

IVAR

# Barriers are coming down

*Briefing on community-based healthcare during Covid-19 and the challenges and opportunities facing cross-sector leaders*

1 May 2020

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In partnership:

**IVAR** Institute for Voluntary  
Action Research

**S** Social  
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Jointly  
funded  
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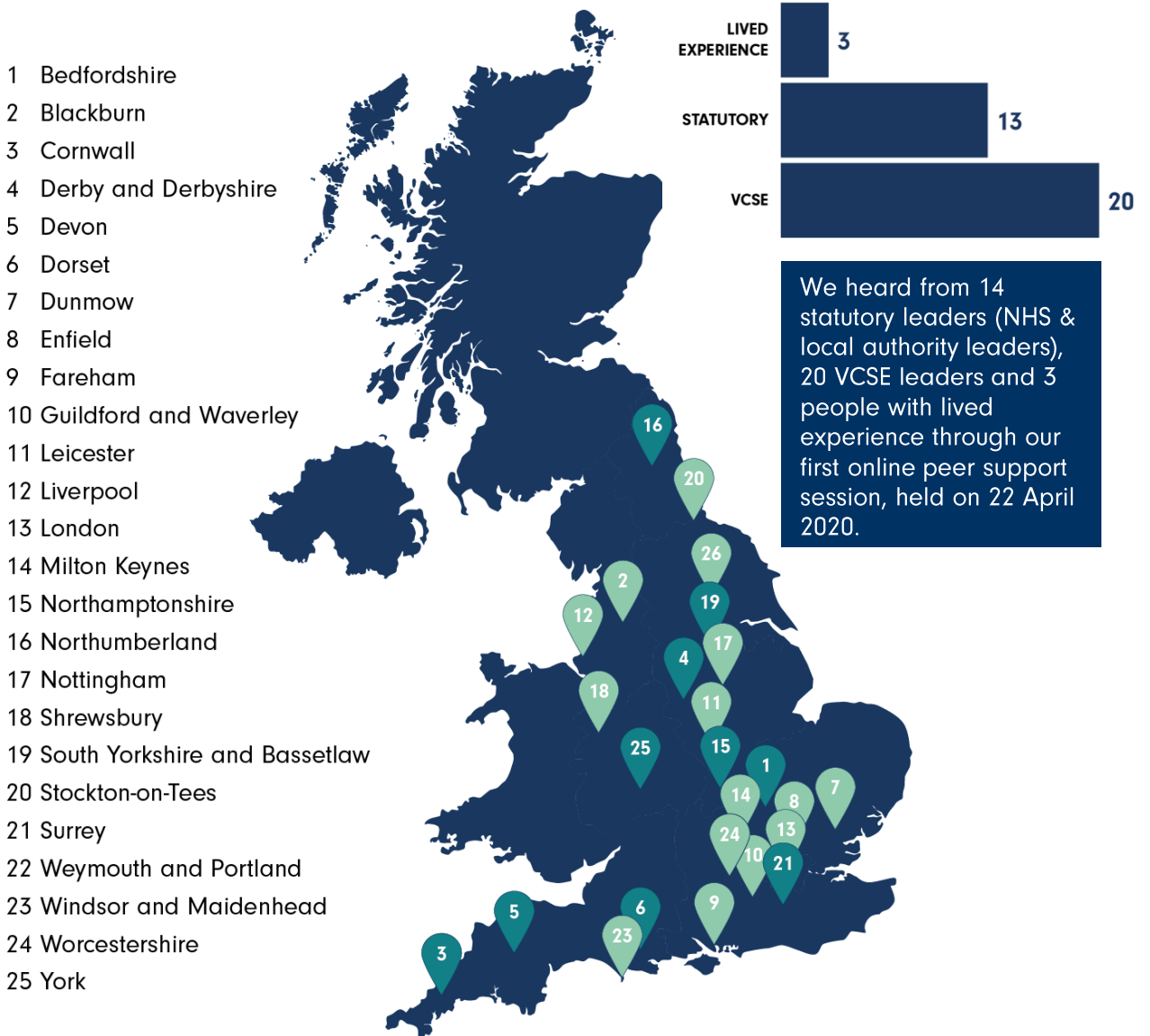
**S** Social  
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## Introduction

Recognising the tremendous pressure that health, VCSE and local authority leaders are under as a result of the Covid-19 outbreak, IVAR and SEUK are facilitating online peer support groups through their Practice Development Network<sup>1</sup> (PDN), which supports cross-sector partnership working in healthcare settings. The aim is to create a space for people to share challenges, opportunities, dilemmas and worries around cross sector working, and to learn from each other's experiences.

