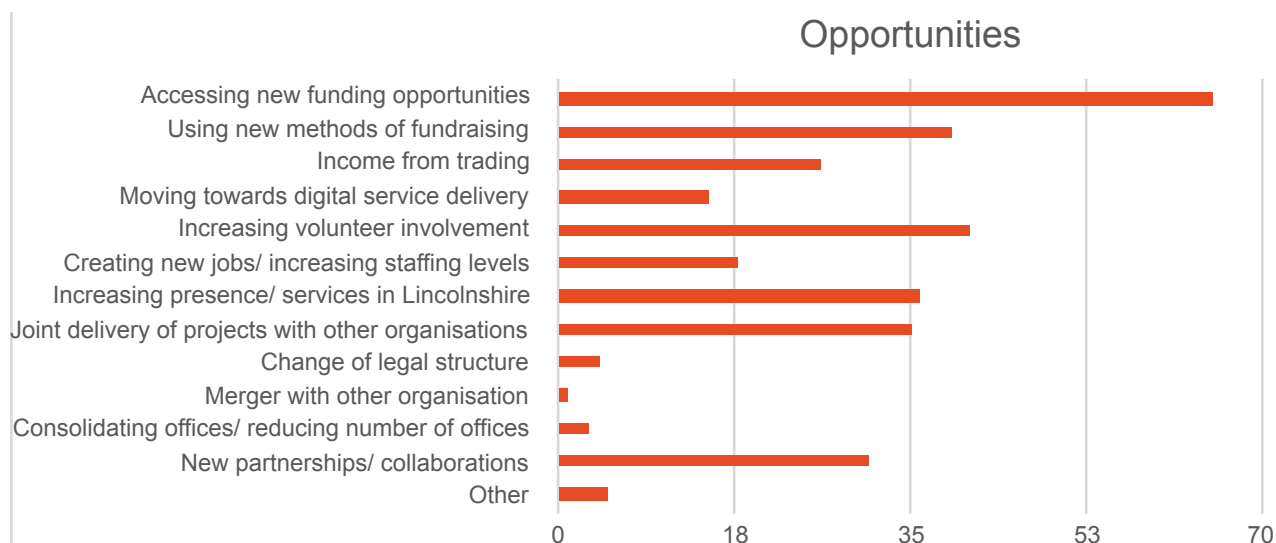
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APPENDIX TWO

HWLincs Summary of Conversations with VCS



Number of groups interviewed: 47 Groups of which
1 was a Community Interest Company (CIC)
26 were Registered Charities
10 were Community Groups (unincorporated orgs)
10 were others

Number of Employees

A total of 1,288 paid staff are employed by 27 of the groups interviewed, the two organisations employing most staff worked both in and outside the county.
16 smaller groups had no paid staff.

Volunteers

2,346 volunteers are integral to the work of these groups ranging from 1 - 600 (600 being LIVES). The average number of volunteers per group is 55 but removing the extremely high LIVES figure this brings the average per group to 42. Lincolnshire's two Blind societies have 348 volunteers between them.

The figures below indicate the number of VCS groups involving volunteers:

0	4
1-10	18
11-20	4
20-50	9
50-100	3
100+	9

Number of members or service users

Over 31,000 (31,433) members/service users are supported by these groups.)

Funding

By far the largest funding source is grants with 24 groups listing them as either their main source or second main source of income. This is sometimes alongside commissioned services or other fundraising methods. Those operating on member subscriptions or payment for services and donations are the second largest group, with two groups stating fundraising through raffles etc as their main funding source, and two groups identified these as their secondary funding source. Nine of the groups contacted provide commissioned services.

Who is supported?

The main condition specific areas were mental health and visually impaired support services. All ages of residents were supported through these groups from young people; adults 18-65; people over 65; people with condition specific which mostly cover all age ranges.

Geography

Every district of Lincolnshire has been represented by this research, although some groups did serve very specific areas eg Hogsthorpe, Swinderby, Donington, Scotter whilst others were not just countywide but beyond.

How often did they open?

Over half the groups (26) offer a service daily; seven offering a once a week activity. All others provided monthly, bi-monthly, or other activities into communities.

Social Prescribing (SP)

Groups were asked about their existing knowledge of Social Prescribing. Over half the groups (25) said their knowledge of Social Prescribing was good, although 13 did tell us they had little or no knowledge of it at all. As a result of our conversations with them we are pleased that they are now hopefully better informed.

Capacity

It is pleasing to note that most all the groups had capacity to take on more people. Over half had almost unlimited capacity and were able to take 50+ people. However, 7 groups did tell us they had no capacity or were only able to take just 1 or 2 more extra people.

Ability to recruit volunteers and challenges to their funding were cited as the main reason why groups lacked capacity or would be needed to increase capacity. Staffing, building/room size (eg unable to take more due to the size of the room available) were two of the other reasons stated for lacking capacity.

How can VCS help our statutory partners?

Comments around where the voluntary community sector could help to reduce demand and support our statutory healthcare services varied widely.

At least 10 groups suggested they could offer support with promotion, publicity and awareness raising. One comment received that stood out was it was felt that *"the statutory sector should be more aware of VCS in what is a massive area that is not being utilised"*. Five group thought that

additional funding was important to enable them to be better placed to offer support, especially longer-term funding. One comment was *“ a lot of issues are rurally based, yet funding even in commissioned services doesn't always allow for the time and travel costs to support these people effectively”*.

Four groups specifically referred to volunteer support and there were several concerns about the rurality of Lincolnshire from three groups. Two groups specifically felt that a central hub in localities covering several conditions and services could be supported.

One innovative suggestion was to encourage communities and individuals to open up their homes and spare bedrooms to take in people to prevent hospital admissions or early discharge (a low level transitional care bed scheme), with the need to support people especially with training. COVID19 would maybe challenge this suggestion.

