Healthcare Improvement Scotland | ihub

Health and Social Care Learning System

Findings and insights: understanding health and social care responses to COVID-19 and related public health measures

Improvement Hub

Enabling health and social care improvement

COVID-19: Health and Social Care Learning in Scotland

Contents

COVID-19: Health and Social Care Learning in Scotland

Contents

COVID-19: Health and Social Care Learning in Scotland: Findings

Our approach

We developed our learning system as a way to understand how the health and social care system in Scotland has responded to COVID-19 and to identify key learning for the future.

Through our close relationships with a wide range of stakeholders in the system we listened to their experiences, collected examples how the system was adapting to COVID-19 and developed insights around enabling behaviours. This was added to and given context by literature searches and insights being shared on social media.

We then shared our findings with stakeholders to sense check through online discussions and webinars.

Core message

The COVID-19 pandemic caused uncertainty about the impact of the virus and related public health measures. In this context, the health and social care system has developed ways to be flexible and responsive to people's diverse and emerging needs. Key lessons have emerged around what has enabled this change, along with reflections from our stakeholders around how this can be sustained.

This overview provides a summary of some of our key learning about what has enabled good practice during the pandemic.

Key themes

A number of key themes emerged through the learning system:

- Importance of trusting relationships
- Role of communities
- Technology enabled services

The COVID-19 pandemic has revealed the scale of inequality and put a spotlight on how the health and social system, and social structures more widely, can reinforce these inequalities.

Aside from the uneven impact of COVID-19 itself, we have seen uneven impacts of public health measures design to stop the spread of the virus.

Across the key themes that emerged from this learning system it is important to think about how to address inequalities and consider potential impacts on it. Community engagement and coproduction needs to be at the heart of COVID-19 recovery plans. Similarly, more capacity is needed to understand the needs of communities and understand the intersectionality within them.

Trusting relationships

Trusting relationships have underpinned the development of flexible and responsive approaches to challenges related to COVID-19 that often centred around collaboration across sectors. Trust is important between organisations, for example health and social care partnerships (HSCP) and service providers, and also within organisations, such as trusting and empowering operational staff to make decisions. By trusting community organisations and taking a light touch approach, funders and HSCPs enabled them to expand into providing support where there was a new and immediate need. Similarly, practitioners have been trusted to develop new practices to meet identified needs.

Within both of these contexts, it is vital to create the conditions in which people feel safe to act autonomously and are capable of doing what is needed. Giving greater responsibility to operational areas enables innovation and agility, especially in rapidly changing situations where people's needs are also changing.

Build trust

Support trusting relationships between HSCPs and local partners with an emphasis on creating an environment for collaboration.

In cases where there were existing trusting relationships, there was an effective response - those delivering support were able to quickly redesign their services and reorient their resources.

Key example:
Carr Gomm and the Community Brokerage Network developing new supports - enabled by longstanding, trusting relationships.

Share values and language

Use values frameworks that set limits to flexibility while providing a structure around which people can make quick decisions to build trusting relationships - while ensuring the delivery of person-centred care.

Establish a common language and understanding of quality of care to enable trusting relationships.

Key example:
Highland Hospice and Highland Homecare using the Health and Social Care Standards as a pledge.

Work together

Support collaboration with a wide range of partners. This can enable senior managers to be confident that there are appropriate capabilities to realign services to emerging needs. Sharing risk among multi-agency operational staff can help build trust.

Partnership working at an operational level allows for greater peer support, allowing staff to feel more confident in making decisions.

Key example:
Dundee City HSCP 'Safe Zone' developed by staff seeing a gap in services for vulnerable people.

Healthcare Improvement Scotland | ihub

The role of communities

Community groups have been key drivers of the COVID-19 response. Local responses can be more sensitive to local need as they focus on getting to know people and enabling community connections rather than delivering specific services. This means that emerging needs, such as food insecurity and social isolation, are identified and responded to quickly. Similarly, it is easier to address inequalities and support specific individual needs at a local, community level.

New and existing networks of small and large community-based organisations have been at the centre of many responses. This has highlighted the importance of well developed communities.

As a result, services and supports developed by the community are safe systems where individuals establish more connections with a wider range of people/organisations and so there are fewer 'gaps' for individuals to fall through.

Engage with the community sector

Support the development of new types of relationships with the community/third sector that are dynamic and sensitive to the capacity and values of the organisations.

Key example:
Kinning Park complex looking to be more involved in health and social care.

Invest in communities

Emphasise investing in communities rather than focussing on funding specific services. Enable funding arrangements based on outcomes guided by the needs of the community and supported by light touch reporting mechanisms while supporting groups to build evaluation capacity.

Use community anchors, such as third sector interfaces, to funnel investment to communities to develop strong community connections and ensure that money is going to where it is needed.

Key example:
EVOC taking a role as community anchor in developing connections and distributing funding.
Govan Housing Association using existing links to develop a response.

Healthcare Improvement Scotland | ihub

Technology enabled services

The response to COVID-19 has led to a number of innovations and adaptations to services that could no longer be delivered in person. Platforms like Near Me within the NHS have provided access to video consultations. In addition to this, services have been providing videos and online information resources to people. Similarly, people across all settings have been using social media and messaging apps to increase their communication with people and offer opportunities for peer support.

This has supported more frequent, light touch check-ins and allowed for closer relationships and more flexible and responsive support. It has also expanded the service offering beyond face-to-face interactions. While many services may return to face-to-face delivery, learning suggests that a range of digital options could used in the future to enhance in-person support, or in some cases, services may continue to be delivered virtually in the future.

Support digital literacy and digital access

Recognise the extent of digital exclusion and the challenges in providing people with access to digital devices as well as giving people the skills to use them.

Understand the value of digital connectivity beyond accessing health services, such as connecting with friends, family and entertainment.

Key example:
Get Connected pilot supporting digital champions and providing people with digital devices.

Build digital capacity and infrastructure

Build the capacity of health and social care staff to provide digital services - not just the ability to use digital tools, but also to develop the right infrastructure to allow for digital innovation. Similarly, there needs to be support in understanding the legal and ethical frameworks around digital services.

Have open and informed conversations about the risks around digital services, such as data protection, to ensure that data is used effectively whilst also adhering to regulations.

Co-design future digital services with the people who will use them.

Key example:
Edinburgh Access Practice supported staff to use Near Me allowed for the continuation of services and created an opportunity for developing a multidisciplinary approach.

Healthcare Improvement Scotland | ihub

Section One: Community Models and Enabling Factors in Integration

The collaborative communities team supports the development of integrated health and social care approaches that are centred around communities.

What we did

The collaborative communities team had been working closely with community-based solutions to health and social care needs, especially in rural areas, before COVID-19 impacted across the country. We were already very interested in understanding what works at a community level and were finding that much of it was outside the (health and social care) system. For that reason, it came up against system barriers which often didn't recognise, support or truly value community-led initiates.

As a result, the insight pieces we gathered during COVID-19 were focused on understanding not only what worked at the community level, but also why - specifically to understand why certain things were possible during this time when they were seen as high risk and therefore not supported during 'normal' times.

Reflections

Having led the work pre-COVID-19 we were was particularly interested in how people would change organisational behaviour and amend policies and processes, in order to 'do the right thing'. Perhaps the most striking thing was that where compliance to rules that prevailed before COVID-19, there emerged a much more trust-based approach to helping people stay safe and well in their own homes during COVID-19.

The insight reports all reflect the importance of relationships and trust as being central to coping in crisis situations and this begs the question of why we trust each other in a crisis but not under 'normal' conditions. This is now the foundation of our work over the next six months - to help HSPCs and their communities to retain and build on a trust-based model of care and support.

Healthcare Improvement Scotland | ihub

Flash report

Community Led Approaches: COVID-19 Health and Social Care Learning in Scotland

21 July 2020

info@ihub.scot

@ihubscot

Background

The COVID-19 pandemic has highlighted the key role of communities in supporting health and wellbeing. This raises many questions about how we recognise, resource and sustain activity as we transition into recovery. The ihub is keen to explore how to use the learning from community responses during COVID-19 to inform the future of health and social care in Scotland.

This first session focused on sharing insights from the Scottish Government and national community development organisations. The panel discussion centred on the opportunity to influence the national agenda for health and social care.

A total of 165 people attended the online discussion session from a range of organisations

Speakers

Karen Geekie, *Self-directed Support Policy Lead, Scottish Government*

- The Scottish Government Adult Social Care Reform programme recognises the need to do things differently and the valued role of community. The programme includes a 'Communities, Care and Support' work stream
- What can be done nationally to support communities and where do the Scottish Government need to "get out the way"?

Anne Connor, *Chief Executive, Outside the Box*

- The role of community in health and social care is not new
- Communities offer a broad spectrum of support from formal services to people looking out for each other
- How do we develop trust in our community organisations to ensure they are properly valued and supported?

Lindsay Chalmers, *Development Manager, Community Land Scotland*

- A large number of community land owners have responded during COVID-19 to supporting health and wellbeing of communities
- They have a rich experience of working in complex communities and understand local need
- How do we sustain activity that has developed in recent months?

Panel discussion

Communities have shown that they are capable of delivering safe, quality services to people at an uncertain time and under a great amount of pressure. How can their contribution be recognised and sustained?

- Needs a culture shift away from assuming that community groups will fit around HSCP processes and ways of working – community groups need a stronger, more assertive voice
- National and local decision makers being more proactive in engaging with, and hearing the needs of community groups
- Ensuring sustainability of funding for third sector and community organisations
- Important role of TSIs to influence HSCP recovery plans and to build a commitment to community resilience and flexibility.

How do we shift to commissioning outcomes and allow organisations themselves to respond and deliver for communities?

- Building a strong evidence base to capture all the work being done in communities now
- Raise awareness of community groups and their contribution as part of a wider, mixed package of support; examples of community groups and cooperatives acting as brokers to help a person find out what is happening locally and understand what is possible.

Insights from participants

A number of points were raised and discussed through the chat function, including:

- how quick and effectively community groups responded, on their own initiative, to the challenges of COVID-19,
- the challenge of ensuring that community groups retain the flexibility they have had during the pandemic,
- the role of funding in ensuring sustainability for community groups and third sector organisations, and
- the value of investing in community groups to have the skills and capacity to evaluate and report on their work in a way that can support planning and collaboration with the public sector

What are your reflections on the workshop?

What next?

The next ihub sessions are:

- Collaboration: Planning and commissioning for the health and wellbeing of communities (14th July 10-11am)
- Inclusion: The impact of COVID-19 on people experiencing homelessness (28th July 1-2pm)

In addition further sessions are planned focusing on developing the role of community in future planning of health and social care. Details will be shared in the coming weeks.

Useful links

The speakers and participants shared a lot of interesting links with good examples of community work (both as a response to COVID-19 and more generally), interesting articles and resources.

Examples of community groups/collaborations

TSI Moray community database: https://www.tsimoray.org.uk/community-database

Video examples of groups in Moray: https://www.youtube.com/watch?v=nnE7Gr8f3oU&t=26s

COVID-19 specific examples of community responses (DTAS): https://www.youtube.com/watch?v=nnE7Gr8f3oU&t=26s

Example of a peer led approach to recovery: https://www.scottishrecovery.net/friends-family/

Resources

Tool-kit for communities to support people at the end of life: https://www.goodlifedeathgrief.org.uk/content/toolkit_homepage/

Interesting reads:

The Local Area Co-ordination approach looks for natural networks of supports available for people in the communities: https://lacnetwork.org/local-area-coordination/

Outside the Box review of literature, 2016

Enabling creativity and flexible use of personal budgets

Community Contacts: Argyll and Bute

How a third sector organisation worked in collaboration with social workers to meet the needs of people with personal budgets during COVID-19.

"Creativity is supporting mental health and wellbeing during lockdown – for individuals, their families and for staff."

Becs Barker, Operations Manager, Community Contacts

What was the community need?

COVID-19 and lockdown regulations have had a significant impact on health and social care with many services not able to provide care in the way they had previously.

Through conversations with the communities across Helensburgh and Lomond, Community Contacts were aware of two key concerns related to Self-Directed Support (SDS) and people being able to access care and support during lockdown:

- as social distancing prevented social work home visits, the majority of routine assessments and reviews were being postponed or carried out by telephone, and
- there was increased pressure on families where care could not be provided in the agreed way for example when Personal Assistants (PAs) could not enter the home.

Community Contacts had existing strong relationships with social work teams in Helensburgh and Lomond who also highlighted that although emergency national guidance had been introduced to enable more flexibility there remained challenges in applying and consistently implementing it in practice.

Background to the community organisation

Community Contacts is an independent Carr Gomm project offering impartial advice, information and support about SDS. Community Contacts currently operates in Argyll & Bute and Highland.

Funded by the Scottish Government's Support in the Right Direction initiative, Community Contacts aims to help people to design and manage their own support in a confident and informed manner. They do this in partnership with others, including the Health and Social Care Partnership (HSCP), and local community organisations.

Community Contacts has been working in Argyll & Bute since 2013. In the Helensburgh and Lomond locality, activity is supported by a Specialist Project Worker who works closely with social workers across the Adult and Children and Families teams. Community Contacts is striving to replicate this example of partnership working across the other three localities of the HSCP.

How was this different?

Community Contacts worked with the HSCP to promote the use of tele-conferencing for social work assessment and reviews to enable these to continue. Support from their specialist project worker continues to be provided for individuals and families in preparation, during and after assessment. This service is now being implemented successfully through close partnership working between social workers and Community Contacts. Feedback suggests that many people prefer this way of working as they feel less pressure and do not need to have professionals within their homes.

Community Contacts are working with individuals and their families to provide advice and support around spending budgets differently during COVID-19. This includes sharing understanding of new guidance and local policies and procedures to explore where flexibility can be found. This support is enabling more creative solutions to be found e.g. to identify how a PA can continue to provide support without entering a family home.

Community Contacts is also working with social workers to develop better understanding of new guidance and where this can enable people to spend their budgets in different ways e.g. to purchase equipment. One young man had been employing a PA to enable him to get out of the house. This was essential for his wellbeing but had become impossible due to lockdown. The young man was able to use his budget to buy a bike to go out cycling with his PA and to ensure his family have a break from caring.

What was the response from the community?

"Community Contacts has had a big role in helping us communicate with families, it's been really helpful to work with partners who know our clients well. They have also been engaging with clients and feeding back any key issues or anxieties to social work staff that we need to address, for example around PPE for carers."
Edmund Coleman, Team Leader Operations, Argyll & Bute HSCP

Key insights:
Becs Barker, Operations Manager, Community Contacts

"It is important to recognise not only the time it takes to build relationships and trust but also the incredible value in this. Our project works really well in the Helensburgh and Lomond locality due to the relationships we have with our social work colleagues. There is a sense of true partnership working.

The use of teleconferencing has enabled assessment to continue with high levels of satisfaction being reported by people we support. We are now identified as a key part of this process as we have been able to offer a service that adds true value to both individuals and staff.

Pre COVID-19 we were working with individuals and staff to provide advice and support to better understand the complexities of SDS and enable the creative use of budgets as this can be a real challenge. National guidance has to translate into local policy and then there is a task to ensure consistency in how this is understood and implemented by everyone involved e.g. finance team, managers, families.

The new COVID-19 guidance has given us permission to be more flexible and is evidence to support discussion and overcome barriers. We are hopeful that the good practice we've seen during this time will continue and that there is opportunity for our role to develop across Argyll & Bute and Highland in the future."

If you are interested in exploring something similar in your area or to find out more, please get in touch.
hcis.collaborative.communities@nhs.net

community contacts
a Carr Gomm project
Healthcare Improvement Scotland | ihub

Creating the conditions for a more flexible social care approach

Self-Directed Support Forum East Renfrewshire

How a community organisation worked in partnership with social workers to develop understanding and flexibility to meet new needs for individuals and their families.

"We value partnership working highly as we know it delivers good outcomes for our members and that remains our focus."

Noleen Harte, Manager,
SDS Forum East Renfrewshire

What was the community need?

COVID-19 has changed many aspects of social care support in communities. One aspect where it has had a significant impact is on people who manage their own budget using Self-Directed Support (SDS).

Guidance from the Scottish Government has been introduced during COVID-19 to enable greater flexibility in how people are able to spend their budgets to ensure their needs continued to be met during the period of the pandemic.

The SDS Forum East Renfrewshire have trusted relationships with the community and with local social workers. They were well placed to develop understanding around challenges related to support during COVID-19 and to work alongside social workers to support the practical implementation of the new guidance.

Self Directed Support Forum East Renfrewshire

Background to the community organisation

The SDS Forum East Renfrewshire is funded to provide practical support and information to local people thinking about directing their own support or that of someone they care for. It also supports individuals and families who are already directing an existing social care package.

The organisation was formed in 2011 by a small collective of service users and carers. It has now grown into an independent and informed organisation for others to turn to for advice, to share experiences and to feel supported around all aspects of SDS.

The Forum work in partnership with East Renfrewshire Health and Social Care Partnership (HSCP) and are involved in many key working groups around SDS. This provides a platform to share the views of what people in communities want and need to make SDS work well for them.

How was this different?

The SDS Forum recognised that a different approach was required to meet the needs of people accessing SDS in the community and of the social workers supporting them during COVID-19.

The Forum have been able to engage with people accessing SDS across the area and to deliver accurate information related to new guidance quickly. Information sessions on key topics are being provided via Zoom. This activity has supported social work staff by lifting pressure from their service at a critical time.

Online training and discussion sessions are being provided for social work staff on the new guidance and how it could apply in practice. Examples of how local people are using budgets differently are shared. This is being offered on a one-to-one basis but plans to deliver co-hosted group sessions with the HSCP are now being progressed. This will better support peer learning and sharing of good practice. Sessions are supported and advertised by HSCP senior management.

The Forum are working in partnership with the HSCP to support the development of local SDS guidance. This includes:

- sharing learning from local guidance that is being issued in other areas
- cross referencing national guidance with existing local guidance and identifying notable changes to be addressed, and
- working with the HSCP finance team to produce local FAQs.

What was the response from the community?

"Attended training with the SDS Forum and Social Work who have the experience to go through the A-Z of a case and available options of support. Also provided an updated directory of services and examples of SDS plans… very informative service and will surely refer clients and call the service myself for more information when needed."

Social Worker, East Renfrewshire HSCP

Key insights:
Noleen Harte, Manager, SDS Forum East Renfrewshire

"We have a relationship with the HSCP that I believe is built on mutual trust. We respect each other as professionals, and we know each other's roles.

We were aware from a recent survey that 60% of social work staff said they would access training through the SDS Forum if it were offered. We are therefore confident that we have been able to offer something that is valued and needed by social work teams. SDS is our focus - we have the subject matter knowledge and also understanding of local lived experience. Staff are happy to come and ask questions or sign up for training due to the trusted relationships we have.

We also recognise the importance of bringing staff together to learn from each other's experiences and to develop confidence in a safe space. Our activity during COVID-19 has been adapted from previous activity so we have been able to move at pace. Moving forward we would like to co-produce a framework for learning with the HSCP that we can deliver across the social work teams.