This briefing shares the experiences of the 37 people who participated in the first session on 22<sup>nd</sup> April.

## Who did we hear from?



# What has been happening to community-based healthcare since the outbreak of Covid-19?

**Local activities and services have stopped:** All local face-to-face activity has stopped as a result of the Covid-19 lockdown. For many, this means that the delivery of services has also ceased, despite their importance to the community: *'We work with groups of elderly patients suffering from diabetes, and we have had to stop all our services for their safety. They are all indoors and self-isolating.'*

**Strategy development is beginning:** Given the sudden pause in 'non-essential' service delivery, leaders have been *"forced" into strategy development*, including decisions about furloughing staff, their use of volunteers, and the potential for engaging in emergency support activity: *'We were initially working in an urgent sense – collecting people's prescription, dropping food parcels, doing their shopping etc.'* Moving beyond these emergency responses, leaders are now thinking of longer-term strategy and how to continue their work in communities. For some, this encompasses cross-sector partnership working:

*'As a GP practice, we have been working very introvertly, to manage the situation and our response, forgetting about our voluntary sector leaders who have sorted themselves faster than us! It is after the initial settling down, that we are now thinking of linking up and working together.'*

*'There seems to be a really good network of VCSE work at a local level but that's not matched at the ICS<sup>i</sup> system level. We're now looking at how we can map the place-based interventions of VCSE with the ICS footprint.'*

**Working environments have changed:** *'The only way to work or continue to provide support in the pandemic is by changing our way of working'*. Most leaders are now trying to move their *'working environment'* online. While for some the shift has been smooth, with funds available for the necessary technology and infrastructure, others are finding the adjustments harder: *'Our staff are used to face-to-face interactions and they are struggling'*.

**Adapting at speed is challenging:** With some contingency strategies in place, leaders are trying to restart their *'regular ways of working'*, while also managing *'to keep up with the changing scenario on a weekly/daily basis'*. For those with previous experience of involvement in Building Health Partnerships<sup>iii</sup>, there are more likely to be systems in place to build more collaborative responses. However, adaptation at speed continues to be challenging, with widespread concern about the impact on service users: *'We are being told to cope with the situation at rapid speed but what about our service users who do not cope well with change, pace and speed'*.

**Learning is key:** The needs of communities will continue to change during and beyond this pandemic, making it important for leaders to learn what is happening elsewhere, both locally and nationally: *'It's great to hear what is going on around the country. There is definitely a need to share good practice and ensure we build on it going forward'*.

## What challenges are leaders facing in relation to cross-sector partnership working?

**Fragility in relationships:** For many leaders, cross-sector partnership working is a relatively new approach, commencing shortly before the pandemic. Their relationships with colleagues in other sectors are in their infancy and need to be strengthened. However, with everyone preoccupied with emergency response, they are likely to come under considerable strain: *'The foundations were not perfect as we had just started working together. With any slight shift in structure, and the possible loss of a common purpose, they may collapse.'* For others, dealing with Covid-19 has been the common purpose that has made cross-sector working possible.

**Capacity constraints and uncertainty:** Leaders are acutely aware of the pressures on VCSE organisations, including: Furloughing of staff; lack of funding leading to capacity constraints; and fatigue in the face of such rapid and unpredictable change. In this context, there is much uncertainty about how to manage partnership working, at the same time as trying to be supportive and *'not overbearing'*.

