

**Evidence submission from Powys Teaching Health Board
to the Equality, Local Government and Communities Committee's
inquiry into COVID-19 and its impact on the voluntary sector**

2 November 2020

1. We are pleased to provide this written evidence to contribute to the Committee's general inquiry.

Context

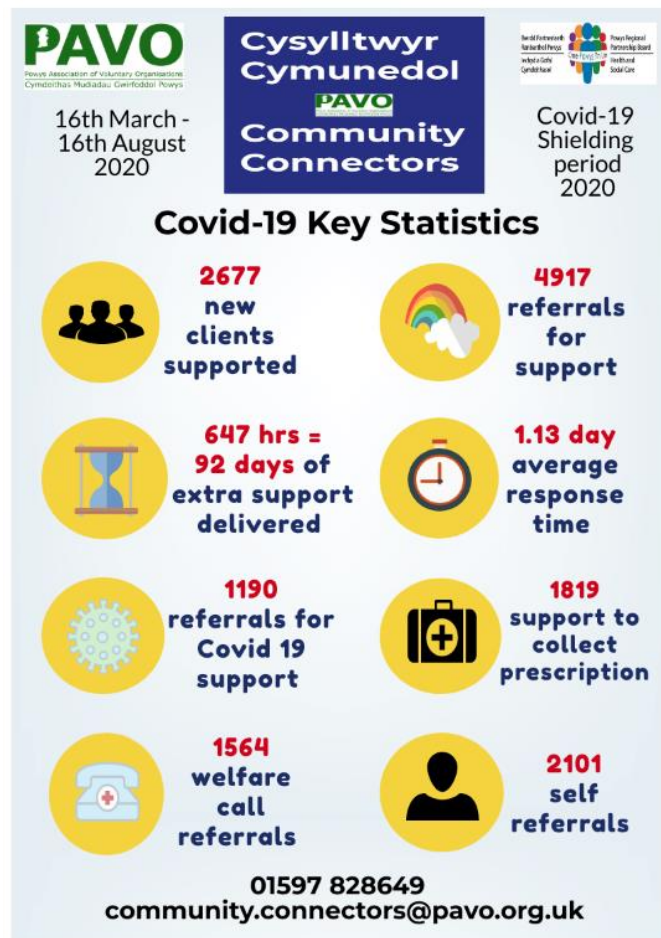
2. Powys makes up a significant footprint in the rural heartland of Wales, covering a large geographical area which makes up a quarter of the landmass of Wales, but with only 5% of the population of Wales. This makes it one of the most sparsely populated areas.
3. Powys borders England and all but one of the other health boards in Wales. As an entirely rural County with no major conurbations and no acute general hospitals, it is one of the most deprived areas in Wales for access to services. People have traditionally had to travel outside the County for many services, including secondary and specialist healthcare. The cross border links are an important part of the socio-economic life of the County.
4. Powys Teaching Health Board (PTHB) serves a population of approximately 133,000 people, across three broad natural geographies in North Powys, Mid Powys and South Powys.
5. There are generally good health outcomes in the County with a greater sense of community and satisfaction with life when compared to the national average. However there are pockets of deprivation and health inequalities, with low income employment and therefore hidden poverty. Five Lower Super Output Areas are among the most deprived 30% in Wales and these are clustered around the main market towns with higher residential populations. A child born in the most deprived area will live 10 years less than a child in the most affluent. (For sources refer to Powys Well-being Assessment <https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis>).
6. A shared long-term Health and Care Strategy was first published in 2017, 'A Healthy Caring Powys', agreed by all partners in the Powys Regional Partnership Board following extensive engagement with residents and stakeholders. It was the first health and social care strategy to be launched in Wales. This has an emphasis on connecting communities to improve resilience and well-being, with a recognition of the importance of the third sector as a first line of support for many communities.
7. This in turn is set in the context of the inter-generational Powys Well-being Plan, Towards 2040. This is overseen by the Powys Public Service Board and sets out twelve steps towards a sustainable and thriving Powys.

8. Collaboration is key to delivering these ambitious strategies – never more so than this year, with the additional challenge of responding to the Covid-19 pandemic in Powys.

Key Statistics

9. The following key statistics highlight the central role of the third sector in Powys, with acknowledgement to the Powys Association of Voluntary Organisations (PAVO) and Powys County Council for the source information:
 - 4067 Third Sector organisations
 - 3500 Employees
 - 34% of the population are volunteers
 - There is a wide diversity of roles in the sector – providing debt advice,
 - During the pandemic, more than 120 new community groups were set up and thousands of additional hours were provided, to support communities, especially the most vulnerable, those shielding or isolated at home during the lockdown/ restrictions
 - More than 450 volunteers were recruited and deployed into health and care roles during the pandemic and there was a 66% increase on powys.volunteering-wales.net

- The Community Connectors Service was expanded to provide even greater support during the pandemic – as shown below:



- A Community Service Emergency Response Team (C-SERT) was established as part of the Covid-19 pandemic, consisting of PAVO, key third sector organisations, Powys County Council, Regional Partnership Board and Powys teaching Health Board, chaired by Powys Association of Voluntary Organisations (PAVO)
- C-SERT offered support and co-ordination across community networks and the deployment of volunteers to support the response to the pandemic. It played a key role in diverting resources to essential services and for many people became the first line of support during the pandemic.
- It also played a key role in providing correct and validated information and advice across the networks, including access to services and promotion of self care initiatives.