We are also trusted by our community. We help promote a really good use of SDS, making sure flexibility is given to families and there is trust that they know what is right for them. I believe this is a real time for SDS to shine, for people to be enabled to managed their own situations and respond how they need to."

If you are interested in exploring something similar in your area or to find out more, please get in touch.
hcis.collaborative.communities@nhs.net

Self Directed Support Forum East Renfrewshire

Healthcare Improvement Scotland | ihub

Supporting employers of Personal Assistants

Community Brokerage Network: East Ayrshire

How a community organisation worked with a health and social care partnership to ensure people who employ personal assistants have the support and equipment they need during COVID-19

"a quality and consistent service will be provided throughout the COVID-19 period"

Anne Marie Monaghan, Community Brokerage Network

What was the community need?

In response to COVID-19 there was a recognised need across Scotland for Personal Protective Equipment (PPE) for people providing caring roles in the community. The Health and Social Care Partnership (HSCP) in East Ayrshire recognised a particular need to ensure that people who employ Personal Assistants (PAs) to provide their care and support, had an adequate supply of PPE.

It was also recognised that as a result of lockdown measures people employing a PA may have other concerns and needs that were impacting on their wellbeing.

East Ayrshire HSCP approached the Community Brokerage Network (CBN) to organise and deliver a service that would support employers of PAs: both in ensuring access to PPE and to support health and wellbeing.

Background to the community organisation

CBN supports people who manage their own social care budget. It aims to help people and carers to:

- feel more informed, listened to and less stressed
- creatively and flexibly plan to achieve personal outcomes including accessing community assets, and
- have increased skills so are better able to manage social care packages.

CBN coordinate a 'network of brokers' across Ayrshire who help people to plan and organise their support, and to make the most of any budget or resource. If the person does not qualify for formal support the broker can help by linking to activities in the community or with other people who may have similar interests.

CBN are funded by the Scottish Government as part of the Support in the Right Direction programme. They provide a service which is free at the point of delivery ensuring that it can be accessed by anyone requiring their support.

How was this different?

Eight CBN brokers are providing a service to approximately 150 employers of PAs across East Ayrshire. These are people who did not normally receive any support from CBN. To coordinate logistics CBN were provided contact details of each employer by the HSCP. This data sharing was enabled through updated guidance from the Information Commissioner as well as permission from the employers.

The brokers pick up and deliver packages of PPE to employers. This significantly reduces community contact as otherwise each PA would be required to go to a distribution hub to pick up PPE.

Brokers are trained in good conversations, so during PPE drop-off they are able to discuss with those employing PAs how things are going during the lockdown period and if any other issues have arisen.

Brokers have excellent local knowledge of community support available and are able to signpost to additional services as required such as shopping, medicines pick up etc. Where community solutions cannot meet needs identified then information is shared with the HSCP to be followed up.

What was the response from the community?

"Informed by our shared aim to 'doing the right thing' we were able to work together in a flexible and responsive way in the midst of a global pandemic" Lee McGloughlin, East Ayrshire HSCP

"Brilliant, I didn't know it would get sent out, I'm really pleased it will be delivered." PA Employer, East Ayrshire

Key insights: Anne-Marie Monaghan, Chair/Director, CBN

"Core to the success of this work has been a pre-existing trust-based relationship between ourselves at CBN and East Ayrshire HSCP. This enabled the flexibility to develop a broader service. Through our reputation we are also strongly trusted by people using Self-directed Support in East Ayrshire so are ideally suited to carrying out this role.

In order to coordinate the delivery of PPE an element of data sharing between East Ayrshire HSCP and CBN was essential. This could have challenged risk attitudes but was again enabled by the trusted relationship with the HSCP.

The knowledge and skills of the brokers has also been key. This includes:

- local intelligence to enable connection to a wide range of community support and the efficient planning and coordination of PPE.
- knowledge to answer questions e.g. understanding of rights and self-directed support legislation.
- being skilled in good (strength- based) conversation and ability to address anxieties and concerns.

CBN and East Ayrshire HSCP now have a process in place to ensure check-in and delivery of PPE to PA employers across the local area on a monthly cycle. This will ensure a quality and consistent service will be provided throughout the COVID-19 period"

If you are interested in exploring something similar in your area or to find out more, please get in touch.
hcis.collaborative.communities@nhs.net

Community Brokerage Network
BRIDGING THE GAPS

Healthcare Improvement Scotland | ihub

Building a city-wide support network

Edinburgh Voluntary Organisations Council
City of Edinburgh

How a community umbrella body worked with local organisations and statutory bodies to form a city-wide network identifying need and supporting the health and wellbeing of communities.

"This partnership brings together the capacity, skills, knowledge, experience and trust within our communities to respond to this crisis."

Ella Simpson, Chief Executive, EVOC

What was the community need?

Many community groups and organisations in Edinburgh, being close to local people, very quickly recognised the health and wellbeing needs of their communities as a result of COVID-19. In response, they rapidly re-oriented their activities to support people directly within local communities, for example in meal production and providing transport.

Edinburgh Voluntary Organisations Council (EVOC) is well connected to the local third sector and to the local council. As a result, they were able to notice an element of 'postcode lottery' in the COVID-19 response. This meant that some areas of the city did not fall within the catchment of any community group and that some vulnerable people could be overlooked. EVOC identified needs for better coordination of community responses and for the management of referrals coming via the council or national helplines. This also aligned with the activity of City of Edinburgh Health and Social Care Partnership (HSCP) to provide outreach support to an identified vulnerable population.

Background to the community organisation

EVOC was established over 150 years ago, pre-NHS and welfare state and is the Council for Voluntary Service (CVS) for the City of Edinburgh. It also a partner in the Edinburgh Third Sector Interface (TSI) which is part of a national network of TSIs.

EVOC helps to support, develop and promote the interests and work of voluntary and community organisations in Edinburgh. With a deep understanding of the practice, priorities and pressures in communities, the voluntary sector and in the public sector, EVOC is skilled at building bridges between them to support productive and respectful planning and delivery.

They work to:

- provide services that enable voluntary sector organisations to thrive, and
- influence the statutory sector in the creation of conditions that will allow the voluntary sector to flourish.

Insights into how community groups/national organisations are responding to new community needs during COVID-19.

Healthcare Improvement Scotland | ihub

How was this different?

EVOC worked closely with emerging and existing community groups across the city to coordinate and shape a rapidly developed city-wide response to COVID-19. This includes:

- food delivery (hot or chilled meals and/or food ingredients parcels),
- managing requests for volunteering (e.g. for shopping, dog walking, hearing aids) and,
- provision of practical and emotional support through primary care link worker.

The number of local organisations involved continues to grow with over 30 groups now part of the network.

The EVOC team coordinate referrals and have a key role in ensuring solutions are found for any identified gaps for example connecting with additional organisations, such as community transport and Volunteer Edinburgh.

EVOC have also been responsible for accessing and distributing funds, including from the local council and Scottish Government. This role allows continuity, improves coordination, and provides some central programme oversight in the dissemination of funds.

What was the response from the community?

"EVOC with the wider community projects are ideally placed to be our partners for this new network…. Joining with third sector organisations is so important as they are working in the heart of our communities and are best-placed to provide that essential support to reach those families who need it most."

Cammy Day, Depute Lead, City of Edinburgh Council

Key insights:
Ella Simpson, Chief Executive, EVOC

"The third and community sector have been absolutely outstanding in their response to the needs of their communities. Organisations turned on a sixpence and made it happen, weeks before the formal response materialised.

This network, rooted in community, gives us real understanding of the most important emerging issues for people - food poverty is huge, there is an increase in anxiety, other mental health problems, and addiction issues, and there is enormous pressure on unpaid carers. Community organisations also need to think about the wellbeing of their own staff and volunteers which EVOC is supporting.

This approach has also shown the benefits of working in small, local community hubs, such as Caring in Craigmillar and Pilton Community Health Project. Some of this was organic and some EVOC facilitated. Key was that organisations already had local standing and were recognised as being able to deliver. These people and organisations are crucial, and they have grown in stature and confidence in their ability to just do things.

The realignment of the sector's activity and lightening speed of response to emergent need is an example of my mantra - people, place, partnership and procurement - and offers a very strong basis to guard public health by ensuring that citizens are able to comply with guidance, stay at home and reduce community transmission.

The statutory sector has also shown that it can get money out quickly when they see a need, without spending months looking at papers. We should recognise the cooperative development by community and statutory sector colleagues as a clear example of how we can work together to develop new models of community support moving forward."

EVOC INFORMATION .ORG.UK DEVELOPMENT ADVOCACY
Healthcare Improvement Scotland | ihub

Developing a volunteer response to support homecare provision

Highland Hospice: Highlands

How a third sector provider created increased capacity in local homecare provision through the development of a formal volunteer led service

"a key aim is to achieve greater integration of community and volunteer resources to support the health and social care system"

Kenny Steele, Chief Executive,
Highland Hospice

What was the community need?

The impact of COVID-19 highlighted the need for home care that goes beyond time and task to provide additional support to local people.

Although there was a significant volunteer response across communities, there was a need for support that was directly aligned to a registered service. This would provide additional wellbeing support to augment personal care and reduce the impact of potential staff shortages in home care services.

Highland Hospice worked in partnership with Highland Home Carers, the main provider of homecare in the Highlands, to develop a service that utilised the vast volunteer capacity to supplement the practical and personal care they provide to help people to continue to live in their own home.

Background to the community organisation

Highland Hospice supports people, their families and carers, living with an advancing, life shortening illness in the Highlands to live the best possible life and to prepare for and experience the best possible death.

Services and support are provided in an inpatient unit and day therapy centres, in local hospitals and care homes and at home.

Every year Highland Hospice impacts on the lives of over 1,000 patients and carers through direct services and as a result of the support provided to others who deliver palliative care in their community.

Highland Hospice have been looking to develop care and support services in the community which mirror the values of supporting people within the hospice. This would go beyond visits focused on practical support (mainly personal care) only and respond to what matters most to individuals.

How was this different?

Highland Hospice initiated a targeted recruitment drive for volunteers with appropriate skills and experience. Sixty volunteers were recruited across the Highlands.

Highland Hospice and Highland Home Carers worked in partnership to design the volunteer service with a focus on ensuring quality and consistency of the care provided. This included development of the volunteer role description, referral process to the service and training.

The importance of providing a visible commitment to quality of care, as would be required within a regulated services, was recognised. To do this volunteers completed training on the Scottish Government's Health and Social Care Standards and have signed up to a pledge to uphold these standards.

Volunteers provide a range of services including food and medicines drop-off and wellbeing phone calls.

Initially referrals were made to the service by Highland Home Carers; however, the service is now taking referrals from a range of other third and independent sector providers.

Experience of change

"The Care Inspectorate welcomes this insight report which shows the potential of organisations signing up to a voluntary pledge to meet the Health and Social Care Standards. For people experiencing care and support from unregulated services, a voluntary pledge could provide a common language to talk about quality."

Peter Macleod, Chief Executive, Care Inspectorate

Key insights:
Kenny Steele, Chief Executive, Highland Hospice

"One of the key aims of the hospice is to achieve greater integration of community and volunteer resources to support the wider health and social care system. This partnership with highland Home Carers has been an important step towards this aim.

In addition to the partnership with Highland Home Carers several other factors have enabled the development of this service to be a success. This includes the willingness, capacity and skill base of community volunteers and the targeted recruitment and training to ensure workforce needs were met.

An initial challenge was how to demonstrate the assurance that an appropriate quality of care would be provided by the volunteers. This was essential to enable the regulated providers to refer patients to the service. We are really keen to learn from how the Health and Social Care standards have been used and if it has been a successful tool to build confidence in a more community led model of care.

We are keen to maintain our volunteer network and for this service to be utilised to respond to future challenges such as winter pressures."

Health and Social Care Standards
My support, my life.

If you are interested in exploring something similar in your area or to find out more, please get in touch.
hcis.collaborative.communities@nhs.net

Highland Hospice

Healthcare Improvement Scotland | ihub

The role of cycling to support the community during COVID-19

Bike for Good: Glasgow City

How a community organisation used their fleet of bikes, their volunteer networks and well established community links to meet new needs within a community.

"It has been a challenge but our staff and volunteers already have such great relationships with the community that it was easy to leap into action."

Victoria Leiper, Bike for Good

What was the community need?

COVID-19 has had significant impact on the use of public transport in Scotland. This has led to increasing numbers of people cycling and walking as a means of getting around.

Bike for Good observed two key needs emerging within the community, both of which reflected UK-wide trends. There was an increase in demand for bikes as people used them as alternative transport to get to work and as a way of staying active during lockdown. There was also a need for food distribution to support people unable to leave their homes. A wide range of community groups were offering home deliveries, but for many, the demand for these outstripped the capacity to make the deliveries.

Bike For Good worked in collaboration with other local groups to reshape their services and asked the question 'how can we best help communities with our fleet of bikes?'

Background to the community organisation

Bike for Good is a community-based organisation with a mission to promote cycling as a mode of transport. Their vision is an environment in which cycling can benefit everyone, recognising the role of cycling as accessible and sustainable transport as well as the benefits to physical and mental health. They deliver a range of services that support people into active travel.

Bike for Good run two community hubs in Glasgow with a self-managed team of over 50 staff members as well as over 30 volunteers.

The team has a very strong development ethos, working with other community organisations to identify different ways to support people. For example, they have partnered with The Women's Fund for Scotland to support more women into cycling via social bike rides and regular access to bikes. Partnerships with local housing associations and refugee groups provide free membership to Nextbike for those most in need (public bike hire scheme).

How was this different?

Bike for Good developed a number of different services to support the local community. This has included developing a bike loan scheme for key workers and providing bike maintenance support to enable them to get to work safely.

Bike for Good also developed a new service, using their fleet of electric cargo bikes to deliver food and care packages to people in the community. This was done in collaboration with a number of community partners including Queens Cross Housing Association, Flourish House and Woodlands Community Garden. Their e-cargo bike library scheme, funded by the Energy Savings Trust, was repurposed to support this with outreach workers playing a key role in coordination. Bike for Good's staff and volunteer team have been able to support partner organisations, increasing their capacity to deliver food and provide social interaction for people – with 200 deliveries made to date.

In addition, Bike for Good has adapted their 'Dr Bike' model and are now offering contactless bike servicing in the community. This will ensure that those who cannot afford to have their bike serviced will have a safe and comfortable bike to ride.

Finally, a grant from the Wellbeing Fund has allowed Bike for Good to offer families without the means to buy kids bikes, access to a fleet of reconditioned bikes suitable for children and young people.

What was the response from the community?

The response from the community has been very positive. They key worker bike loan scheme has been particularly well received.

"Thank you for supporting us key workers. My bike is not only my transportation to work, but it helps me to de-stress on the way home. It has been invaluable to me."

Key insights:
Victoria Leiper, Head of Projects, Bike for Good

"When it became clear that coronavirus was going to change things, we wanted to help but it wasn't obvious where we fitted in. Our starting point was the fact that we had clear assets – our fleet of bikes and staff team. From this we have now developed a range of offerings for people. Key to the success of this has been collaboration and being able to build upon the existing, trusted relationships we had with community partners.

We have been able to access the Supporting Communities Fund which has enabled us to be flexible in developing a response that meets the needs of the community. We were assigned an advisor from Community Enterprise in Scotland (CEIS) who helped us focus our proposals.

The fund have been really flexible, with the option to revisit our bid as demand increases. This flexibility helped us adapt to the changing situation. Similarly, our core funders have allowed us to re-allocate some pre-agreed funding to support our coronavirus response.

Through this period we have reached a lot of new people and hope that the increased interest in cycling continues. We want to keep building on our partnerships and hope we can continue to find new ways of supporting people."

If you are interested in exploring something similar in your area or to find out more, please get in touch.
hcis.collaborative.communities@nhs.net

bike for good

Healthcare Improvement Scotland | ihub

From social meet-ups to social distancing: how women are being supported to stay connected

Women of Willowbrae: Edinburgh

How a community group took a creative approach to supporting their neighbourhood and maintaining connections during COVID-19

"Moving from being a social group to a community action group supporting mental health and well-being has been really positive for lots of people locally."
Rachel King, Women of Willowbrae

What was the community need?

The importance of supporting mental health has come to the fore during the COVID-19 response. Established mental health support mechanisms within third and community sectors have been challenged in meeting the emerging needs of those who experience mental health issues. This is also true for people who are vulnerable or isolated during the lockdown period.

Feeling supported within local community is evidenced to support mental wellbeing. However the lockdown created circumstances in which many people felt anxious and unable to move freely even within their own neighbourhoods. This then undermined their sense of connectivity and inclusion.

The Women of Willowbrae (WoW) recognised the need to support the mental health of people living in the local community. This included being creative in supporting women who were unable to leave their homes to stay connected and ensuring women felt they were contributing to the support on offer.

Background to the community group

The WoW are a community group established in the East of Edinburgh to support women by reducing social isolation. It is coordinated through a WhatsApp group and has around 120 women in its membership.

Over the past eight years the group coordinators have organised regular social meet ups for local women. When someone new moves to the area they are invited to join and to come along to the social events. This has included bowling, evenings in local bars, daytime get-togethers and other trips and excursions. Members often dip in and out of the meet ups.

Members of the group range in age from their 20s to 70s and include women with a range of health issues, including dementia. Some members have formed smaller groups to socialise with based on common interests after meeting women across the larger group, for example a new mum's group.

How was this different?

WoW moved from being a social media-based social group, organising regular meet ups for local women, to being a community action group. Their aim was to build and sustain a connected neighbourhood during lockdown, including a focus on vulnerable older people.

WoW coordinators sent out weekly updates and requests for support to around 120 members who then distributed requests further. Members volunteered in a range of ways, for example by being a safe and known person to run errands or check on neighbours. This activity was requested through the use of the good neighbour cards.

WoW worked with the local supermarket to coordinate the distribution of 'good neighbour cards'. This led to many local vulnerable people having help with shopping. People have been able to source locally available produce and foods which may have been absent from larger supermarkets.

Supported by WoW, children in the community have been active in creating games that can be played by other children on walks around the community. There are chalk games in the streets and rope swings in the parkland.

What was the response from the community?

"I have been able to shop weekly for my neighbour who is unable to leave her home as she is shielding. We didn't have a connection before lockdown but now talk several times a week." Chris, Willowbrae

"My children drew pictures of rainbows for a neighbour as I had asked what she needed, we feel more in touch now." Jessie, Willowbrae

Key insights:
Rachel King, Coordinator, Women of Willowbrae

"COVID-19 has allowed WoW to become a resource for wellbeing. We are supporting women, individuals and families across Willowbrae, sharing information and being inclusive across ages and places to best support the local community. This was possible due to existing strong local connections and to the support of local settings (supermarket). People also were willing to be creative in their approaches to understanding how to harness the time and energy of local women.

Local women have reported feeling pride and connectivity within their community and being more actively supportive and connected to their neighbours. For example, one woman is now regularly supporting an older neighbour who has not been able to leave her house for months due to health problems.

Vulnerable individuals, often older people, have been able to ask and receive help from people from their street or neighbourhood. They have been in regular touch with someone they often didn't know previously with a greater sense of neighbourly connection.