**Communication:** There has been a lot of communication and information sharing in local areas. While most of this is positive and intended to help partnerships, the frequency and lack of coordination is overwhelming for some leaders:

*'There is a need for a single and reliable information source to provide information across the sectors, so we are all giving the same advice to our service users.'*

*'Volunteers have been getting emails from NHS, local authority and the local CVS; no GDPR processes are being followed with open emails being circulated.'*

**Duplication of services and sharing data:** For leaders working across sectors at pace, the biggest challenge is *'not having a full picture of who is doing what and where'*. There is an urgent need for a map of local services, with both sectors working together to minimise overlaps and duplication, as well as to ensure that organisations can feel valued and be supported to work together.

One of the main reasons there has been an issue in knowing what is happening in a local area is the asymmetry between VCSE place-based approaches and the ICS footprint: *'Covid-19 emergency services have made these irregularities more stark'*.

**Funding problems:** Some leaders have not been able to secure funding for their work, including services for *'other health and social care illnesses'* in the community that are non-Covid-19 related, including obesity, diabetes and eating behaviours, etc. As a result, there is a looming funding crisis: *'These challenges are not going to disappear and the demand on us post Covid-19 will be immense. There is a need for us to continue providing support now and a need for funding to sustain us'*.

## What opportunities are emerging in relation to cross-sector partnership working?

**The opportunity to work differently:** For some leaders, the pandemic has *'actually forced us into working together'*, with the VCSE sector moving out of the background to work alongside the healthcare sector: *'For us at the ICS, barriers to partnership working have been knocked down by Covid-19, meaning that we now have a different and less isolated way of working'*. The extent to which the systems and structures are in place to support this way of working varies between areas.

**A common purpose:** A sense of shared endeavour has enabled organisations with no previous history or positive experience of cross-sector partnerships to work together, bound by a sense of common ground and common purpose: *'It feels like we are working together for the common good of the community'*.

**Going digital:** With everyone switching to working online, there has been *'an openness to more cross-sector working and conversations'*, with people able and willing to *'give time to online conversations more easily'*: *'Zoom meetings have made it much easier for cross-sector groups like ours to meet and catch up. They are really appreciated'*.

**Activism around volunteering:** Leaders have been impressed by the willingness and volume of people wanting to volunteer at a community level, as well as through the national NHS Volunteer Responders programme. There is a real desire to harness this energy and commitment, and explore how it might be sustained into recovery and the longer term: *'We really need to find a way to capture this huge community response and willingness to volunteer'*.

## Key messages

Leaders are keen to engage more deeply in cross-sector working, beyond the immediate crisis and into recovery and the longer term. Through more online interaction, it may be possible to address and overcome lingering anxieties about working together. And partnerships formed in these extraordinary times might set the tone for new ways of working collaboratively, for the common good. In the first instance, support for partnerships will need to focus on three things:

1. Harnessing the volunteer/VCSE capacity and resource to support community resilience longer term.
2. Integrating collaboration at local/place level with the system level and national responses to the challenges of recovery.
3. Ensuring that digital approaches are inclusive, with equal access for all.

## Authorship

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## Resources

Resources for building cross-sector relationships that improve community-based healthcare can be viewed and downloaded from:

<https://www.ivar.org.uk/transforming-together/>

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## Terminology

**i Practice Development Network (PDN):** The PDN is designed to support the sharing of learning, experiences and challenges of working in a collaborative way across sectors in health and social care. Its core members are people who have been involved in Building Health Partnerships and Transforming Healthcare Together, however it is open to all who are working or would like to work across sectors to deliver better health and social care outcomes. The network consists of an email group, allowing individuals to share helpful resources and make useful connections between each other as well as regular webinars. To join the email group email: [Nancy.towers@socialenterprise.org.uk](mailto:Nancy.towers@socialenterprise.org.uk)

**ii Integrated Care System:** A close collaboration between NHS organisations and local councils, that takes collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. [Read more.](#)

**iii Building Health Partnerships (BHP):** A programme that supports collaboration between statutory organisations, voluntary, community and social enterprise organisations and local people to support improvements to healthcare provision in local areas. [Read more.](#)