13. Further detail is provided below on the specific Committee Lines of Enquiry.

Funding

14. Additional funding was provided to the third sector in Powys to support the response to the pandemic, as outlined above, in recognition of the key role in relation to community support.
15. There were a number of external funding sources that the third sector could access, which demanded different application processes and applied differing monitoring requirements. This was resource intensive and detracted from service delivery.
16. A significant proportion of funding was routed through a national scheme and relatively small amounts via local mechanisms. Some national schemes were developed which duplicated local arrangements already in place or in development. For future schemes it would be helpful to take an approach which builds on existing local mechanisms, including those of RPBs and CVCs.
17. Where funding was routed locally, it enabled greater co-ordination and built on the existing collaboration and partnerships in place locally. It helped to join up the service delivery and develop networks, acting together to respond across communities and providing greater value for the public purse.
18. For example, the C-SERT mechanism established in Powys and led by PAVO co-ordinated various funding streams where this was possible to do so locally. This included the Integrated Community Fund (ICF) and other streams including Comic Relief and the Lottery. This continues to date, overseen by a partnership panel and linked to the Social Value Forum.
19. This approach provides a one-stop shop for funding & enables a more holistic approach locally, including monitoring of outcomes for residents, aligned to

Powys' Health & Care Strategy. It enabled a wrap-around support to the groups and volunteers, many without any previous knowledge of bid-making.

20. There have been significant innovations as outlined above but also significant challenges for the sector, with a reduction of core fundraising activities due to the Covid-19 restrictions, including temporary and permanent closure of charity shops, workforce pressures due to shielding/ isolating and furlough of employed staff. The sector has also had to manage the same infection control and social distancing measures as other sectors.
21. The short term Covid-19 resources and resilience or 'bridging' funding has been important however a long-term funding strategy for the third sector will be increasingly important to ensure sustainability and resilience going forward.

Service Delivery

22. The key mechanisms in Powys are noted in the sections above including statistics showing a significant increase in activity, groups and volunteers in response to the pandemic. PAVO notes that they saw an 'explosion in both clients and volunteers' for example in their Befriending and Community Connector services.
23. The response to the pandemic has accelerated partnership working – bringing together service delivery in a much more integrated way, for example, including the Community Connector lead on the daily operational calls with the health board and council to ensure shared oversight and planning of service interventions at a very local, caseload level. Similarly, there were council staff who were initially redeployed into the Community Connectors service in the early phase of response, which has generated a closer working which has continued in more recent phases.
24. This year has seen innovation and delivery carried out in different ways to ensure that communities and individuals continued to be supported. This included the continuation of previously short-term schemes for example those previously funded as part of winter pressures.
25. PTHB set up regular meetings with third sector providers to discuss and support service delivery. This included oversight of service uptake, activity, safety, risk assessment and staffing capacity and support for service innovations or alternative support options for end users.
26. Organisations generally adapted at pace to deliver services remotely and some of the funding routed locally was used to support groups to set up virtual services at very low cost. The collaboration across the sector and support from PAVO as noted previously was key to sharing information and knowledge to enable these rapid innovations.
27. In many cases, the use of virtual methods of delivery facilitated even greater numbers of users supported and across a greater geography, with none of the usual travel and transport difficulties that can be experienced in a very rural County. This often exceeded the contracted levels of activity, at no extra cost, providing greater value and leverage of public monies.

28. However, some organisations found that virtual delivery did not fully meet the needs of their clients such as those providing support for mental health or advocacy. In these cases, the organisations have reinstated face to face support where it is safe and appropriate to do so.
29. PAVO is providing a weekly COVID ebriefing to assist with information sharing including collating and explaining requirements for third sector service delivery in relation to Covid-19.
30. There have been significant challenges across the sector, as there has been in other sectors, with workforce pressures and the loss of income generating sources such as events, activities and shops.
31. In Powys, the third sector is involved in the Regional Partnership Board 'Workforce Futures' programme, embedding the role of volunteers and communities into future workforce planning. Extensive engagement has been carried out in 2019 on the first stage of this programme and the learning from the response to the pandemic has shone a new light on the importance of the sector in the partnership.