WoW will be continuing to use this newly developed model within the community for the future."

If you are interested in exploring something similar in your area or to find out more, please get in touch.
hcis.collaborative.communities@nhs.net

Healthcare Improvement Scotland | ihub

Developing a community-led prescription service

Urras Oighreachd Ghabhsainn: Western Isles

How a community trust worked with local GP practices to ensure that people living in rural Scotland were able to get their prescriptions during lockdown

"being led by a community organisation has been key to enable the development of this service"

Lisa MacLean, Chief Executive, Urras Oighreachd Ghabhsainn

What was the community need?

Two GP practices provide primary care services for the Galson Estate communities. They had developed a successful system to provide medicines for the local community by delivering prescriptions to a range of collection points across the local area e.g. local shops.

It was anticipated that the current medicines service would not be appropriate during the COVID-19 period due to the significant number of people in the community who were shielding.

Recognising the established role Urras Oighreachd Ghabhsainn has in connecting across the community the GP practices approached the organisation to ask if they could find an appropriate solution.

Background to the community organisation

Urras Oighreachd Ghabhsainn (UOG) is a community-owned estate of 56,000 acres of coast, agricultural land and moor in the North West of the Isle of Lewis in the Outer Hebrides of Scotland. The estate comprises 22 villages with a population of nearly 2,000 people. The estate passed into community ownership on 12 January 2007 to be managed on their behalf by the UOG.

"A *thriving* and *well-connected* community with *excellent local services* and amenities, harnessing its *natural assets* to sustain a unique *cultural and social* environment."
UOG vision for the future

UOG manages a range of projects that focus on the relief of poverty, the advancement of education and employment opportunities, provision of housing, development of communication links and conservation of the environment.

What was done differently?

UOG worked in collaboration with local GP practices to develop a prescription delivery service for people living within the community. The service utilises a small number of volunteers with up to 100 prescriptions delivered each day.

The service is coordinated by an UOG employee with collection times agreed with each GP practice. To limit concerns associated with access to potentially high-risk medicines the volunteers making the deliveries are screened, training is provided, and the same volunteers are used each day.

The volunteers pick up the prescriptions and deliver to each home individually. The prescription bag will never be opened by the volunteer and will only be delivered to an adult within a household following confirmation of identity.

The volunteers are also able to use this opportunity to have a chat with people and check that everything is ok. This is especially important where the individual is older and living alone. If there is a need for any additional services or support this can be identified, and solutions found e.g. referral to shopping service.

Experience of change

The service has been positively received and in addition many people have commented on the value of human contact.

"The prescription delivery is just wonderful. One's family isn't always available to collect, whether it be work or young families that prevent that. Certainly one of the bright spots in the midst of this gloomy time in our lives. So thankful to those who are willing to help us."

Key Insights:
Lisa MacLean, Chief Executive, UOG

"On reflection, being led by a community organisation has been key to enable the development of this service. We were able to build on existing, trusted and established relationships with communities. We were also able to be flexible in our assessment of risk, to implement mitigating factors to reduce risk to an acceptable level and therefore have the confidence to implement the service.

Crucial to success was the collaboration with primary care services and the support from practice managers to not dictate terms but to develop a flexible approach that is led by and works for the community.

An initial challenge for volunteers was to find the right houses as many homes are not numbered. We realised this caused difficulty for lots of people so have recently secured funding for a house numbering project. This will ensure a legacy benefit for a wide range of services e.g. emergency services, social care providers, delivery drivers.

I feel that during the COVID-19 period the community prescription service is providing a better option for people than the traditional service. However we will look to engage with the community to understand their longer term needs before making decisions to continue."

If you are interested in exploring something similar in your area or to find out more, please get in touch.
hcis.collaborative.communities@nhs.net

URRAS OIGHREACHD GHABHSAINN
GALSON ESTATE TRUST

Healthcare Improvement Scotland | ihub

Supporting online connections

Learning Disability Group of Aberdeen and Aberdeenshire (in partnership with Grampian Opportunities and AMS Homemaker Services)

How a community group built capacity across its membership to stay connected online during COVID-19

"This was a good example of what we can achieve when working together to do things differently."

William Rae, Chairperson, Learning Disability Group of Aberdeen and Aberdeenshire

What was the community need?

COVID-19 and lockdown measures have had a significant impact on activity of many local groups and organisations. Many groups have adapted quickly by using technology to provide online support and opportunities.

The Learning Disability Group of Aberdeen and Aberdeenshire (LDGA) was keen to organise virtual meetings in order to maintain the campaigning activity of the group. There was also concern that members would be at risk of social isolation if meetings stopped. However, as members were used to meeting in person, some potential barriers to involvement were identified for example confidence and skills to use technology and access to equipment.

The group came together with Grampian Opportunities and AMS Homemaker Services to explore the best way to support its members.

Background to the community organisation

The LDGA was set up to ensure that people with a learning disability are listened to. The group has 15 members who meet monthly with an aim of raising awareness of rights and improving local services through local campaigning activity.

Grampian Opportunities are a local community organisation focused on person centred support. They provide ongoing support to the LDGA to meet, develop skills and involve others.

AMS Homemaker Services are part of the North East Scotland Support and Wellbeing Cooperative that works to increase the variety of local flexible support options. They support LDGA by arranging for some members to attend meetings and other events.

How was this different?

The challenge was to build skills and confidence to encourage LDGA members to try different ways of connecting. The organisations worked together to provide support to each group member, taking time to understand anxieties and practice step-by-step processes.

Many issues were identified about connecting online which required support as caused frustration and could make people want to give up. These included:

- anxiety about security issues
- following instructions around connecting
- feeling comfortable to contribute, and
- letting people know when you want to ask a question.

Meetings are running using Zoom with around six people joining each session. After each meeting, the group review what has worked and what could be learned and improved on for next time. For example, the chat function was creating challenge as it requires reading skills, so the group have decided to use the hand up function to ask questions.

Support has also been provided to apply to the Connecting Scotland fund for additional tablets to enable more members to join in activity in the future.

What was the response from the community?

"I have never done anything online before, Sylvia (support worker) came along and was there for the meetings, helping me connect and get more confident. I am going to be getting my own tablet so I can join in myself soon."

David Imray, Group Member

Key insights: Alastair Minty, volunteer fundraiser, Learning Disability Group Aberdeen and Aberdeenshire

"It took a coordinated effort and time from those involved to make this workable, the vast majority in people's own time. The organisations involved have a long history of working collaboratively and in a person-centred way. There was no issue of one organisation taking the lead, we worked on it as equals.

It was essential to understand the barriers for each individual member of the group and to give enough time and space to explore solutions that built confidence. We also looked at who was best placed in each organisation to support each person and ensured input was at a pace that suited that individual. It would have been easy to provide a generic solution but the time and effort working out the individual issues was well worth it. Moving forward it is important to hold this learning and to recognise the importance of allowing this time.

Group members have these skills and ways of connecting going forward and can use these to continue to improve connections and build resilience as a group. The group is keen to explore a different approach to meeting s in the future with more of a mix of online and in person.

Feedback so far has suggested that our activity has helped address the considerable anxiety people felt by being online – however it is still a work in progress."

If you are interested in exploring something similar in your area or to find out more, please get in touch.
hcis.collaborative.communities@nhs.net

Learning Disability Group of Aberdeen and Aberdeenshire

Grampian Opportunities
Empowering people to find their way forward

North East Scotland Support & Wellbeing Cooperative

Healthcare Improvement Scotland | ihub

A neighbourhood approach to community wellbeing

Kinning Park Complex: Glasgow City

How a community organisation took a proactive outreach approach with the local community to support mental health and wellbeing during COVID-19

"as an organisation we have been more proactive and the success of this is key learning for us"
Martin Avila, Kinning Park Complex

What was the community need?

The potential impact of COVID-19 on the mental health and wellbeing of the population was widely recognised - this was expected to be particularly true for people living in vulnerable situations. The Kinning Park Complex, a community organisation with a role in supporting health and wellbeing, were aware of existing mental health issues within the local community and were concerned about how support could continue to be provided during lockdown. They were also aware of the risk of increased isolation for older people during this time due to a reduction in services and the impact this could have on mental health.

With strong connections and relationships in place across the local community, the Kinning Park Complex were well placed to identify and understand local needs and ensure appropriate services and support were developed.

Our communities are empowered to look after themselves and each other

Our communities have access to the goods, services and support that they need

Our communities are connected

Background to the community organisation

Kinning Park is a neighbourhood in the south west of Glasgow with significant economic and ethnic diversity. A number of local groups in the area provide support for residents in terms of food security, access to education, digital inclusion and financial aid.

The Kinning Park Complex is a community space that brings people together with access to activities, meeting rooms for local groups and a community café. As a 'community anchor' organisation, it has a role in building capacity and providing support to smaller local groups.

The Kinning Park Complex runs a health and wellbeing service funded by Glasgow City Health and Social Care Partnership (HSCP). The project employs a mental health nurse and is provided through the community cafe. It offers informal support and aims to identify and support people pre-crisis to improve their mental wellbeing and reduce social isolation.

How was this different?

The Kinning Park Complex changed the way they engaged with, and supported, the community. Previous activity focused on bringing people into the complex however the new approach took engagement to people's front doors. Flyers were distributed to every household, with additional promotion through local shops and community radio. People got in touch with a range of different requests for support, and services were then developed to respond e.g. delivery of food parcels, equipment to support home schooling. 150 households are being supported in the local area.

A key element of support has been around mental health and wellbeing and reducing social isolation. This is being delivered through wellbeing visits and calls. By visiting households to provide food services, staff have been able to build trusting relationships with a large number of individuals that enable open, honest and supportive conversations to develop.

Details of services are listed on the Glasgow Helps website which is being accessed by a wide range of local organisations. Referrals to the Kinning Park Complex are being received from Glasgow City HSCP and a range of third sector health and social care organisations.

What was the response from the community?

"This has been the first time that we have directly received referrals from the HSCP, something we have been keen to make happen for a while. So far the development of these services has been reactive, which is understandable, what we need going forward is to get a the wide range of stakeholders round the table and co-create new models of partnership and service delivery going forward."

Racheal Smith - Operations Manager, Kinning Park Complex

Key insights:
Martin Avila, Director, Kinning Park Complex

"By targeting the whole neighbourhood we have engaged with people we previously had no contact with. Services are for everyone which has reduced stigma and Increased the number of people we support. This in turn has broadened the range of needs we are identifying – many of which are not directly related to COVID-19.

As an organisation what we have learned will support our future planning. We want to be more proactive in meeting needs, and to work with stakeholders in a more coordinated way. We have seen the value of our role in supporting health and wellbeing within our neighbourhood and are keen to build on this for the future.

We have had more engagement with the local HSCP which has been really positive. Moving forward we want to work with the HSCP in a more systematic way to consider:

- How do we bring together stakeholders to identify the needs of the community?
- How are resources allocated - what support can be adequately delivered by the third sector and what requires public sector support?
- How do we build capacity to support partnership working?

We all have similar outcomes we hope to achieve - to create healthy and resilient communities."

If you are interested in exploring something similar in your area or to find out more, please get in touch.
hcis.collaborative.communities@nhs.net

KINNING PARK COMPLEX Community Centred

Healthcare Improvement Scotland | ihub

Section Two: Emerging Community Service Needs in Integration

The place, home and housing team supports improvements to strategic planning and housing services to provide people with a home environment that supports greater independence and improved health and well-being.

What we did

As COVID-19 started to have an impact in Scotland it was clear that not everyone would experience the pandemic in the same way.

Well documented key issues around health inequality were likely to be immediately exacerbated by what felt like a force of nature/exacerbated by current circumstances. Suddenly vulnerability had such currency and our public health measures required diligence, compassion and a need to stay safe to protect everyone and as a housing professional, within the health system during this time, it felt critical to recognise that there were very many existing community based services that are, in some ways, the first line of defence.

During the lockdown period we spoke to a number of partners across housing, homeless services and community based providers to understand their responses to the virus and how they were providing essential services. Allies, colleagues and partners welcomed the opportunity to take stock, reflect and help us share with the wider system the key themes they were experiencing.

Reflections

Providers and strategic leads shared such depth and we distilled this into key messages:

- trusted relationships in delivery were key
- the role of the third sector in supporting people was crucial
- social isolation and loneliness was evident and significant
- existing inequalities were exacerbated
- digital delivery of services worked, but not for all
- restrictions relating to funding and commissioning are a barrier to delivering truly person-centred care
- inclusive approaches included taking services to people
- the involvement of front line organisations and people with lived experience is critical to redesign, and
- some felt left behind and out of the loop by NHS system response to COVID-19.

The insight we have gained from these conversations are critical to ensuring we build back better in our role as an improvement organisation. We must ensure that we remain focused on reducing inequality across the totality of our work in order to turn the tide on the inequity of health outcomes.

If COVID-19 has taught us anything it is that there is no place like home.

Healthcare Improvement Scotland | ihub

Flash report

Inclusion: COVID-19 Health and Social Care Learning in Scotland

28 July 2020

info@ihub.scot

@ihubscot

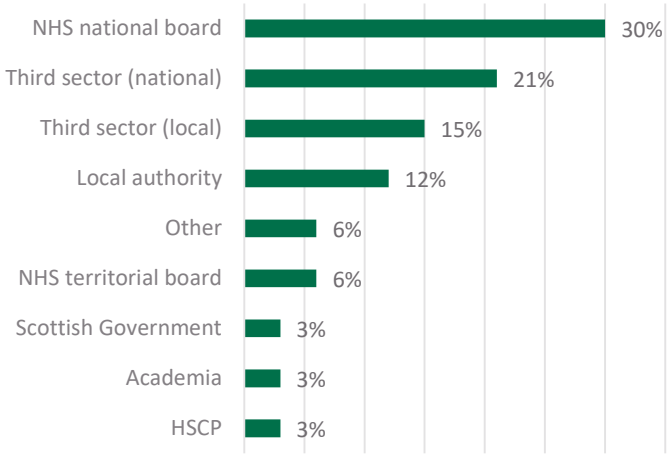
Background

With the focus on providing a rapid response to COVID-19 and the changing way health services are provided, there is the potential for inequality to be exacerbated by social distancing and a reduction in face to face services.

Many of the restrictions put in place have resulted in increased isolation and loneliness for people which is having an adverse impact on their health and wellbeing.

This discussion session focused on understanding how the system has responded to meet the needs of people experiencing homelessness during the pandemic and to identify the key lessons we can learn to inform the design and delivery of services post COVID-19.

A total of 101 people attended the online discussion session from a range of organisations



Speakers

Marion Gibbs, Homelessness Team Leader, Scottish Government

- The sector was very quick to mobilise around the priority of housing people who were rough sleeping.
- Work around rapid rehousing and transition plans has been accelerated.
- There were significant improvements in the efficiency of the process around rehousing

Maggie Brunjes, Director, Glasgow Homelessness Network

- The near eradication of street forms of homelessness should not be undervalued and it is very important that these gains are maintained
- Organisations working collectively, to the same goals, had a big impact
- The strong community response gave people more options and was a lifeline

Hugh Hill, Director of Services, Simon Community Scotland

- There were big challenges around people hearing about and complying with public health messages
- Getting people into hotels within 72hrs demonstrates what is possible through collective action
- As people were in hotels and relatively static it was possible to support access to health services such as GPs and smoking cessation.

Panel discussion

How will the experiences of COVID-19 impact current transformation plans?

- Services will be looked at through the lens of what has been achieved during the pandemic
- It is important to properly capture the lessons around what has been done and make sure there are no gaps

How do we make sure that the health needs of people are being supported?

- There are a lot of local initiatives supporting the health of people experiencing homelessness, however, this needs to be better joined up and expanded
- Once people are housed, better links with health teams can be made
- Effort needs to be made at a strategic planning level to join up housing and health

How are we ensuring that the views of people experiencing or who have experienced homelessness are heard and used to inform the design and delivery of services?

- All in for change provides the vehicle for 'planning and policy' to plug into 'practice, place and lived experience' in a connected, informed but informal way
- It is driven by a Change Team of people with frontline and personal experience of homelessness
- The Change Team are represented on the Scottish Government's Homeless Prevention Strategy Group

Useful links

Everyone Home Collective – Triple Lock

Housing and Rough Sleeping Action Group: talking homelessness following coronavirus

Further information on the work of the Homelessness Network Scotland

All in for Change & The Change Team

Feedback from participants

Great session and will be really helpful in our recovery stages for Homeless Services in local authorities.

Thank you, very interesting and such great work being done.

Fantastic session incredibly informative interesting and well done

What's next?

Our next Inclusion learning discussion will be:

Community Resilience and Inclusion: Key lessons in building our new reality
Tuesday 25 August 2020
13:00 - 14:30

The session will explore the critical role community based organisations can have in building resilience whilst adding significant value to the local health and care system

How NHS 24 worked with other health providers and community groups to improve access to COVID-19 information for people with communication differences

"We recognised there wasn't any point in having translations without effective community engagement."

Davie Morrison, Participation and Equalities Manager, NHS 24

What was the emerging need?

At the start of the pandemic, NHS 24 quickly identified the need for essential information on COVID-19 to be made available in a range of languages and formats. This was to keep people safe and maintain the population's health and wellbeing during the pandemic.

To identify and meet the need for information, NHS 24 engaged with each NHS board, clinicians and community groups. Early priorities included developing content in Urdu, Polish, Romanian, British Sign Language (BSL) and Chinese. Later, information for the Bengali community was also established as a priority.

As evidence emerged the disproportionate impact on people with disabilities and those from Black, Asian and minority ethnic communities, ensuring the information was accessible to all people living in Scotland was critical. Working with local communities and clinicians was also identified as key to the success to ensure that the essential information reached those who needed it - engagement and trust formed a core element of the response.

Background to the response

NHS inform is Scotland's national health information service. The website is the main source of COVID-19 information for people living in Scotland. Before COVID-19, NHS inform had limited translated information in languages other than English.

Information in other languages was available within the health rights section of the website and Browsealoud functionality provided website visitors with some choices in relation to accessing information in alternative audio and visual formats.

NHS inform also provides content in BSL following the introduction of the British Sign Language National Plan in 2018.

Given the seriousness of the pandemic and the prevalence of inaccurate information on COVID-19 it is critical that the information hosted on NHS inform reaches everyone in Scotland.

How are things different?

NHS 24 created a new process using translators to develop content in languages other than English. Previously, a tool was used which used Google translate but these translations did not pass NHS 24's quality assurance checks for standards of clinical advice.

NHS 24 were able to use translators in a way they were not able to previously - the overall availability of translators across Scotland increased as face-to-face appointments had reduced. Working with the Scottish Government and translators from NHS Greater Glasgow and Clyde and NHS Lothian, content was developed for NHS inform, replicating the same content that was available in English.

A glossary was developed as nuances in the way the interpreters were translating were discovered. NHS 24 was then able to refine this to make it more relevant for the people of Scotland.

To get the information about COVID-19 out to communities across Scotland, NHS 24 developed a toolkit. This was sent to over 300 community contacts across the health and social care landscape, including third sector organisations such as the Health and Social Care Alliance Scotland, Disability Equality Scotland and deafscotland for onward distribution.