There was a consensus also to offer more of what was already happening. Some key comments received include co-location, utilise skills and passions of individuals, support to and with carer homes, befriending, and advocacy services, upskilling existing workforce.

Partnership work

Only two groups were not willing to enter partnerships, one being a small localised group and the other a group of older volunteers.

What is most important to you?

The people spoken to were asked what they considered the most important issue they had discussed. Some of the comments received included medium/long term funding; more consideration of local organisations in being contracted with to deliver commissioned services rather than 'importing' external organisations in who are not familiar with our county; as well as easier access to funds. Investing and people and training provision was also felt to be important either to help them support their clients, or on a personal level to support new employment opportunities. Another comment received was *“people being able to talk to others without being patronised and opportunity and ability to be with others”*. Another said, *‘Core funding for voluntary and community groups for the long term rather than adhoc’*.

A lot of comments were made about funding. These relate to an easier process, longer term eg 3-5 years rather than annual and using local organisations rather than larger or national bodies who can benefit from economies of scale but are unfamiliar with the county and its rurality.

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Another comment was rurality. This is linked back to funding but also an awareness that services could and should be provided at local level and if necessary, taking them to rural communities.

APPENDIX THREE

Lincolnshire Memorandum of Understanding

In the context of Health and Social Care in Lincolnshire, this Memorandum of Understanding is intended to provide a framework to support engagement across Lincolnshire's agenda in relation to health, social care and wellbeing between the statutory sector and the voluntary, community and social enterprise (VCSE) sector.



Scope of the Agreement

This agreement is based on a number of shared principles to which the parties commit:

- A step change in the positive health and care outcomes for the people of Lincolnshire.
- A recognition that social value is central to the delivery of the best possible services which underpin these outcomes.
- An acknowledgement that social value is sustained by a commitment to investing in the shaping and delivery of services by local organisations with their roots in local communities.
- An acknowledgement that local provision is the smart way forward because it brings insight, added value and long-term sustainability to the health and care agenda by engaging local people in the services that sustain them.
- An acknowledgement by all parties involved in the health and care agenda that they need to deliver on the promise of excellence to achieve their ambitions for Lincolnshire.
- A commitment by all parties to achieve their ambitions in health and care for Lincolnshire through increased mutual learning and continuous professional development.
- A commitment by all parties to the importance of the achievement of preventive outcomes, delivered through locality working as the core of their strategy.
- A commitment by all parties to measure and regularly review the impact of their work together encouraging though this process transparency and positive challenge.
- An agreement by all parties to express their joint commitment to drive this agenda through the adoption of a brand to communicate their partnership.

Our joint commitments to enable these outcomes to be achieved are:

Operation of a Lincolnshire Voluntary Sector Collective in Health and Care (LVSC) (constituted on open principles and incorporating all those organisations with an interest in health and care), which can be convened on generic and specific issues and interact with statutory sector leaders through events, round tables, meetings, forums etc.

Enablement of a dialogue between statutory and VCSE sector through surveys, social media and other methods as appropriate; publishing early drafts for comment, enabling discussion with focus groups and/or the LVSC Reference Group the Voluntary Executive Team (VET)

Engagement of VET, as a key part of the design process to co-produce strategy and policy documents; commissioning models; impact assessment and the application of a social value measurement process.

Facilitation and provision of good, consistent, up to date information and communication with LVSC making use of and building on established sectoral channels of communication and existing relationships.

Review and sharing of good practice within statutory and VCSE sectors in Lincolnshire and in each locality, supporting a more consistent and effective approach to engaging VCSE organisations and operating according to the principles set out in this Memorandum of Understanding.

Regular measuring, review and communication of impact and social value through the development of a formative evaluation framework to underpin our work in health and care.

Outcomes and Actions

This MoU will deliver a step change in the understanding and involvement of people and communities in the health and care agenda. Outcomes and Actions to realise this ambition are:

- Formation of a Lincolnshire Voluntary Centre Collective focused on health and care which can be convened on generic and specific issues and interact with statutory sector leaders through events, round tables, meetings, forums etc.
- Agreement of a package of joint funding on a long-term sustainable basis of the Voluntary Centre Collective by the statutory and VCSE sectors.
- Agreement of a protocol for communication between the two sectors to enable them to act as a seamless collective.
- Agreement of a protocol for the inclusion of the LVCS Reference Group VET in the design, commissioning and delivery of health and care services.
- Agreement of a jointly owned series of outputs and outcomes, recognising the importance of locality working and preventive strategies, to be delivered through the local manifestation of the Lincolnshire component of the NHS Long Term Plan.
- Commitment to the visible expression of the collegiate commitment of both sectors to deliver a step change in the quality of health and care outcomes for Lincolnshire through establishment and adoption of a working together brand.
- To build the evidence base to enhance prevention, community resilience and self-help, and scale the application of approaches which are already proven.

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- To identify and progress one or more specific 'tracer projects' which would identify, explore and make recommendations as to the commissioning and delivery of services for specific communities of identity or experience where consideration within and beyond individual localities is necessary.
- To develop understanding of the VCSE within the statutory sector workforce through Workforce Development initiatives, and encouragement of close working relationships.
- To develop a framework for the achievement and measurement of social value as an essential aspect of all commissioning.
- To invest in volunteering brokerage and management within the VCSE, enabling more volunteers to be taken on by VCSE organisations.
- To review learning from the use of grants programmes and consider where statutory funding at a Lincolnshire and local level can provide opportunities for leverage for other resources.
- To consider how we can collaborate leveraging additional social value from local businesses (e.g. as employers which support a healthy workforce, through philanthropy and social responsibility)