Effectiveness of support from UK, Welsh Government and Local Authorities

32. As noted above, there has been great innovation and strengthening of the third sector with the support provided by the Welsh Government and local partners in Powys.
33. This has been focused on the immediate and more short term response and 'bridging' and more consideration of the longer term will be necessary going forward to build on the successes and address challenges.
34. Also as noted above, the importance of enabling a local response is key. Where funding was routed locally, it enabled greater co-ordination and built on the existing collaboration and partnerships in place locally. It helped to join up the service delivery and develop networks, acting together to respond across communities and providing greater value for the public purse.
35. The scaling up of innovation is often best engineered at the level of natural geographies which can be very local up to regional levels. The use of existing mechanisms such as CVCs and RPBs will be key in embedding learning, innovation and pulling areas through the pandemic into recovery.
36. Some organisations have noted that they found the support / information across and between UK and Welsh Government very complex and difficult to navigate, especially as this become increasingly divergent post the initial UK Wide lockdown. Powys has strong cross border links and many organisations span both England and Wales and had to manage differing sets of requirements and restrictions.

Volunteering & Community Resilience

37. As noted above, Powys experienced an explosion of local, informal volunteering and PAVO took a lead role in co-ordinating and harnessing this response.

38. The key statistics and examples of delivery and innovation are given in the previous section. The co-ordinating work of PAVO and C-SERT as noted above has been recognised as crucial to community resilience and is now being continued as part of the RPB's ongoing work plan.
39. The third sector workforce was impacted by shielding and isolating, particularly in areas that have a greater proportion of those in the vulnerable categories, such as community transport. PAVO supported recruitment drives to mitigate these issues and that has seen some successes.
40. However, as in other sectors, some services have seen reductions, temporary closures or withdrawals and there have been cases of permanent closures of charity shops.
41. There is also learning in relation to readiness to respond in an emergency such as the pandemic response. A considerable amount of work was necessary to set up procedures and protocols between and across the third and statutory sectors. This was particularly the case in relation to the deployment of volunteers into healthcare roles.
42. There have been some cultural and perceptual difficulties with the placement of volunteers into roles working with statutory partners. These are not new issues in themselves, in relation to the dynamics around paid and unpaid roles but proved to be significant blockers in being able to deploy volunteers in some cases.
43. Linked to the above point, there are still some myths to bust about the sector and volunteering roles. They can still be seen too narrowly and the broad ranging roles and capabilities are not always recognised. Ongoing promotion and inclusion of the sector is key to ensuring that the full impact of the sector is understood and taken into account.

Good Practice, future opportunities & challenges

44. Whilst the pandemic itself has not yet impacted as strongly in Powys as other areas, the wider socio-economic impact is perhaps more readily felt in rural areas, who are experiencing the same set of restrictions on their lives often with greater isolation and a lower income and employment base. Initial analysis by Powys County Council points to effects on the population of Powys over a very long period ahead. The full report 'Understanding the impact of Covid-19 in Powys' is available at <https://sway.office.com/sxfU525TCBDFv9PE?ref=Link&loc=play>
45. PTHB continues to work with third sector providers to identify and progress initiatives developed during Covid-19 that enhance service user outcomes and service delivery. There is continued monitoring of the level of service referrals, capacity and demand, refocusing provision as appropriate and in line with the individual constitutions, registrations and purposes of organisations.
46. The turnaround and pace required to assess the complex and interrelated plans for Covid, non-Covid, essential and non essential routine care still require the greatest amount of effort across all sectors, statutory and third sector alike. But there is also a need to frame this within longer term strategy so that the whole system learns and evolves.

47. Systemisation and regularisation of what has been learnt is critical. To be better prepared in future we can harness the efforts already made – and write them into processes and protocols that can be used to deliver at even greater pace in future.
48. A light has been shone on the importance of the sector in supporting communities during the pandemic. Going forward, it will be important to include the third sector in emergency planning and preparations at national, regional and local levels, as it has proved critical to the shared effort.
49. The brokering and bridging role of services such as Community Connectors has proven to be essential and a first line of support for many especially those most isolated or vulnerable. This type of service also takes pressure off the statutory services at times of crisis. It has meant that each part of the system has been better able to do that which it is best able and best placed to do, at the most effective level, and the best use of both professional expertise and the public purse.
50. The role of a co-ordinating body such as the CVC is important and it is most effectively linked to the local partnerships that already exist, building collaboration and actively addressing cultural barriers.
51. Services have modernised and innovated and statutory sectors and government will need to enable this to continue by modernising contracting and commissioning arrangements where possible to build on this flexibility and dynamism. This needs to reflect positive developments in models of service and modes of delivery where these are proven to be of greater benefit to service users.
52. The key partnerships in Powys including the Regional Partnership Board and Public Services Board have begun to re-establish and reframe key programmes and areas of work and are providing crucial spaces for wider reflection and learning across the region.
53. These forums will continue to be important in ensuring that system wide impact assessments are written into our longer-term renewal of plans and strategies. A greater co-ordination or bringing together of statutory partnerships such as these would be helpful in building the longer-term recovery.
54. The importance of self-care, family, neighbour, carer and community support for resilience in 2020 applies in the longer term, in a more holistic 'model of care'. It is the foundation of a sustainable, long term, model of social, economic and community well-being. This is best harnessed at a local level, working with natural geographies and communities and supporting them to network and collaborate effectively up to regional and national levels.