In addition to creating content in other languages, resources were also created in easy read and audio format.

Feedback received by NHS 24 included one community association disseminating the relevant documents to their community in the major cities in Scotland through workshops, social media and community newspapers.

Key insights:
Davie Morrison, Participation and Equalities Manager NHS 24

"Alone we would not have been able to have the reach across communities. The toolkit has been a success because knowing who we can work with in a community has made it successful.

The biggest challenge at the outset was getting the information translated and cost to do that. Cost should not be a factor, but it is. We worked to identify which languages to translate to offer languages which had most benefit.

By the end of July 2020, there was over 2 million views of our COVID-19 hub, our British Sign Language area had over 11,000 hits and our easy read areas had over 24,000 hits.

Developing trust was crucial. Working with clinicians was important to ensure consideration was given to asylum seekers. We were also working with the third sector and relied on them to share information with communities.

There is still a focus on our community engagement to get the information out to communities, everyone recognises that the translating is not the end of the task."

If you are interested in exploring something similar in your area or to find out more, please get in touch.
hcis.phh@nhs.net

How ALLIANCE Community Links Practitioners working in deprived areas of Glasgow are engaging differently during COVID-19

Community Links Practitioners project, Glasgow

"People's needs aren't necessarily new, a lot of the need is pre-existing but more acute now."

Frankie Rose, Community Links Practitioner, the ALLIANCE, Govanhill

What was the emerging need?

The Health and Social Care Alliance Scotland's (the ALLIANCE), Community Links Practitioners (CLPs) have strong links with the communities they support across Glasgow. This enabled them to pick up on and respond to emerging health and wellbeing needs as the impact of the pandemic began to be felt by communities. The key areas of need which emerged with greater significance were:

- mental health including anxiety and low mood
- social isolation and loneliness
- support with translation and access to interpreters
- support to collect prescriptions, and
- support with using digital health and care services, e.g. Near Me.

The following groups have been particularly affected by COVID-19 and the lockdown:

- asylum seekers
- older people, and
- people who do not speak English.

Background to the response

The ALLIANCE's CLP are based in DEEP end GP practices in Glasgow and provide a link between community resources and primary care. DEEP end practices serve the most socio-economically deprived areas in Scotland, based on the Scottish Multiple Index of Deprivation.

CLPs work across the whole population served by a GP practice and address almost any health and wellbeing needs. Prior to COVID-19 this would involve a face-to-face meeting during which there would be a conversation about what matters to that person. From this, a plan would be developed about how best to support that person. This could involve the CLP supporting someone to attend a local community group, or access another health service.

ALLIANCE
HEALTH AND SOCIAL CARE
ALLIANCE SCOTLAND
people at the centre

How are things different?

CLPs now provide support remotely

COVID-19 meant that all CLPs had to work from home. Currently it is not possible to offer face-to-face meetings and support is being provided over the phone or via video calls. This was challenging initially as many CLPs did not have the IT equipment and processes they needed from their GP practice to work from home. However, access to these was eventually secured enabling the CLPs to work more flexibly. CLPs have continued to work effectively within GP practices with referrals continuing to be made from GPs to CLPs.

Remote support provided by CLPs works well for some people

The flexibility the CLPs now have to provide remote support has worked well for people who experience social anxiety and acrophobia. Many of the CLPs reflected that they have developed stronger relationships with some of the people they support over the telephone and video calls and this is something that they would like to sustain beyond COVID-19. However, it was recognised that many people experienced digital exclusion, with challenges around accessing devices and internet, in particular for people experiencing poverty.

CLPs used their strong community links to make sure that COVID-19 information was provided in languages other than English

At the start of the pandemic most information on COVID-19 was only made available in English. As health services caught up with the need for information in other languages, the CLPs worked closely with community groups to translate information on COVID-19 into other languages and disseminate it. This included information about their own practice and how services had changed as well as general information on COVID-19.

Key insights: the ALLIANCE Community Links Practitioners, Glasgow

"There's a benefit for the links workers in terms of home working. It's often challenging for them to find a space in primary care settings. COVID-19 proves that although there is still a need to have a base within a primary care setting, some of their work can be done from home."

Roseann Logan, Community Links Manager, the ALLIANCE

"People who have never met me and have never seen me are opening up to me more, maybe it's because they are at home sitting comfortably on the phone speaking to someone they don't see. Whereas before they would have to go into the practice and sit in the waiting room, before sitting with me."

Frankie Rose, Community Links Practitioner, the ALLIANCE, Govanhill

"Meals, food and prescription issues were the main areas of need initially and the community groups stepped in in the second week of lockdown, long before statutory services. We set up a directory of local services for the GP and wider cluster and email this on a weekly basis to the team."

Gayle Weir, Community Links Practitioner, the ALLIANCE, Easterhouse

If you are interested in exploring something similar in your area or to find out more, please get in touch.
hcis.phh@nhs.net

Healthcare Improvement Scotland | ihub

Homelessness and COVID-19: an overview of equality considerations arising from COVID-19 and its impact on homelessness in Scotland

A framework to address the disproportionate risk and impact of COVID-19 amongst vulnerable communities

"The risk of homelessness, and the COVID-19 pandemic, is not distributed equally. Combined, the potential impact on people affected by homelessness was concerning and so we needed to set out clearly how to mitigate worst impacts."

Maggie Brunjes, Chief Executive,
Homeless Network Scotland

What was the emerging need?

People experiencing homelessness already face many barriers to accessing health and social care services.

COVID-19 has resulted in a rapid change to the way services are being delivered. Social distancing measures and restrictions on face to face contact have meant many services have moved to new remote models of care and engagement and this has the potential to exacerbate health inequalities for the most vulnerable people in our communities.

The risks and impacts of COVID-19 do not affect everyone in the same way. Evidence around the effects and impacts of the virus clearly show a disproportionate impact to those already experiencing disadvantage. It is therefore important to consider the additional impact on the protected characteristics of people experiencing homelessness to ensure that we are able to design and deliver health, social care, housing and homeless services that are sensitive to the needs and rights of people accessing the services they require.

Homeless Network Scotland recognised the need for a structured approach to considering equalities needs for people experiencing homelessness and developed an equalities impact framework to be considered when planning, designing and delivering services.

Homeless Network Scotland

Homeless Network Scotland began life in the 1980's as the Glasgow Council for Single Homeless. The initial focus was to bring together statutory and voluntary organisations to address the accommodation and social care needs of single homeless people.

As rights for single people increased, the organisation widened its remit to support everyone affected by homelessness and changed its name to the Glasgow Homelessness Network. The network played a key role ensuring the lived experience of people was central to the delivery of Glasgow's hostel closure programme.

Since then, and as a member of the Scottish Governments Homelessness and Rough Sleeping Action Group, the organisation has played a key role in helping to design a new approach to homelessness in Scotland and this nation wide remit was reflected in the renaming of the organisation to Homeless Network Scotland.

Today, Homeless Network Scotland works to create the policy and systems needed to resolve homelessness. As a network, it creates opportunities for people living and working with homelessness to connect, learn and act on it to help end it for good

What has been done to meet the emerging needs?

Homeless Network Scotland along with the support of a panel of expert reviewers from across the third sector, health, housing and academia have developed an **equality impact framework** to consider the additional impacts of COVID-19 on people experiencing homelessness in Scotland.

The framework is aimed at planners, policy officers and decision-makers within the Scottish Government, health, social care, housing, local authorities and the 3rd sector to help direct and signpost organisations and to act as a useful guide to inform the delivery of policy and services during and after the pandemic.

The framework identifies the additional impacts of COVID-19 and the mitigating actions organisations can take across all of the protected characteristics contained within the Equalities Act 2010 to ensure inclusiveness when accessing services:

- pregnancy and maternity
- religion/belief
- gender
- age
- socio-economic status
- disability
- LGBTQ+, and
- race.

The framework goes a step further and also provides guidance and information in relation to additional groups not included in the current protected characteristics that should equally be considered when planning for and delivering services:

- veterans
- people leaving prison
- people seeking asylum, and
- people who are being trafficked.

Want to find out more?

You can download a copy of the framework by visiting: https://homelessnetwork.scot/wp-content/uploads/2020/04/Equalities-Homelessness-and-Covid-19-v270420-PUBLISHED.pdf

Why was this important to produce and how can organisations use the framework to ensure the impacts of COVID-19 on different groups are considered?

It was important to produce this framework because homelessness, and the pandemic, have a disproportionate impact on people at the sharpest end of social and economic inequality. Combined, this created concerning potential conditions for people affected by homelessness in Scotland.

Careful consideration of the impacts on protected groups who also experience homelessness will help organisations provide services that are person centred and mindful of the needs of the people they are trying to serve. This can help to remove the historic barriers to accessing services previously experienced by people in our most vulnerable communities.

The framework can be used to inform how services are planned for and designed to ensure that they are inclusive and accessible for all. It outlines the priorities to be considered, the additional impacts particular groups may face due to COVID-19 and provides guidance on how organisations can mitigate against these additional impacts when planning and delivering services.

This framework assists local and national organisations to tailor and target decisions, actions and resources with due consideration to protected characteristics. It encourages and highlights how organisations can go beyond the first 'homeless label' to personalise responses that are sensitive to existing inequalities.

Several hundred downloads of the framework have been made from organisations in Scotland and beyond. It has fed into the Scottish Parliament Equalities and Human Rights Committee evidence sessions and the work of the Minister appointed action group on homelessness.

If you are interested in exploring something similar in your area or to find out more, please get in touch: hcis.phh@nhs.net

Healthcare Improvement Scotland | ihub

Using NHS Near Me to provide health services to people experiencing homelessness

NHS Lothian, Edinburgh Access Practice

"For very little cost we can create a high health and wellbeing gain opportunity for a large number of our most vulnerable citizens"

Doneil Macleod, Practice Mental Health Nurse, Edinburgh Access Practice

What was the emerging need?

People experiencing homelessness already face many barriers to accessing health services. The change in the way services are being delivered during the pandemic has the potential to increase health inequalities experienced by marginalised groups in the community.

With the restrictions on face-to-face contact and the requirements for social distancing brought about by COVID-19, access to services for people with complex and multiple needs became more difficult and in many cases the services were no longer available. In order to help reduce the spread of COVID-19 and to support people experiencing homelessness to have their health needs met, a new way of delivering services was required to ensure people can access the help they require in a way that protects staff as well as patients.

Staff at Edinburgh Access Practice identified the use of NHS Near Me video consulting facilities as a potential way to provide services that had not been possible to deliver during the pandemic. However, many people experiencing homelessness do not have access to a device which would enable them to use Near Me to access the service. The practice recognised the need for kit and support and successfully sought funding to buy laptops for people experiencing homelessness to use which were distributed across homelessness accommodation sites in the city.

Background to the response

Edinburgh Access Practice

The Edinburgh Access Practice provides a range of health services to people experiencing homelessness including GP surgeries, mental health, addictions and midwifery. Traditionally, services have been delivered via outreach services or face to face consultations at any of the two practice facilities in the city. The practice is committed to addressing health inequality and helping to improve the health and wellbeing of the city's most vulnerable citizens.

NHS Near Me

NHS Near Me is a video consulting service that enables people to have health and social care appointments from their place of residence or wherever is convenient. Video consultations are carried out using an internet connection and a smartphone or device.

Edinburgh Health and Social Care Partnership

How are things different?

The practice purchased five reconditioned laptops using funding from the NHS Lothian COVID-19 Emergency Fund and Edinburgh Lothian Health Foundation (EHLF). The aim in developing video consultations was to enable those from marginalised communities to have access to healthcare and replace, as far as clinically safe and possible, face-to-face consultations in order to protect staff as well as patients.

Using existing trusted relationships with homelessness organisations, including the Bethany Trust and the Simon Community Streetwork team, the laptops were then distributed and installed in homelessness accommodation sites across the city.

In consultation with the accommodation sites a virtual clinic timetable was created to provide a dedicated time for patients in the various accommodation sites to access the service. In order to support people to use the service, the practice also produced detailed user instructions and a patient leaflet.

Using Near Me, the team is now carrying out virtual video consultations to enable a reduction in footfall to the practice and reduce face-to-face contacts during COVID-19 restrictions.

These video conversations have, for example, resulted in collaborative decision making around:

- accommodation issues
- prescribing
- safer management of mental health distress, and
- mitigation of physical ill health.

Where other services are required during individual consultations such as pharmacy or addictions services, staff are able to invite clinicians to join the call via text message. This allows for patients' wider needs to be addressed using a more coordinated approach.

Key insights: Doneil Macleod, Edinburgh Access Practice

Increased access to health services

"Using this model in all venues with instructions for use and basic training for staff, we could offer a virtual clinical consulting service to all accommodation providers in homelessness services. For very little cost we can create a high health and wellbeing gain opportunity for a large number of our most vulnerable citizens."

Provides a person-centred approach to care

"There's a dignity in it that I hadn't accounted for or expected in some ways. It's allowing a specific time to be put aside for an individual, the staff put aside the space and look after the laptop, there's a lot of little kindnesses that happen around the service."

Opportunity to undertake a multi-disciplinary approach to addressing people's needs

"I'm bringing other clinicians onto the calls, like pharmacists for instance. It's about letting the patient know that you're not just important to me, you're important to a lot of services and I'm trying to make connections with them for you."

Building relationships

"By using this digital platform as a relationship tool we have been able to maintain a focus on care during COVID-19 restrictions, a hugely important intervention for people already heavily disenfranchised even without the restrictions."

If you are interested in exploring something similar in your area or to find out more, please get in touch.
hcis.phh@nhs.net

Edinburgh Health and Social Care Partnership
Healthcare Improvement Scotland | ihub

How community connectors utilised trusted relationships to meet unmet need during COVID-19

Cernach Housing Association

"In order to succeed you must be trusted by the community – this is fundamental."

Ted Scanlon, Community Connector, Cernach Housing Association

What was the emerging need?

The community response to COVID-19 in Drumchapel was immediate and wide-ranging. The Community Connecting Team recognised the need to take a step back and think about how best to meet need in a strategic way. To do this, intelligence on unmet need was gathered from Cernach Housing Association, some community groups , coupled with the team's knowledge of local issues and a touch of intuition! From this two priorities for support were identified which was shared by Ted Scanlon, a Community Connector with the Cernach Housing Association:

Support for people who were furloughed and found it challenging to access the government's support scheme

"Self-employed people in the community such as hairdressers, taxi drivers, window cleaners etc. have been left with no income stream due to COVID-19 and the lockdown restrictions."

Support for people caring for family members with additional needs.

"Through engaging with local schools and the five community-based housing associations, we identified that families where there are additional support needs are also feeling the impact of COVID-19 in terms of financial hardship and respite from caring responsibilities."

Background to the response

The Thriving Places strategy in Drumchapel was set up through Glasgow City Council and the North West Health Improvement Team and is one of ten Thriving Places across Glasgow. Cernach Housing Association is the anchor organisation and the Thriving Places team engage with a wide range of statutory and voluntary organisations who have a presence in Drumchapel.

The Thriving Place team is based in the Chest, Heart and Stroke charity shop in Drumchapel and consists of three local people - Charles Bailey, Tracy McKenzie and Andy Lynch together with Morven Clark, the monitoring coordinator and Ted Scanlon, the community connector, all of whom have been engaging as a team with the community since 2016.

The COVID-19 lockdown has meant that the face-to-face support provided by the team in the community has had to be put on hold, with support now being offered remotely.

Based on the intelligence gathered on the need in Drumchapel, the team successfully applied for £40,000 of funding from the Scottish Government's Supporting Communities Fund.

How are things different?

A new form of support has been set up to meet community needs directly

"Once we identify where support is required, we provide people with money to support them, reaching a maximum of £500 so far, as each family's circumstances differ. This is administered by Cernach Housing Association using its financial structure. Funds are sent to the recipient's bank account through Cernach. "

Social distancing has changed how support is being provided to the community – potentially meaning lost contact with some people

"Prior to the introduction of restrictions and the need to work from home, we engaged with the community from the Chest, Heart and Stroke charity shop situated in the local shopping centre. This made us visible in the community. The shop had coffee making facilities, IT support and access to free Wi-Fi. This meant that we would see lots of different people in the community, often dropping in for a coffee at first but engaging with us over time. Unfortunately, we are not seeing these people at the moment."

Existing needs have become more pronounced since COVID-19

"The issues faced by people in the community may become more pronounced post COVID-19, and there is particular concern around unemployment, increased physical and mental health as well as poverty in general. COVID-19 has highlighted existing issues we already knew were there."

Ted Scanlon, Community Connector, Cernach Housing Association

Key insights:
Ted Scanlon, Community Connector, Cernach Housing Association

Strong connections between local organisations and communities have made it possible to find out about need and meet it rapidly

"We have been able to act quickly due to the existing partnerships and community structures. As a community organisation we know Drumchapel and our intuition and local knowledge has allowed us to identify those most in need."

The structure provided by Cernach Housing Association has enabled support to get out the door to where it's needed

"Cernach is the anchor organisation for Thriving Places allowing us to use its structures to channel funds directly to Thriving Place people that need them. Ever since the start of Thriving Place in 2016, Cernach has always facilitated and supported anything we need - demonstrating its ability to look beyond its own tenant base, reaching out to the entire population of Drumchapel for the good of the whole community."

Being a trusted organisation is a key enabler

"There is a strong value base within Cernach, the Thriving Place team and partners, all of which benefits the community. In order to succeed, community workers must be trusted by the community – this is fundamental! We believe that in Drumchapel most people know who we are, what we are all about and trust us."

If you are interested in exploring something similar in your area or to find out more, please get in touch.
hcis.phh@nhs.net

Healthcare Improvement Scotland | ihub

How housing associations used their status as community anchors to address need during COVID-19

Govan Housing Association, Linthouse Housing Association and Elderpark Housing Association.

"It's been a complete revelation in terms of urgency and the need to turn things around quickly to get money to targeted needs."

Fiona Dickson, Glasgow City Council

What was the emerging need?

Early in the pandemic Govan Housing Association, Linthouse Housing Association and Elderpark Housing Association recognised that people's needs were changing due to COVID-19. Through informal telephone and in-person check-ins with residents they found that many people needed help with things such as:

- food provision
- supply of household essentials
- welfare and fuel poverty
- mental health
- digital inclusion
- access to information about COVID-19, and
- employability.

It was also recognised that many of the people who now needed support had no previous experience of seeking support and did not know what to do. In response to this, the housing associations came together to discuss how to met this emerging need.

This discussion led to a joint bid to the Scottish Government's Supporting Communities Fund to distribute resource to community organisations within Govan. £200,000 was secured and a Temporary Emergency Funding Group was set up. The role of this group was to distribute this new resource locally based on intelligence on need gathered from the community.

Background to the response

Significant inequalities persist within Govan, as shown by the Scottish Index of Multiple Deprivation. This is also supported by the in-depth understanding of community needs from each housing association's role as community anchor organisations.

Working to improve people's quality of life is a key part of the vision and values of these community-controlled housing associations.

Work had already taken place in Govan to improve people's quality of life through the Thriving Places initiative, established through community planning and supported by Glasgow City Council and the Health and Social Care Partnership. This recognised the assets available within Govan, in particular its people and the many community groups and charities operating in the area.

While the structures are in place to facilitate improvements in people's quality of life in Govan, it has been acknowledged that securing funding to sustain this has been a challenge.

How are things different?

A new group has been established to distribute funding across Govan

Govan Housing Association, Elderpark Housing Association and Linthouse Housing Association set up the Temporary Emergency Funding Group to distribute the funds secured from the Scottish Government's Supporting Communities Fund. The group includes representation from Glasgow City Council and NHS Greater Glasgow and Clyde. The housing associations had the corporate and governance structures necessary to distribute funding and were able to act quickly.

A new approach to uncovering and meeting need has been set up

This group developed a series of online surveys to find out what the community's needs were and circulated this among local organisations, social media groups and housing association residents. The latest survey received 140 responses and this guided the distribution of the first tranche of the Supporting Communities Funding. These surveys complement activity carried out by each housing association to uncover need across the whole community by knocking doors and asking residents whether they need any help or support.

Need is being met in the community directly and in a coordinated way

So far, 12 community organisations have received funding through this process. The group were able to take a strategic approach to meeting need by establishing the priority needs within Govan through a ranking exercise. This involved consultation with the community via a survey. This process has been transparent, with the decisions of the Temporary Emergency Funding Group being made available online.

Key insights:
Irene Campbell, Linthouse Housing Association

Housing associations status as community anchors enabled a rapid and strategic approach to meeting need

"Community anchors are key organisations who are used to developing strategy and moving through change quickly, they're also regulated with existing governance which is good and quick to serve the community."

New need is being picked up by housing associations during COVID-19

"Mental health, unemployment figures increasing - people who were in, what they thought, were safe jobs are now out of work. A lot of people work in the hospitality industry or on zero hour contracts and it's going to be challenging for parents to get kids back into routines."

This joint work will be continued beyond the immediate crisis and into recovery

"Naming the partnership as an emergency response group was due to political terms but we hope to keep this going because the tenants are already in one of most deprived areas of Glasgow. Even after lockdown there will be implications, this is not an affluent region so health and financial pressures will remain for some time."

If you are interested in exploring something similar in your area or to find out more, please get in touch.
hcis.phh@nhs.net

Collaborative communities: maximising expertise, minimising duplication

Centrestage

"What we recognised really early doors is the willingness of other partners and agencies to mobilise together…we've always worked with others, but you just saw a real energy of people wanting to come together and work to support communities."

Andrew Swanson, Organisational Development, Centrestage

What was the emerging need?

Through its work 'to build energetic and inclusive communities with the arts at the heart', Centrestage, with its theatre, café and other activities, has become integral to its community. Even before COVID-19, Centrestage was aware that levels of food, poverty and poor mental health had been increasing in the communities around Kilmarnock. This was due to isolation and loneliness and experienced by all ages. When its theatre had to close in March, the vital formal and informal supports that were provided year round, for many people, ended.

Already locally well-connected, Centrestage could immediately identify and contact members of their community whose wellbeing was likely to suffer significantly without the support of their community, and so, who might need some crisis support. They found that confinement, loss of usual routine and reduced social and physical contact with others frequently led to boredom, frustration and a sense of loneliness.

Through its work and effective local collaborations, Centrestage understands local strengths and needs. They had already begun to ask how that knowledge and cohesiveness could be better integrated into the health and social care partnership (HSCP) plans, rather than being seen as something separate. The COVID-19 crisis has made this need more apparent.

Centrestage
Fun, Food, Folk

Background to the response

Prior to COVID-19, Centrestage had a weekly footfall of over 2,000 people, of all ages and backgrounds, coming together for the arts and to eat in its community space. It also delivered activities in care homes, prisons, church halls and community centres across Ayrshire. This connected all participants into its theatre base in Kilmarnock. With sustained activities, including with schools and prisons, their community reflected a wide age range.

The Centrestage approach is shaped by a strong ethos of nurturing and fostering relationships. As a participant, Scott, said "I felt something I had never felt in my adult life… belonging. I went from someone with no voice, no choice, to someone that was in a choir group and the only question I was ever asked was, what do you want to sing?"

Through this approach they seek to address three key pillars:

- relieve poverty
- promote mental health, and
- support those who are isolated/lonely.

How are things different?

Whilst their three key pillars did not need to change, Centrestage knew they needed a new approach to meet the greatly increased need. Not leaving inclusion to chance, they planned how to reach those most in need under the new circumstances. They started by contacting those already part of the Centrestage community to re-establish the connection and identify where support was most needed. They also collaborated locally, initially for food delivery, and through this, extended their reach.

Centrestage reoriented completely from face-to-face activities. They addressed social isolation, mental health and wellbeing in various ways. This was done through a team maintaining phone contact and providing:

- mobile phones
- data top-ups
- writing materials
- stamps
- online interactive activities, and
- signposting other services.

Food poverty was addressed by daily preparation and delivery of food crates, including cooked frozen meals. These were prepared by local food companies Braehead Foods and Buzzworks. Toiletries, books and items for under 5's were also provided on request. These were delivered to over 1,000 households - almost 4 in 5 of the people who benefitted lived in areas of multiple deprivation.

A poem from Scott about Centrestage and his transformation:

I feel so welcome.
Feels like hame to me.
Like a bonnie family.
Feel no pain, far less strain.
It's good to be myself again.
The past in the past.
A story of hope.
A story of glory.
It's nae mystery.
Write yer ain history.

Already recognised and trusted locally, referrals began to come from a range of other organisations such as Community Justice, Social Work, Women's Aid, Action for Children, housing associations and Vibrant Communities. Those registered with Centrestage increased by almost 50% during April and May to 1,200. During May, 620 telephone contacts were recorded - a third dealing with food poverty, and almost a half addressing issues arising from social isolation.

Key insights: Andrew Swanson Organisational Development, Centrestage

What Centrestage did that helped: "We were reactive and responsive whilst staying clinically focussed on our expertise - ensuring basic needs are met through care and compassion. Key to that were good conversations that were caring, supportive and forward looking. We trained and supported our team to focus on 'what next' in conversations. We also knew who to reach out to locally where different expertise was needed."

People's needs: "We saw high levels of anxiety and fear, and a real reticence to connect with services. Many came to us sharing feelings of anxiety or something else wrong, and we were able to signpost and encourage contact with GPs and others. We also connected with people suddenly finding themselves without reliable incomes and with no experience of how to negotiate the system, such as benefits applications."

Cross-sector collaboration: "I was encouraged by how communities just came together - people stepping up in times of crisis. One of the greatest impacts on our relationships has been with Vibrant Communities and the HSCP which we found just seemed to cement. There was real reciprocity with what they were doing as well as a recognition of the benefits of pooling resources. We've also seen an increasing alignment between the HSCP and Vibrant Communities, and a recognition that housing is part of this too."

Future: "HSCPs can't do this on their own. I think what you've seen over the past 6 months with COVID-19, is that there is real expertise within the public and 3rd sectors that could be maximised. Less of a parental approach, particularly towards the 3rd sector, and more of a collegiate approach – if we were able to do that we would witness amazing change in our collaborative practice."

If you are interested in exploring something similar in your area or to find out more, please get in touch. hcis.phh@nhs.net

Centrestage Fun, Food, Folk

Healthcare Improvement Scotland | ihub

How the Sensory Impaired Support Group in Ayrshire developed sensory helps packs to reduce social isolation and loneliness during COVID-19

"I am delighted and overwhelmed by the positive response we have received from both our clients and local authority staff from this practical response to COVID-19 and beyond".

Denise McClung, Project Manager, Sensory Impaired Support Group, Ayrshire

What was the emerging need?

The COVID-19 lockdown led to the suspension of the majority of the Sensory Impaired Support Group's (SISG) sensory stations. These are places where people can get support with hearing loss as well as help with hearing aids. This meant that people who would have previously received help with their hearing aids at the stations, were no longer able to do so. SISG have in-depth knowledge of the need for support with hearing aids in the community from their work in Ayrshire and knew that this had to be sustained throughout lockdown.

This need included:

- guidance on how to maintain and clean hearing aids, and
- getting the tools and equipment needed, e.g. batteries, tools to keep hearing aids in good working order.

Without this support SISG knew that the social isolation and loneliness, that many people with hearing impairments experience, could get worse during COVID-19 should they be unable to keep their hearing aids in good working order.

Background to the response

The SISG in Ayrshire has three staff, 45 volunteers and 15 sensory stations across the area. At the sensory stations people can get support with:

- hearing aid batteries
- cleaning hearing aids
- renewing tubing
- advice and assistance on sight and/or hearing loss, and
- signposting and onward referral.

In 2019, SISG carried out a total of 5,103 visits to 1,895 older people with sensory loss. These visits took place within seven care homes, seven sheltered housing complexes, 33 homes and four hospitals.

S.I.S.G

Sensory Impaired Support Group

How are things different?

With many of the sensory centres unable to open due to social distancing, there was a need to provide as close to the same service for people who experiencing hearing loss as possible during COVID-19. This led SISG to use Lottery Funding to develop sensory help packs to send out to people who use hearing aids.

These packs include:

- hearing aid cleaning/maintenance tools: puffer, 3-in-1 cleaning tool, alcohol cleaning wipes, silica gel sachets and two packs of batteries
- sight loss tools: hand held magnifier and bump-ons, and
- support and guidance documents which include a list of local contacts.

Links with local community groups have been forged. The sensory help packs have been sent out with food packages where a need for both food and help with hearing aids has been identified. SISG have also created videos to help people maintain their hearing aids themselves. They also now offer support calls to those who need it in the Ayrshire area.

SISG have received positive feedback from people who have received the sensory help packs and another sensory support group in Scotland is interested in adopting a similar service for people with hearing impairments in their area.

Key insights: Denise McClung, Project Manager, Sensory Impaired Support Group, Ayrshire

"What prompted the development of the new service was that our clients were telling us that they weren't able to access audiology or their local opticians during the lockdown for a regular appointment due to COVID-19.

Our response was enabled through funding from the National Lottery to purchase the equipment required to make up these packs and distribute them.

In terms of the barriers we experienced, postage could be expensive. So our local partners, Voluntary Action South Ayrshire and the North, South and East Ayrshire Sensory Impairment Teams offered to distribute some packs too.

The impact on inequalities and inclusion has been tremendous. There was no way of individuals - older people with sensory loss - getting the tools to clean or maintain their hearing aids or have bump-ons or magnifiers to help them see when they are unable to access a new prescription for their glasses without the sensory help packs being issued to them.

Getting the guidance and tools they need has not only met their needs in relation to hearing loss, but it has also prevented many people from experiencing frustration and the social isolation and loneliness they are at risk of."

If you are interested in exploring something similar in your area or to find out more, please get in touch.
hcis.phh@nhs.net

Section 3: Strategic Planning and Commissioning

Prior to COVID-19, the majority of the direct support that we provided to the health and social care system was in the form of bespoke or tailored strategic planning support. These activities varied in their intensity, methods of delivery and duration.

What we did

When the COVID-19 crisis hit back in March 2020, the health and social care system across Scotland rapidly adapted to address the problems raised by COVID-19. New partnerships and collaborations were formed, a different approach to risk was present and a need to be responsive was emerging. This new approach was, in many cases, improving outcomes for people in Scotland. As a strategic planning team, we remained focused on planning and commissioning as we recognised that effective planning is crucial to meet the needs of individuals - if COVID-19 has taught us anything it, is that effective planning is needed now more than ever.

We shaped our COVID-19 related work around a 4 stage model that we developed during conversations with Anne Connor, Chief Executive of Outside the Box, an organisation that provides independent development support to groups and people across Scotland who want to make a difference in their communities. This model allowed us to support planning and commissioning colleagues throughout all of these stages. All of our objectives and activities were focused on how we could learn from what was happening locally and use this to feedback across Scotland, but we were also interested in looking at what we could learn for long-term improvement.

Reflections

COVID-19 has massively accelerated the pace of change in health and social care world. Leaders and staff have had to adapt to operate in a challenging and ever changing environment, where the only certainty is change. A clear narrative has emerged on an increasing necessity and urgency to plan across the health and care system underpinned by trust, collaboration, equity and sustainability. The need to work in this way to meet the needs of the population has been reinforced, e.g.:

- Angus HSCP developed a new collaborative relationship with their social care providers to ensure PPE supply, and
- Dundee City HSCP redesigned vital services by using 'Near Me' and a collaborative approach, to meet the needs of the young people using their services.

Stakeholder intelligence has highlighted a motivation to focus on redesign through the lens of strategic planning as was seen in Argyll and Bute HSCP's innovative response to the challenges of COVID-19 by investigating the feasibility of a drone delivery service operating in the Argyll and Bute region of NHS Highland. Throughout the whole pandemic, even now, clear communication has been vital as evidenced by how East Renfrewshire HSCP agreed with their providers to scale back their contract monitoring. This minimised service disruption and allowed commissioners and providers to prioritise essential support. They also agreed with their providers on a minimum data set that would allow them to plan strategically at a local level.

The leadership and professionalism shown by frontline planning and commissioning staff during the COVID-19 pandemic is testament to their commitment to their communities. Dundee City HSCP, for example, created a community outreach response for vulnerable groups using available resources. Strategic planners and commissioners have been at the fore of the response to the pandemic, leading innovation and improving the quality of care and support offered.
Based on our emergent learning including the demands and needs of the healthcare system, we have revised our delivery model to focus a dedicated and considerable proportion of our resources to respond to the system's needs in a structured, planned way and focus on significant issues which are relevant to many integrated joint boards and NHS boards. We will continue to maintain an element of bespoke support to maintain an active thermostat of the challenges and opportunities, providing practical assistance which will also facilitate the relevant transferable learning across Scotland.

Healthcare Improvement Scotland | ihub

Flash report

Collaboration: COVID-19 Health and Social Care Learning in Scotland

14 July 2020

info@ihub.scot

@ihubscot

Virtual Coffee House Conversation

We wanted to facilitate an open conversation to explore what "Collaboration" means in these current times in the context of planning and commissioning for the health and well-being of communities.

It was an opportunity to hear how collaboration is the key to successful transformation, and how you can increase collaboration within your organization and with others.

The guests were **Patricia Donnelly CEO of The Mungo Foundation** and **Kevin Beveridge Commissioning and Planning Manager at East Renfrewshire Health and Social Care Partnership**. Our presenter was **Edmund McKay Strategic Planning Advisor** from our Transformational Redesign Unit's Strategic Planning Team.

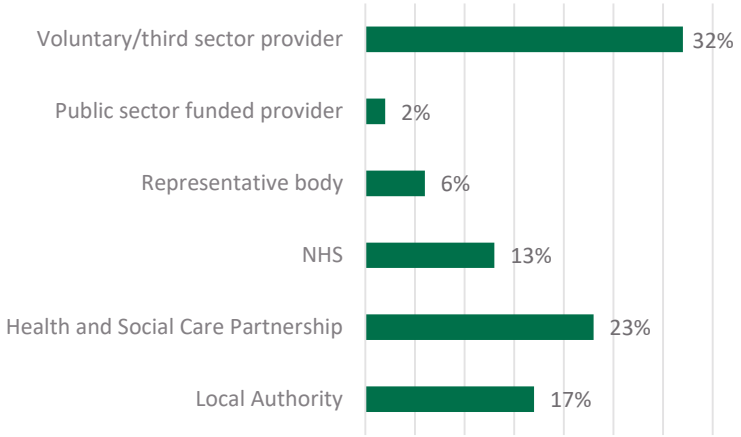
The conversation centred on three core questions:

1. How do we plan for collaboration?
2. How would you increase opportunities for joint leadership?
3. Is this an opportunity to reset relationships?

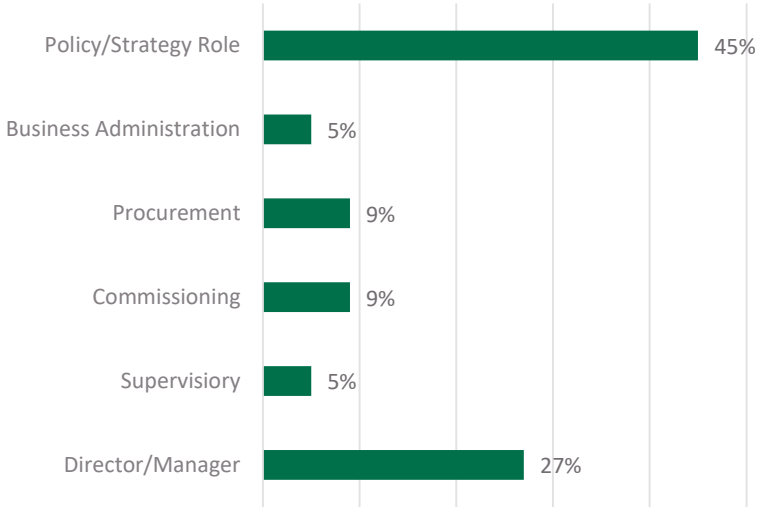
There was an opportunity for attendees to contribute to the discussion using Slido.

Things were kicked off by asking everyone – what does collaboration mean to you?

A total of 124 people attended the online discussion session from a range of organisations…



…and a range of roles.



Panel discussion

How do we plan for collaboration?

"Think long term"

- 'Collaboration fatigue' can occur as partners are asked to focus on something specific through a long process of test of change, piloting and launching.
- Changing priorities and challenges can result in disengagement – it is important to be open about how to come together again.

"Think big"

- Often the bigger picture can get lost when collaborating around a specific part of the system.
- It is important to keep asking questions – does this feel any different for people used to accessing a range of services? What does it say about the whole system?

How would you increase opportunities for joint leadership?

"We need to untangle leadership from hierarchy"

- Anyone can become a leader.
- The role of the hierarchical power is to amplify these voices and create the conditions for anyone to become a leader.

"Who does governance serve?"

- Governance arrangements are often focussed on protecting an organisation.
- Strict governance can stifle the initiative and creativity needed for leaders to emerge.

You said

- Empower collaborators, staff and volunteers to make decisions and take action.
- Create an open and inclusive environment which encourages the sharing of diverse perspectives.
- Support and develop those at different levels to become leaders.

Is this an opportunity to reset relationships?

"If we lose this moment we lose it"

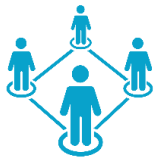
- A number of aspects of bureaucracy that have been switched off – this is an opportunity to pause and reflect before switching them back on.
- Services are beginning to 'seek the reassurance of the status quo' in the context of increased demand on services that had been stepped down.

"a real opportunity to re-centre our values"

- Before COVID-19 needs were not being met and there was huge failure demand, these are things that still need addressing.
- What the experience of COVID-19 has taught is that we need to think of health a lot more holistically – including the health of our workforce.

You said

- The third sector response has been rapid and essential– this needs to be recognised and be the starting point of new relationships.
- Power and resources need to be shifted away from the public sector.
- New relationships have to be maintained through sustainable funding.
- Perhaps it is not just an 'opportunity' but we have seen that it is a necessity.



Question session

Collaborations and relationships can be strained as some of the partners have changing priorities/something draws focus – what can we do about this?	This often happens when there is a dominant organisation/hierarchy driving the process, this needs to be replaced by genuine conversations, openness and honesty.
Collaborations with the third and independent sector happen within a context of resource and power disparity. It is often the case that the third sector are asked to fill gaps in provision in a way that is unsustainable for them. How can there be genuine collaboration in this context?	From the perspective of the public sector there needs to be an understanding that the third and independent sector are doing great, values based work and that there is a lot to learn from them.
	There is also a need to redress some of the inequalities by recognising it as an issue, understanding the impact of it and then acting to change it.
	One way to address this is to look at how to scale up the third sector approach and move it away from relying on ad hoc funding and requests from the Partnership.
How might commissioning help enable services to engage with communities to understand and then meet need?	Commissioning conversations need to include a wide range of voices, including people who use services or living with a long term condition.
	Engagement needs to be a requirement rather than an option – it can be challenging but this should not be an excuse.
	Taking a neighbourhood approach can help with engagement as it is more immediate and reactive.

Next steps

This coffeehouse conversation was part of the work we are doing to explore the experiences and lessons emerging through the COVID-19 pandemic.

- The discussion from this event and follow up survey will inform future online conversations and analysis
- There is information online regarding the ihub Health and Social Care Learning system
- Our Good Practice Framework for Strategic Planning is also available online

With thanks to

themungo foundation

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

Delivery of medical samples and specimens by unmanned drones

Argyll and Bute Health and Social Care Partnership

An example of how Argyll and Bute Health and Social Care Partnership is responding to the challenges of COVID-19

"Drones could transform the speed with which doctors can get results of diagnostic tests and improve treatment decisions for patients across rural communities."

Stephen Whiston, Head of Strategic Planning and Performance, Argyll and Bute HSCP

Challenge

Argyll and Bute Health and Social Care Partnership (HSCP) faces a variety of challenges in transporting medical samples and specimens within its network of hospitals and GP medical practices across its extensive rural and island geography.

At present this collection and delivery service is predominantly performed by NHS vans picking up pathology samples and dropping off equipment.
The wide geographical distribution of GP medical practices and hospitals means that the frequency of collection services can be low. Relying on conventional road transport can have an impact on the timeliness of transport deliveries and collections.

Argyll & Bute HSCP

What was done differently?

Argyll and Bute HSCP, along with a number of partners, conducted a drone delivery proof of concept trial. This was developed to assist the NHS with the COVID-19 response and investigate the feasibility of a drone delivery service operating in the Argyll and Bute region of NHS Highland.

This project was the first medical logistics drone delivery trial to be approved by the Civil Aviation Authority (CAA) conducted in the UK. It represents a critical step on the path towards establishing drone delivery as a viable, responsive and resilient logistics solution.

The HSCP has been working with Healthcare Improvement Scotland to design a robust evaluation to identify the clinical, operational and productivity benefits to support justification of the use of this technology in Argyll and Bute. It will also provide an evidence base for its use in other areas within NHSScotland.

Key insights: Stephen Whiston, Head of Strategic Planning and Performance, Argyll and Bute HSCP

"This initiative is in direct response to the UK Government's call for help to address and mitigate the health impacts of the COVID-19 outbreak. It is an example of good planning, good communication and good collaboration between the following partners:

- the HSCP
- the CAA
- the UK Government
- Oban Airport, and
- Skyports (a drone delivery service based in London).

As COVID-19 testing rapidly gathers pace in the UK, the proposed delivery service could help to ensure that isolated communities have access to tests, delivered in a fast and efficient way.

A wider stakeholder group has been established and there is interest in the use of this technology by NHS Grampian, NHS Greater Glasgow and Clyde and NHS Ayrshire & Arran."

Good Practice Framework for Strategic Planning

The Strategic Planning support team at the ihub have developed a Good Practice Framework for Strategic Planning to enable practical and constructive local conversations on strategic planning.

This insight demonstrates the following good practice in strategic planning by:

- engaging with public, service users, workforce, providers from all sectors, professional groups and politicians as partners in planning, decision making and service delivery
- securing early commitment and agreement from all partners about the need for change, and
- researching evidence of good practice and identifies opportunities to apply innovative approaches locally.

Experience of change

"The use of drones provides real opportunities to improve services and will help enable quicker diagnosis for our patients."

Joanna Macdonald, Chief Officer, Argyll and Bute HSCP

"We have been sharing what we're doing here with colleagues across Scotland, and there is significant interest about using it in the Western Isles, Clyde and the Grampians."

Stephen Whiston, Head of Strategic Planning and Performance, Argyll and Bute HSCP

Reflections

The COVID-19 pandemic has brought distinct challenges to rural communities and island communities, however innovation, determination, partnerships and community spirit can help to overcome them.

The trial in Argyll and Bute provides an important proof of concept step in developing a rapid response to the current pandemic and lays the foundations from which to grow a permanent drone delivery operation across a network of healthcare facilities around the country.

If you are interested in exploring something similar in your area or to find out more, please get in touch.
hcis.transformationalredesign@nhs.net

Healthcare Improvement Scotland | ihub

Planning for PPE in social care

Angus Health and Social Care Partnership

An example of how Angus Health and Social Care Partnership has developed new collaborative relationships with social care providers to ensure personal protection equipment (PPE) supply.

"We needed to ensure there was a system in place which would ensure that providers and carers received a quick and responsive service. Thanks to the processes put in place by the administration officers and their approachability, we managed to ensure that providers and carers received, and continue to receive, the additional stocks of PPE which they were unable to source."

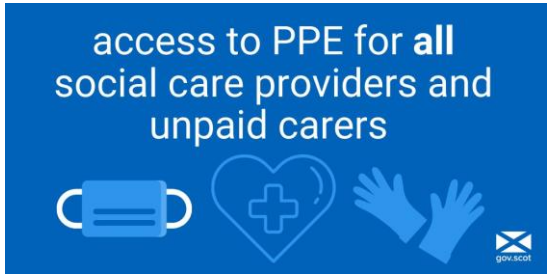
Pauline Reid, Senior Planning Officer, Angus HSCP

Challenge

A key challenge within the COVID-19 pandemic has been the supply of PPE for staff. Angus Health and Social Care Partnership (HSCP) needed to ensure the provision of adequate PPE to providers of social care services contracted by the partnership.

Previous arrangements were that the providers were responsible for sourcing and purchasing PPE. However, the scale of the issue meant that a new approach was required. Furthermore, with increased global demand for PPE there was a challenge in sourcing it at affordable prices.

There was a need for better coordinating of supply chains, a more accurate and dynamic picture of demand for PPE and a new infrastructure for the HSCP to procure, in bulk, PPE for social care providers.



What was done differently?

Angus HSCP took a completely new approach to sourcing PPE. The responsibility for providing PPE was previously with the social care provider, the HSCP is now taking a central role. The benefits of centralising PPE provision include the rationalisation of supply chains, getting competitive prices and improving national reporting.

Supply chains: Whilst providers are still expected to source their own PPE, if they are facing difficulties in sourcing supplies, Angus HSCP deals directly with suppliers and distributes PPE across providers depending on need.

Prices: Bulk buying PPE can reduce costs. Similarly, there is more negotiating power with larger orders. Angus HSCP have been using the Scotland Excel PPE framework as a benchmark to ensure that prices being offered are fair.

National reporting: By centralising the purchase and distribution of PPE, Angus HSCP have an accurate picture of current stocks that can be fed into National Shared Services (NSS) who have a responsibility for planning for and distributing PPE.

Key insights

Establishing a new approach to buying and distributing PPE was enabled by a number of key things.

New partnerships: A single point of contact with the HSCP was established, through this, providers could communicate their needs. This was a brand new way of working, as it would not be a matter for the HSCP previously.

Bottom up decision-making: The responsibility for establishing levels of need was placed with administration officers rather than with HSCP planners. This changed the frame of decision-making and moved away from a command and control culture. This new approach is based on the needs of providers and the trust that they are acting in the best interest of the people of Angus. As a result, the administration officers, along with a team of drivers/attendants from Angus HSCP, delivered over approximately 90% of the stock to providers across Angus.

Updated national guidance: Changes in COSLA Commissioning Guidance has supported better relationships with providers by encouraging 'a single point of contact for providers'. New Scottish Government procurement regulations gave permission for the HSCP to be more flexible in what they could offer providers outside contract requirements.

Good Practice Framework for Strategic Planning

The Strategic Planning support team at the ihub have developed a Good Practice Framework for Strategic Planning to enable practical and constructive local conversations on strategic planning.

This insight demonstrates the following good practice:

Breadth of data: Good strategic planning includes a mix of qualitative and quantitative data from a variety of sources and forecasts demand based on current trends and known changes.

Supply: Good strategic planning reviews and compares the cost effectiveness of current provision.

Experience of change

"This support is nothing short of brilliant and it makes us at Scotia feel part of a big team and not remotely isolated. I will be for ever thankful of the support we have received. This collaborative partnership working has enabled us to feel confident to support swift hospital discharges so people can be at home and the acute hospital beds are there for those that need them."

Lorraine Linton, Scotia Care

"I really can't thank everyone enough as I know I would not have got through this without them. Lynda and Lynsey continue to support us and I know I can always rely on them." Jane Swan, My Care Tayside

Reflections

Q: While facing limitations of supply, as well as the visibility of supply, how can we ensure that essential partner providers can easily report, request and receive the materials they urgently need?

How can they also be freed up to focus on what really matters - supporting the people who use their services?

If you are interested in exploring something similar in your area or to find out more, please get in touch.
hcis.transformationalredesign@nhs.net

Healthcare Improvement Scotland | ihub

Commissioning Learning Disability Services

NHS Highland

Creating flexible conditions for support providers to provide the right support at the right time for people with learning disabilities in the Highlands

"decision making about care required is flexible and taken directly between the provider and the individual"

Arlene Johnstone, NHS Highland

Challenge

The onset of COVID-19 has brought a challenge to all areas of care provision: how to ensure that care and support services best respond to the significant changes in the needs of the people they support. Care needs have changed for some people with learning disabilities in the Highlands as family members being at home means less (paid) care is required, while for others, care needs have increased due to the stresses and strains of living through this crisis.

Each individual's situation is different and presented NHS Highland with a distinct challenge to ensure each person received the right levels of care and support at all times, while managing potential variations in available staff. NHS Highland worked in collaboration with providers to agree a flexible solution in line with COVID-19 commissioning guidance.

What was done differently?

Normally care provided by a contracted organisation for each individual is clearly specified based on assessed need and number of hours to be provided. Any variation in care provided would require to be agreed and signed off by NHS Highland. It was recognised that this would not be practical nor would it help individuals to get the support that matters to them in coping during the crisis.

NHS Highland therefore have continued to pay care organisations the full contracted value already agreed for each individual's care. This has been delivered with a clear message that there is confidence and trust in each organisation to be flexible in how care is provided, responding to what matters most for each individual to meet their needs at this time.

In practice, this meant providers initially contacting people and their families by telephone before supporting them to access a wider range of technology. It also meant an initial focus on emotional support, gradually moving to more activity based time. People are now being supported by technology to participate in a range of arts, crafts, cooking, signing, singing and exercise classes.

Key insights:
Arlene Johnstone, Head of Service, NHS Highland

"The NHS Highland learning disability team have worked closely with a range of organisations over the past twelve months to build strong, trust based relationships that go beyond simple contractual obligations. This has provided a strong foundation for us to build on.

In addition, the COSLA commissioning guidance gave us the financial confidence to commit to full funding throughout the period of COVID-19 (at this point up until end of June 2020). This has enabled the decision making about what care is required to be directly between the people providing the care and those who need it. This is very much in the essence of Self-Directed Support and is an aspect which we are keen to analyse further over the coming months.

People are now reporting that they prefer their new activities to attending day centres. People are spending their day doing activities they enjoy and increasingly this is alongside wider members of their community – it is much less about the learning disability and much more about the person and their ability to make choices in how they live their life."

Good Practice Framework for Strategic Planning

The Strategic Planning support team in the ihub have developed a Good Practice Framework for Strategic Planning to enable practical and constructive local conversations on strategic planning.

This insight from NHS Highland is an example of good delivery options for social care as it:

Shifts resources – including the workforce, towards a more preventative and community-based approach

Creates platforms for a new type of engagement and coproduction with people who use services

Experience of change

"working with Arlene and the NHS Highland Team has helped us achieve the best possible outcomes for the people we support in a flexible and coordinated way.

Going forward, we welcome the opportunity to learn with NHS Highland on what's worked well within COVID-19 measures, and look forward to truly coproduced services"

Glenn Harrold, Operations Manager, Key

Reflections

Q. Can this empowered approach improve outcomes for people even though no additional funding has been required – simply flexibility within existing levels?

Moving **from contractual compliance to a trust based relationship** appears core to this arrangement having been effective.

Q. How can this inform a lighter touch approach to contract management?

If you are interested in exploring something similar in your area or to find out more, please get in touch.
hcis.transformationalredesign@nhs.net

Healthcare Improvement Scotland | ihub

Data rationalisation

East Renfrewshire Health and Social Care Partnership

An example how developing data visualization of capabilities can support decision making in real time for care at home.

"Using a coaching approach from both HIS and the programme developer allowed us to focus on capabilities rather than capacity"

Kevin Beveridge, Commissioning and Planning Manager, East Renfrewshire HSCP

Challenge

East Renfrewshire Health and Social Care Partnership (HSCP) worked with multiple data sources for their care at home provision. They recognised and appreciated that requests to providers for information placed additional burdens and should be as streamlined and coherent as possible. They were also conscious that with increased pressure on time, there was a need to make information being provided simpler and easier to navigate. They also wanted to ensure that the collection of data would be proportionate and streamlined to ensure that providers and commissioners were not completing multiple requests which had the potential to hamper frontline delivery.

East Renfrewshire HSCP established that there was a requirement for a tool and process that would:

- Allow them to be able to collate external provider workforce data so that they could ensure that the provision of support could be targeted where it was needed.
- Provide the commissioning team with a series of 'dashboards' that could distill extensive data into a single page of succinct results. This would allow them to compare many results to each other, therefore giving a more accurate view more quickly.

What was done differently?

East Renfrewshire were conscious of the Convention of Scottish Local Authorities' (COSLA) '*Guidance for Commissioned Services During COVID-19 Response*'. They agreed with their providers to scale back their contract monitoring to minimise service disruption to allow commissioners and providers to prioritise essential support. They also agreed with their providers on a minimum data set that would allow East Renfrewshire to plan strategically at a local level.

Healthcare Improvement Scotland's Strategic Planning support team worked with the HSCP to understand how they wished to use the data, what data would be required, what data to collect and how best to present it in a way that would support their work.

Healthcare Improvement Scotland and East Renfrewshire liaised with a volunteer developer to build a useable Excel spreadsheet and dashboard. This was done iteratively, in partnership, with the HSCP.

Key insights:
Kevin Beveridge, Commissioning and Planning Manager, East Renfrewshire HSCP

"The underlying challenge of this work was to make the data more flexible. Separating data by localities can make it difficult when focussing on provision especially when service providers work across localities. There is benefit in reducing data sets in a way that allows for comparison and analysis from different datasets (i.e. provider data and locality data).

Developing tools around data can be very transactional – you get what you ask for. This can be challenging when people are not sure exactly what to ask for. It is important to have area-specific knowledge and support for HSCPs to understand their specific data needs. This can then be used to interpret this into an 'ask' for data specialists and developers."

Good Practice Framework for Strategic Planning

The Strategic Planning support team in the ihub have developed a Good Practice Framework for Strategic Planning to enable practical and constructive local conversations on strategic planning.

This insight demonstrates the following good practice:

- Invests in strategic planning skills, capacity, authority, credibility and time.
- Ensures data is appropriate and of sufficient quality to inform operational and strategic planning and performance review.
- Measures what matters, not just what is available .

Experience of change

"We worked through this project in an agile manner, and in this case the time taken to implement change didn't take as long as we would normally expect."

So the outcome for us are happy commissioners who have access to the right information, that we need to manage through this crisis, and manage the risks that providers were facing"

Kevin Beveridge, Commissioning and Planning Manager, East Renfrewshire HSCP

Reflections

- There is potential for collaboration with ISD List and HSCP commissioning networks to spread the use of this tool.
- The approach to using data visualisation tools within strategic planning and commissioning can support decision making where there are high volumes of data.
- Having access to accurate and up-to-date data allows commissioners to support providers in a more technical capacity.
- Accurate and up-to-date information allows commissioners to take a tailored and targeted approach.

If you are interested in exploring something similar in your area or to find out more, please get in touch.
hcis.transformationalredesign@nhs.net

Healthcare Improvement Scotland | ihub

The Safe Zone

Dundee City Health and Social Care Partnership

How Dundee City Health and Social Care Partnership created a Community Outreach response for vulnerable groups, using available resources.

It's been amazing how quickly multiple agencies got together to develop this service to support the most vulnerable in our communities.

Neill Sneddon, Integrated Manager, Dundee HSCP

Challenge

Dundee Health and Social Care Partnership (HSCP) recognised that some of their most vulnerable citizens had little resilience in their day to day lives. Prior to the COVID-19 crisis the HSCP coordinated a range of statutory, 3rd sector and voluntary organisation services which aimed to support vulnerable people through the provision of health and social care, welfare, food, companionship and spiritual support.

Due to COVID -19 restrictions, these important services were forced to retract and this therefore removed a layer of resilience which once supported these vulnerable people's basic needs. Dundee's challenge was to consider how best to support this once visible but vulnerable population who were now all but invisible.

What was done differently?

Dundee HSCP was aware that they were no longer able to provide a layer of support for this vulnerable group which boosted their resilience and were therefore at an increased risk, not only to COVID-19, but to other pre-existing health and social inequalities which continued to be present.

The HSCP first thought of a 'pop up shop' type coordinated outreach service that would support the needs of this group in relation to their health and wellbeing. The HSCP were aware that this service was required in a number of geographical areas of the city and their challenge was to operate a multi-site agile and responsive service.

Using a partnership approach, the HSCP repurposed an existing 3rd sector service "The Safe Zone" and used this bus to deliver much need support whilst practicing safe social distancing. Partners included Tayside Council on Alcohol, Dundee Health and Social Care Partnership, Hillcrest Futures, Women's Rape and Sexual Abuse Centre, Transform, The Brooksbank Centre, Dundee Volunteer and Voluntary Action, Health and Homeless Outreach Nursing and Parish Nurses.

Key insights:
Neill Sneddon Integration Manager Dundee HSCP

"Initially operating on a Saturday night, staff from the participating agencies have been on hand to support people who are most at risk of being adversely affected by the COVID-19 pandemic.

Although lockdown restrictions have been in place, it was identified that there continued to be a number of people on the streets for a variety of reasons, including substance misuse and homelessness.

There have been 44 visitors to the Safe Zone Bus between 25 April and 30 May, accessing a range of support that includes nursing care, substance misuse, debt and benefits advice, housing or homelessness issues along with providing hot food and drinks and a friendly ear to anyone who has required support."

Good Practice Framework for Strategic Planning

The Strategic Planning support team at the ihub have developed a Good Practice Framework for Strategic Planning to enable practical and constructive local conversations on strategic planning.

In this example Dundee HSCP was led by those who maintain commitment to, and accept accountability for transforming services in partnership. It shows good strategic planning by

- maintaining a clear focus on prevention.
- focussing on defined populations and their needs, not conditions, services or pathways.
- shifting resources , including the workforce, towards a more preventative and community based approach.

Experience of change

"It's great being able to bring a host of Service and Supports to communities where they are most needed. I enjoy working and learning alongside different professions. It develops my practice."

Social Worker participating in The Safe Zone Community Outreach Project

"Working on the safe zone bus allows me the opportunity to engage with some great people and support them during these tough times."

Dundee City HSCP staff

Reflections

This Safe Zone service is one way of organising and delivering care and support via a specialised team which is providing intensive, highly coordinated, agile and flexible support.

One of the opportunities that has emerged from the COVID-19 period is that it is enabling public services to look beyond organisational or system boundaries and embrace complexity more than ever before

If you are interested in exploring something similar in your area or to find out more, please get in touch.
hcis.transformationalredesign@nhs.net

Healthcare Improvement Scotland | ihub

The Corner

Dundee City Health and Social Care Partnership

An example how Dundee City Health and Social Care Partnership (HSCP) redesigned vital services by using 'Near Me' and a collaborative approach, to meet the needs of the young people using the service.

"Online interviews, one-to-one and counselling have the same warmth and inclusion of face- to-face and the video platform is easy to understand".

Rose, 18 years old (young person who uses The Corner services)

Challenge

Dundee City HSCP's 'The Corner' provides holistic, person-centred, services to young people, including sexual and emotional health support, counselling and crisis support. It is delivered by a multidisciplinary team comprised of nursing, health promotion, counselling and youth work staff.

Prior to COVID-19, all of The Corner's services were delivered face-to-face through a city centre drop in and city-wide outreach services. Without sexual health service provision, including the provision of condoms, robust contraception and emergency contraception, there were concerns regarding the added impact to already stretched GP and pharmacy services. Further concerns were that vulnerable young people would be unable to afford robust pregnancy testing kits, nor able to afford kite marked condoms, and were therefore more at risk of unwanted pregnancies during this time.

There was concern that vulnerable young people could be at increased risk of adverse outcomes for unintended pregnancies without having access to:

- pregnancy test support
- follow up, and
- support to access terminations.

This could have a long-term detrimental effect on these young people and their babies.

There were also significant concerns about young people's mental health during COVID-19 with heightened anxieties and mental health problems from being isolated and unable to access emotional health support (Youth Link Scotland, 2020).

What was done differently?

The Corner developed new services, pathways and processes to effectively deliver daily virtual drop in's and 1:1 appointments using ' Near Me'. Drop in services are now available by appointment and a self-service area was created to allow self-taken BMI and blood pressure recordings. This limits contact with staff, while still ensuring safe effective practice for contraceptive services.

Existing collaborative cultures were enhanced through alternative working practices. Multi-agency hubs were set up to make pregnancy tests, condoms and contraception available for collection by arrangement by young people in their own communities. These hubs included teams from education, community learning and development youth work, community officers and community health teams. Emotional health support is also offered to young people in these community hubs.

In line with the Faculty of Sexual Reproductive Health COVID-19 guidance, systems were adapted to allow The Corner to issue longer supplies of contraception remotely. This negates the need to see the young person, thereby helping ensure safe effective practice (Faculty of Sexual and Reproductive Health, 2020).

Outreach support is delivered to vulnerable groups through virtual group work in collaboration with partner agencies. Social media used as a platform to disseminate health information and engage with young people and partner agencies.

Key insights:
Deborah Syme, Team Leader, The Corner

"In many ways this has been a refreshing and positive time for The Corner. Departments within NHS Tayside and Dundee HSCP have been solution focused - obstacles to adapting services to meet young people's needs during COVID-19 have been easily overcome.

Some young people have opted out of video consultations, preferring not to be seen face to face. There are also issues around privacy, with parents or carers nearby, so it is important to offer a choice to people wishing a service.

An adaptable and responsive Corner team has helped ensure young people's needs were central and paramount to any service changes. However, very limited face-to-face contact with all young people, including Dundee's most vulnerable, will have undoubtedly further marginalised a small number without the digital capacity to engage in online or telephone services."

Experience of change

"The Corner staff at their core, are kind and they listen non-judgmentally. Empathy and care build the foundation of their work, not to mention the huge breadth of skills, knowledge and expertise that the staff have. Online interviews, one-to-one and counselling have the same warmth and inclusion of face to face and the video platform is easy to understand. Everything comes with a few technical difficulties, however, they are quick to solve and ever improving".

Rose, 18 years old (young person who uses The Corner services)

the corner
young people's health and wellbeing service

Dundee Health & Social Care Partnership

Good Practice Framework for Strategic Planning

The Strategic Planning support team in the ihub have developed a Good Practice Framework for Strategic Planning to enable practical and constructive local conversations on strategic planning.

This insight demonstrates the following good practice:

- maintains a clear focus on prevention
- displays collaborative leadership and respectful engagement
- identifies the impacts of potential change on service volumes, physical and human resources, and
- creates platforms for a new type of engagement and co-production with people who use services.

Reflections and references

How can HSCP's further reach out and provide vital services for citizens who do not have access or confidence to use digital platforms?

Faculty of Sexual Reproductive Health (2020) FSRH guidance on PPE and the easing of services when delivering SRH care during COVID-19: www.fsrh.org/documents/fsrh-position-essential-srh-services-during-covid-19-march-2020/

Youthlink Scotland (2020) Lockdown Lowdown - what young people in Scotland are thinking about COVID-19: www.youthlinkscotland.org/media/4486/lockdown-lowdown-final-report.pdf

The Corner website: www.thecorner.co.uk

If you are interested in exploring something similar in your area or to find out more, please get in touch.
hcis.transformationalredesign@nhs.net

Healthcare Improvement Scotland | ihub

Identifying and supporting vulnerable children and young people

Aberdeen City Health and Social Care Partnership

An example of how Aberdeen City Health and Social Care Partnership responded to the needs of potentially vulnerable young people.

"These were the children and young people I was most concerned about - their mental health, safety and family wellbeing. I wanted to ensure we responded across sectors to protect families."

Graeme Simpson, Chief Social Work Officer,
Aberdeen City Community Planning Partnership

Challenge

Support within communities were closed during the COVID-19 lockdown. Due to the speed of decision-making, this happened with an abruptness that left many families, children and young people vulnerable.

Aberdeen City Health and Social Care Partnership (HSCP) had a specific concern that due to school closures, children, young people and families that may have challenges or needs that required support, would be left invisible and not supported during lockdown.

The families deemed particularly at risk were those who were not already supported by social services or with statutory sector input. These were families with children or young people who were seen in an educational setting or by the community as having increased vulnerabilities or needs, but who did not fulfil referral criteria for social work input.

Aberdeen City Health & Social Care Partnership
A caring partnership

What was done differently?

Aberdeen City HSCP invited the ihub's strategic planning team to support thinking, design and delivery of support as well as identification of the vulnerable children, young people and families.

Aberdeen City HSCP developed work across sectors, addressing barriers, and used existing local developments to deliver support within their local system.

Key to this work was building on trust-based relationships across sectors to drive change in the provision of support and build networks at a local level. This meant a more joined up and collaborative offer of support to reduce the vulnerability of children and families.

Social workers closely aligned with with education and life long learning colleagues to identify families who had increased vulnerability. Life long learning team members were then able to develop relationships with these families, and offer remote support on a regular basis.

Third sector colleagues were involved in managing a self-help telephone line which allowed vulnerable families, young people and individuals to seek support during lockdown.

Key insights:
Graeme Simpson, Chief Social Work Officer, Aberdeen City Community Planning Partnership

"It was clear that the experience of lockdown was not going to be felt equally across families or within communities. We had some excellent pillars in place that allowed us to mobilise across sectors and to focus on vulnerable children, young people and families.

The child and adolescent mental health service (CAMHS) led resilience hubs across Aberdeen City and NHS Grampian, and the use of Google Classrooms provided teachers with sight of as well as daily contact with children and young people, enabled our focus to be on those families where additional support at this time of crisis would be helpful.

Being able to gather people across agencies, to discuss the how to approach, and to have support from the ihub meant things could move faster."

Good Practice Framework for Strategic Planning

The strategic planning support team in the ihub have developed a Good Practice Framework for Strategic Planning to enable practical and constructive local conversations on strategic planning.

This insight demonstrates the following good practice by:

- maintaining a clear focus on prevention
- displays collaborative leadership and respectful engagement
- identifying the impacts of potential change on service volumes, physical and human resources, and
- creating platforms for a new type of engagement and co-production with people who use services.

Experience of change from Aberdeen HSCP

"By being involved in the existing Children and Young People Improvement Collaborative meant that many of the key stakeholders and those that could commit resource to supporting vulnerable children and young people, and their families, were already identified. This enabled existing relationships to be used.

There was speed, efficiency and openness about the changes brought into Aberdeen City. This helped all participants feel they had equal input and things to offer."

Reflections

- Leadership across sectors is key, and ensuring that there is a shared focus is vital.
- Although this example is about a specific COVID-19 response during lockdown, the key building block of using trusting relationships to break down barriers and support vulnerable families is relevant anytime.
- Trusting relationships across sectors is necessary to drive change.

If you are interested in exploring something similar in your area or to find out more, please get in touch.
hcis.transformationalredesign@nhs.net

Healthcare Improvement Scotland | ihub

Section 4: Synthesising Published Learning in Relation to New Integration Models

The evidence and evaluation for improvement team (EEvIT) consists of specialists in information science, health services research and health economics. We support ihub teams to ensure that improvement work is informed by the latest evidence and help the teams to evaluate their work. We also work with health and social care partners to use evidence and evaluation in their work.

What we did

As a team, we wanted to learn from published literature and insights shared via social media, about the way the health, and social care system in Scotland responded to COVID-19. We also wanted to share relevant learning from previous epidemics. To do this, we searched and synthesised published literature and UK social media sources on a weekly basis. A full list of resources searched is available here.

A number of broad questions guided our search:

- what was the community, voluntary and housing sector and health and social care response to COVID-19
- what were the barriers and enablers to the response
- was there any evidence of the impact or effect of the response
- what were the emerging needs of people during COVID-19 and how did the health and social care system adapt to identify and address these unmet needs, including the response of commissioners and planners, and
- which groups were most at risk of experiencing poor health outcomes during COVID-19.

We excluded any literature relating to clinical practice.

Reflections

We developed 13 insights into publications in total and conducted our search primarily during April and May 2020 while evidence was still emerging. Initially, much of what was published consisted of stories and opinion pieces, while later, more robust evidence emerged particularly about the uneven impact of COVID-19. Evidence from previous epidemics helped to identify those at risk and highlighted the role of community response in mitigating the impact of lockdown. A number of initiatives by health and social care and community groups have emerged during COVID-19 but there was limited evidence of their impact.

Nevertheless, it was evident that community groups have adapted their offer and delivery mechanisms to address unmet needs within their communities. Innovative approaches included health service, third sector organisations and community groups working closely together. There was evidence that lockdown was impacting particularly on mental health, isolation, stigma and food insecurity. We noted an increase number of research protocols (planned research) on the impact of COVID-19 on healthcare staff wellbeing as well as risk factors and mitigation of mental health issues. Finally, a number of guidance and resources have been published to guide HSCP organisations response to COVID-19.

Uneven impacts of COVID-19

Exploring published literature of emerging practice as a response to challenges due to COVID-19

Published 19 June 2020

Overview

Before the world became aware of the novel coronavirus causing COVID-19, we already knew that health inequalities were rife in human societies with evidence that life expectancy and healthy life expectancy increases as social and economic advantage does, often referred to as a "social gradient" (e.g. Marmot Review[i]). In high income (and increasingly in other) countries, chronic diseases (such as heart disease, diabetes and cancer) are a major contributor to this social gradient in health outcomes, and there is evidence that a similar pattern is associated with stress and mental health (e.g. Marmot and Bell[ii] , World Health Organization[iii]).

Whilst there is a less developed understanding of how socio-economic factors work together to influence infectious diseases outcomes (Noppert et al, Moran et al.[iv]), as this coronavirus has spread across the globe its uneven impact is becoming clear. This really is not an "equal opportunities" virus. The reasons are complex and not yet fully understood, but evidence is emerging that existing inequalities play a role in mediating the risks: of becoming infected with the virus; of suffering severe disease, and of detriment to health and wellbeing as a result of public health measures.

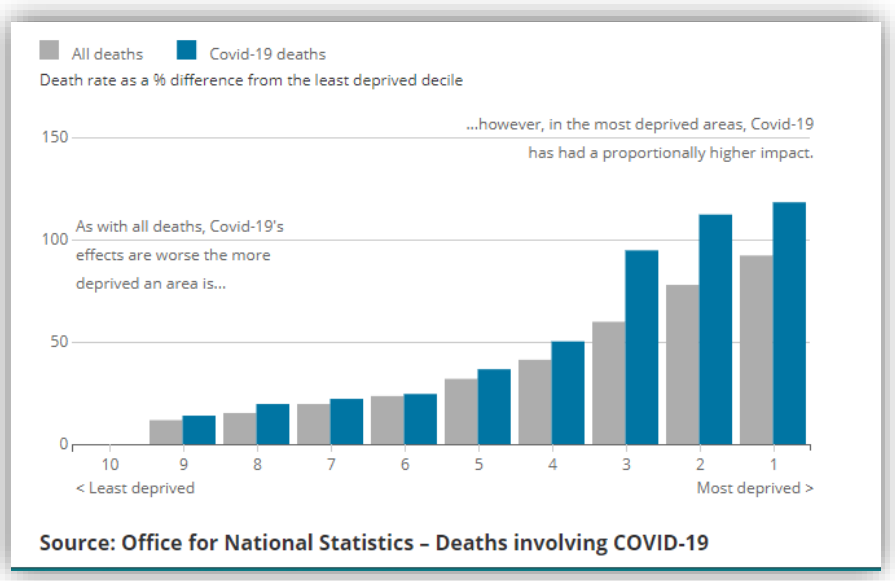
Amongst the early findings from the data, discussed in more detail below, has been evidence of an increased risk of severe illness and death from COVID-19 faced by people with certain underlying chronic diseases, by those from Black, Asian and minority ethnic (BAME) groups, by men, by older people, by those in certain occupations, and with increased deprivation also playing a role. The risks posed by the public health measures are also unevenly spread and risk amplifying existing inequalities, for example in mental health problems caused or exacerbated by social isolation, and (probably) through the stress of economic insecurity for many, but also potentially through health problems left undiagnosed or untreated for longer than usual.

Uneven COVID-19 impact

In the largest study to-date (according to the authors) Ben Goldacre and OpenSAFELY colleagues[v] at the University of Oxford and the London School of Hygiene & Tropical Medicine (LSHTM) have released some early (and not yet peer reviewed) results analysing characteristics of people who died in hospital. Using NHS data from 17.4 million UK adults up to 25th April, their early findings include the following. People of Asian and Black ethnic backgrounds are at a higher risk of death and, contrary to prior speculation, this is only partially attributable to pre-existing clinical risk factors or deprivation. Key factors related to COVID-19 death included being male, older age, uncontrolled diabetes and severe asthma. A deprived background was also found to be a major risk factor: this was also only partially attributable to other clinical risk factors.

Deprivation

The Office for National Statistics (ONS) regularly updates its analysis of numbers of COVID related deaths in England and Wales. The figure below (copied from the ONS website) shows the relationship between deprivation and age-standardised mortality (death) rates for both all deaths and of COVID-19 deaths up to 31 May 2020. The bars represent mortality rates amongst different parts of the population, ordered form left to right from least deprived tenth of the population to most deprived tenth of the population (or "decile"). They show how much higher (in percentage terms) mortality rates are for each decile compared to the least deprived decile. (The least deprived decile therefore shows as zero in this figure.). This shows that the percentage increases in deaths for the most deprived areas (deciles 1-3) are proportionally worse for deaths involving COVID-19 than for overall deaths. COVID-19 seems to be magnifying health inequalities associated with deprivation.



Source: Office for National Statistics – Deaths involving COVID-19

Although not the exact equivalent National Records of Scotland (NRS) have published analysis of the impact of deprivation on COVID-19 mortality, showing that up to 10 May people living in the 20% most deprived areas of Scotland were 2.3 times more likely to die with COVID-19 than those living in the 20% least deprived areas. For all deaths it appears that this ratio is smaller at 1.9, suggesting a similar pattern as England with COVID deaths exacerbating existing patterns of inequalities.

Ethnicity

In another study of a cohort of people recruited from the general population in England during 2006-2010 (then aged 40-70) Niedzwiedz and colleagues[vi] also found that, “Black and south Asian groups were more likely to test positive, and also more likely than white British to be hospitalised, with Pakistani ethnicity at highest risk within the south Asian group”. They confirm that only some of this increased risk could be explained by socioeconomic variables.

Occupation and gender

The ONS published provisional analysis by different occupation of 2,494 deaths (to 20 April) involving the coronavirus (COVID-19) in the working age population (those aged 20 to 64 years) in England and Wales. Note that the analysis is adjusted for age, but not for other factors such as ethnic group or place of residence. Key findings on rates of death (with actual numbers given in brackets) involving COVID-19 are given below.

For the whole working age population in England and Wales, the rate of death involving COVID-19 was statistically higher in males, with 9.9 deaths per 100,000 (1,612 deaths) compared with 5.2 deaths per 100,000 females (882 deaths).

Men working in the lowest skilled occupations had the highest rates, with 21.4 deaths per 100,000 males (225 deaths). Men working as security guards had one of the highest rates, with 45.7 deaths per 100,000 (63 deaths).

A number of other specific occupations were found to have raised rates of death among men, including: taxi drivers and chauffeurs (36.4 deaths per 100,000); bus and coach drivers (26.4 deaths per 100,000); chefs (35.9 deaths per 100,000); and sales and retail assistants (19.8 deaths per 100,000).

Men and women working in social care, (including care workers and home carers) had significantly raised rates, with rates of 23.4 deaths per 100,000 males (45 deaths) and 9.6 deaths per 100,000 females (86 deaths).

Healthcare workers were not found to have higher rates of death when compared with the general population. Note that there are caveats to this finding including some healthcare workers possibly having reduced exposure to COVID-19 during lockdown, for instance, because of people not having dental or optician appointments.

Uneven impacts of the public health measures

Evidence is also emerging of the impacts of COVID-19 public health measures, in particular lockdown and social distancing. And there are early signs which, when combined with what we already understand about the importance of, for example, schooling to children in poverty do indicate a heightened risk of exacerbating health inequalities. A selection of issues is described below. The route out of lockdown will need to carefully navigate these issues.

Domestic violence

Early signs are concerning with research by a domestic abuse charity reportedly finding evidence from internet searches that during the first three weeks of lockdown in the UK the number of women killed by men is the highest it's been for at least 11 years and is double that of an average 21 days over the last 10 years (Guardian article). Whilst this statistic on its own is not conclusive, there are other indications giving serious concern. In late April for instance, Refuge, which runs the National Domestic Abuse Helpline, reported to a parliamentary select committee an increase of calls of around 50% above the average during lockdown (more details).

Mental health

According to global research conducted in early May and reported by IPSOS almost 3 in 10 (28%) in the UK say they are suffering from anxiety under lockdown, and this increases to a third among women (34%). A quarter of Britons report concerns about over-eating and under-exercising with women again most likely to be experiencing this. Sixteen per cent of Britons are experiencing insomnia and depression while in lockdown due to the coronavirus outbreak, and over 1 in 10 (13%) say their consumption of alcoholic beverages has increased.

Disabilities

Glasgow Disability Alliance carried out a survey on the impact of COVID-19 on disabled people and concluded that COVID-19 and the response to it "supercharges existing inequalities". Drawing on interviews and 1,177 responses to a postal survey to over 5,000 of their members, they report that:

- existing inequalities are being exacerbated: reports that food poverty, isolation and digital exclusion are becoming more intense and more prevalent, and
- the COVID-19 response has led to key services such as social care, and mental health support services, being removed at a time when they are even more vital to disabled people.

School closures

As has been widely discussed in the Scottish media recently there is concern that extended school closures risk having detrimental consequences particularly for children living in poverty. There is good reason for this concern. Alongside evidence of the risk of exacerbating food insecurities, there is also research suggesting that educational gaps between children from lower and higher socioeconomic backgrounds often widens during school holiday period (cited in a Lancet comment piece (pdf)[vii]). Although this situation is not exactly comparable to school holidays, a recent report from the National Foundation for Educational Research[viii] reports that, measured on several indicators, disadvantaged children in England are significantly less engaged in remote learning. For example:

- teachers from the most deprived schools report that parental engagement is significantly lower than teachers in the least deprived schools (41 per cent compared to 62 per cent), and
- 93 per cent of school leaders from the most deprived schools have some pupils with limited access to IT at home compared with 73 per cent of school leaders from the least deprived schools.

School closures

As has been widely discussed in the Scottish media recently there is concern that extended school closures risk having detrimental consequences particularly for children living in poverty. There is good reason for this concern. Alongside evidence of the risk of exacerbating food insecurities, there is also research suggesting that educational gaps between children from lower and higher socioeconomic backgrounds often widens during school holiday period (cited in a Lancet comment piece (pdf)[vii]). Although this situation is not exactly comparable to school holidays, a recent report from the National Foundation for Educational Research[viii] reports that, measured on several indicators, disadvantaged children in England are significantly less engaged in remote learning. For example:

teachers from the most deprived schools report that parental engagement is significantly lower than teachers in the least deprived schools (41 per cent compared to 62 per cent), and 93 per cent of school leaders from the most deprived schools have some pupils with limited access to IT at home compared with 73 per cent of school leaders from the least deprived schools.

Non-COVID-19 health services

And of course another key indirect effect has been change in the availability, accessibility and uptake of health services in both acute and primary care. For instance in April Dr Gregor Smith, Scotland's interim Chief Medical Officer, said there had been a 72% reduction in urgent suspected cancer referrals by doctors, with GPs reporting far fewer people than usual coming forward with "symptoms and signs" of cancer. Similarly he said that the number of people seeking help at accident and emergency departments in Scotland's hospitals is also down 54% compared to the weekly average over the last three years (BBC news article).

Going forward

The more we can understand, the more chance we have of managing the crisis in the most equitable way going forward. The approach needs to take account of a wide range of issues as touched on above, including how we ease (and if necessary reinstate) lockdown measures and open shutdown sectors of the economy, how we prioritise the restart of school education and paused health and care services, and how we preserve and support the community and third sector response. As Anderson and colleagues[ix] say, this process should be informed by "principles and methods that consider the complex interplay between socioeconomic status and health disparities", and suggest a framework based on this to help identify equitable policies to deal with broader effects on health and society.

Understanding how the health and social care system responds to inequalities is part of HIS's work on health and social care learning. We're gathering ideas, insights and examples of positive emerging practice.

Sources

[i] Marmot M, Allen J, Goldblatt P, et al. Fair society, healthy lives. Strategic review of health inequalities in England, 2010.

[ii] Marmot Michael, Bell Ruth. Social determinants and non-communicable diseases: time for integrated action BMJ 2019; 364:l251 http://dx.doi.org/10.1136/bmj.l251

[iii] World Health Organization and Calouste Gulbenkian Foundation. Social determinants of mental health. Geneva, World Health Organization, 2014.

[iv] Noppert GA, Kubale JT, Wilson ML Analyses of infectious disease patterns and drivers largely lack insights from social epidemiology: contemporary patterns and future opportunities. J Epidemiol. Community Health 2017;71:350-355 https://jech-bmj-com.knowledge.idm.oclc.org/content/71/4/350 (paywall) ; PRE-PRINT Inequality in acute respiratory infection outcomes in the United States: A review of the literature and its implications for public health policy and practice. Elizabeth Moran, John Kubale, Grace Noppert, Ryan E Malosh, Jon L Zelner, medRxiv 2020.04.22.20069781; doi: https://doi.org/10.1101/2020.04.22.20069781

[v] OpenSAFELY: factors associated with COVID-19-related hospital death in the linked electronic health records of 17 million adult NHS patients. The OpenSAFELY Collaborative, Williamson, Walker, Bhaskaran, Bacon, Bates, Morton, Curtis, Mehrkar, Evans, Inglesby, Cockburn, Mcdonald, MacKenna, Tomlinson, Douglas, Rentsch, Mathur, Wong, Grieve, Harrison, Forbes, Schultze, Croker, Parry, Hester, Harper, Perera, Evans, Smeeth, Goldacre, medRxiv 2020.05.06.20092999; doi: https://doi.org/10.1101/2020.05.06.20092999

[vi] Niedzwiedz, C.L., O'Donnell, C.A., Jani, B.D. et al. Ethnic and socioeconomic differences in SARS-CoV-2 infection: prospective cohort study using UK Biobank. BMC Med 18, 160 (2020). https://doi.org/10.1186/s12916-020-01640-8

[vii] COVID-19, School Closures, and Child Poverty: A Social Crisis in the Making" Wim Van Lancker Zachary Parolin, www.thelancet.com/public-health Vol 5 May 2020, PMID: 32275858 PMCID: PMC7141480 DOI: 10.1016/S2468-2667(20)30084-0

[viii] Lucas, M., Nelson, J. and Sims, D. (2020). Schools' Responses to Covid-19: Pupil Engagement in Remote Learning. Slough: NFER.

[ix] Anderson Geoffrey, Frank John William, Naylor C David, Wodchis Walter, Feng Patrick. Using socioeconomics to counter health disparities arising from the covid-19 pandemic BMJ 2020; 369 :m2149

Response of communities to COVID-19

Exploring published literature of emerging practice as a response to challenges due to COVID-19

Published 22 June 2020

Overview

During times of crises, local services can be overstretched and overloaded. At such times, the activities of 'ordinary' citizens and communities can become a particularly important, and visible, support for health and wellbeing which complements and enhances the work of frontline services.

We have seen this during the current pandemic. By the 30 March 2020, more than 21,000 people responded to the Scottish Government call for volunteers. As well as these volunteers, we are hearing of stories from across the country where people have come together to form community groups. They offer and respond to calls for help: help with shopping, collecting prescriptions, walking dogs or just for a friendly telephone chat to help combat the loneliness of isolation. These groups frequently operate via community Facebook and WhatsApp groups, sometimes coordinated by an existing body, such as the council, or by group members themselves.

Alongside these informal activities, there are also more formalised groups or organisations who have stepped in to meet local needs. For instance, Castlemilk Together is a Glasgow group that has been functioning for a number of years but has increased and adjusted its activities in order to respond to increased need, with support from the local football team, parish church and an increased number of volunteers.

In East Renfrewshire, the local council and a 3rd sector organisation Voluntary Action East Renfrewshire (VAER) joined together with the Health & Social Care Partnership to operate a Community Hub phone line. This helpline aims to coordinate the community response across East Renfrewshire by acting as a "one-stop shop" for those who volunteer by matching them with people who register as needing help.

Community resilience

This ability of a community to come together in time of stress and challenge is often referred to as the community's resilience. Resilience generally refers to the ability of individuals, places and populations to withstand stress and serious challenge. The literature tells us that in communities which demonstrate resilience, there is a sense of trust, of belonging, of shared values and mutual concerns. Community cohesion, neighbourhood social capital (or the ties that bind people together) and integration have been highlighted as key features of resilient places and over the last few years, a lot of literature has been written on the subject. Social capital includes the resources available to individuals within the communities. However, research has also shown that social capital, while a necessary component for sustainable community development, by itself isn't enough. Economic resources and people, in this case volunteers, are also necessary.

The fact that communities have pulled together at this time of need is inspiring and suggests that community resilience is potentially stronger than we may have thought. The evidence emerging is that this has formed an essential part of our society's response to this emergency and presents us with an opportunity to consider whether and how we want to preserve this.

Maintaining positive developments

However, the challenge that communities, and by extension the health and social care systems which support these communities, are going to be faced with, is how to keep this upsurge in community resilience and strength, and this willingness to support each other for some time to come. We need to maintain this willingness to adapt quickly and with agility to new ideas and solutions going forward. It could be said that the task ahead is for us to provide the 'conditions' through which these networks can be created and sustained in times of 'business as usual' as well as times of crisis.

We can take lessons from research conducted after previous disasters. For instance, from New Zealand and how they responded to the devastating earthquakes in 2010 and 2011. Research there showed that having a sense of community and a sense of social connectedness helped community recovery.

Research done following earthquakes in Italy in 2009 concluded that being aware of the underlying community resilience and recognising and strengthening the capacities of local communities must play a part in addressing the negative social and economic impacts experienced during a crisis. While in Australia work has been done around the spontaneous volunteering which surfaces around times of crisis and how these volunteers can be best utilised.

Investing in communities

In the UK, an example of a current community based approach can be seen within communities using the Community Led Support (CLS) approach. This is a place-based approach where organisations work collaboratively with communities to identify and build capacity of local assets and ensure services meet local needs. It does this by working with local people, the third sector, local businesses and the public sector to build place-specific solutions to local issues. Changes to local services and systems are shaped and refined in conjunction with the communities they serve. Community led support involves a set of core principals and practice but each area works differently depending on local needs, priorities and local resources. More information about this approach, including a report on CLS in Scotland from May 2020, can be found at the National Development Team for Inclusion (NDTi) website. The ihub have partnered with NDTi to support the development of Community Led Support programmes in Scotland and more about this can be found on our website.

This pandemic has already highlighted existing structural disadvantage in many of our more deprived communities, as discussed by a report from Edinburgh Poverty Commission. These disadvantages are not new, but they have become more visible, to both those within and outwith the communities, uncovered by the growth of new community relationships. However, the pandemic has also highlighted existing skills, resources and community resilience. This presents us with the potential opportunity to harness and nurture that resilience and use it to change and improve local conditions. It might be useful to view these insights through the lens of good strategic planning. Health and social care partnerships may wish to build on the strength of relationships developed with the community during this time of COVID-19 and consider how these can inform local commissioning practices.

Sources

https://www.gov.scot/news/tens-of-thousands-sign-up-to-help-during-coronavirus-outbreak/
https://www.scottishhousingnews.com/article/blog-castlemilk-housing-associations-come-together-during-coronavirus
https://sway.office.com/mBXkBXmDGhkOuISx?ref=Link
https://www.researchgate.net/profile/Judith_Kulig/publication/247544917_Community_resiliency_Emerging_theoretical_insights/links/573b622708ae9ace840ea73e.pdf
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5693357/
https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2479757
https://www.tandfonline.com/doi/full/10.1080/1177083X.2014.934846
https://www.sciencedirect.com/science/article/abs/pii/S0743016716302261
https://www.bnhcrc.com.au/hazardnotes/64
https://www.ndti.org.uk/news/new-report-shows-community-led-support-leads-the-way-for-covid-19-social-ca

Impact of COVID-19 on homelessness

Exploring published literature of emerging practice as a response to challenges due to COVID-19

Published 3 July 2020

Overview

At the outset of the COVID-19 crisis there were major concerns about how health and social care services would be able to support homeless people through the crisis. Homeless people are considered a particularly at risk group in terms of health outcomes generally, as many homeless people have mental health and/or addiction comorbidities. These and/or other physical comorbidities put them at greater risk of being immunocompromised and vulnerable to disease.

To add to this this issue, may have diminished access to facilities that would enable them to prevent disease (for example hand washing or self-isolation) or diminished access to information that would improve their awareness of the disease risks how to mitigate these. In addition they may face inequities of access in terms of their receipt of health and social care services. People experiencing homelessness may also be at greater risk of either not seeking or adhering to help from services.

Lessons from previous pandemics and international responses mitigating COVID-19 impact

Experiences from previous pandemics have shown that any infectious disease will disproportionately render those without housing more vulnerable and at risk of poor outcomes compared to the housed population. It is also well understood that homeless shelters are likely to be venues where respiratory diseases could spread rapidly.

Homelessness and the Response to Emerging Infectious Disease Outbreaks: Lessons from SARS

This is an article by Leung et al on the study of the impact of SARS and challenges specific to the homeless population in the areas of communication, infection control, isolation and quarantine, and resource allocation. The study is based on interviews with homeless service providers and public health officials in Canada, where although the outbreak was contained and no homeless person was infected with SARS, the need for a planning framework specific to the homeless population for the future was recognised.

Among other things, this learning from SARS had indicated that shelter closures might be needed as many homeless services had considered scaling back or eliminating services out of fear that large gatherings of people might increase the risk of disease spread. Ultimately, this was not needed for the outbreak in Toronto that prompted this research.

Interrupting COVID-19 transmission in homeless shelters is challenging, requires enforcement of quarantine, testing (for residents and staff members) and prompt isolation residents with confirmed disease.

Mitigating the impact of COVID-19

From where we are now, it is clear a great deal of effort and funding has gone into mitigating the COVID-19 crisis for homeless people to ensure that required support continues to be provided.

Edinburgh Access Practice

The Faculty for Homeless and Inclusion Health newsletters highlighted the work being done by the Edinburgh Access Practice to ensure they are able to provide support to people, safely in a new setting. An outreach clinic at the Covid Hub Hotel, which includes Saturday mornings and weekend and night cover, is the focus for over 30 new patients using:

- opiate substitution
- student-supported methadone delivery service
- 3-4 alcohol detoxes, and
- a new functioning intermediate care unit taking step up and step down cases (in an underused HIV unit).

There are also plans for a residential managed alcohol consumption unit (based on Canadian research and with Stirling University support).

Govan Law Centre

The Govan Law Centre, which offers advice and legal support to people experiencing homelessness, are continuing their services by offering a free and confidential advice service. This is provided through WhatsApp, Facebook messenger, email and a free call back telephone service for people who are feeling worried about work, money, debt, housing, or access to public services. They also have a new Freephone contact for people either living or working in Glasgow.

Get Digital Scotland – Get Connected

As more services are moved online, there is an access challenge for people experiencing homelessness who might not have access to the internet or the skills to engage digitally.

The Get Connected project was designed to provide digital devices to people and build their digital literacy. They provided 36 digital devices with unlimited texts, calls and data. Alongside this, support was provided by 'digital champions' who helped with the essentials for someone getting started on a new device such as unboxing their device, setting up the sim card, registering with a Google account and installing essential apps. They were also trained in delivering digital skills at a distance.

Reflections from people using the devices were positive. People reported being able to reconnect with friends and family, being able to access more support and being able to develop their skills further. There were also benefits in people being able to access news and information along with entertainment.

Housing rough sleepers

Another strand of the response to COVID-19 for people experiencing homelessness was the efforts to house people sleeping rough. In Glasgow, the difficult decision to close the night shelter was made after the first confirmed case of COVID-19, so the response centred on new funding being made available to charities and local authorities.

The Scottish Government is providing £50 million to help charities and others who require additional capacity to support those at risk of being worst affected by the crisis including homeless people. A £20 million Third Sector Resilience Fund will also support the continued viability of third sector organisations involved in the response to COVID-19 if they are affected by cash flow and other problems.

The Simon Community was provided with £300,000 funding to house people in hotel accommodation.

In addition to this, the Wheatley Group has provided empty properties to the four local authorities it has a strategic agreement with (Glasgow, Edinburgh, West Dunbartonshire and West Lothian).

Challenges for this response

Several UK-wide studies have noted that the quality of temporary accommodation provided to homeless people can be unsuitable for self-isolation. This is due to having to share kitchens and bathrooms. However, the choice to move service users to, potentially, more suitable accommodation in the middle of a pandemic is problematic because it risks them losing support networks they may have had which can be vital if there is a need to self-isolate.

St Ann's Hospice: coronavirus and hostel living

This blog outlines some of the challenges and successes of supporting people in hotels and hostels while maintaining strict hygiene standards and social distancing.

There are challenges for staff in knowing the latest guidance on safe practice, as well as difficulties accessing PPE. Similarly, finding ways that people can avoid communal areas has been challenging.

The blog notes that there are examples of how some hostels have managed to support residents at this time through, for example, providing all service users with a kettle and tea/coffee making facilities to restrict the need to access shared kitchens. Other interventions to support people from taking risks is for staff shopping for those self-isolating and delivering medications.

Maintaining changes

People are keen to ensure that people who have been housed are not pushed back into rough sleeping.

Homelessness and Rough Sleeping Action Group

The Homelessness and Rough Sleeping Action Group (HARSAG) has been reconvened for the first time since 2018. They will be reconsidering homelessness and rough sleeping within the new context of COVID-19 and the work that has been done to support people at this time. A key focus will be on efforts to accelerate the implementation of the recommendation, from their previously published, Action Plan on Ending Homelessness and Rough Sleeping, that going forward councils will not be allowed to house homeless people in hotels and bed and breakfasts for more than seven days.

Housing Cost Calculator

To facilitate the planning of moving people out of hotel and hostel accommodation, the Centre for Homelessness Impact has developed a Housing Cost Calculator. This will enable health and social care partnerships to roughly estimate the cost of keeping people from going back to rough sleeping and model different scenarios in how to implement this.

'Everyone Home': 19 charities call for 'triple-lock' to end rough sleeping after COVID-19

(Sourced from the Homelessness Network COVID-19 updates and briefings)

Civil society groups have come together behind the Everyone Home framework under the banner 'Everyone Home' to call on the Scottish Government to take steps to end homelessness. Using the experiences and lessons from the COVID-19 pandemic, a collective of independent bodies have put together a suggested plan on how to sustain the current momentum for addressing homelessness.

The plan outlines three priorities:

1. More good homes: building housing capacity.
2. No return to rough sleeping: those being housed as part of the COVID-19 response should remain housed.
3. No evictions into homelessness: protections should be introduced to stop evictions into homelessness.

Crucially, the plan also outlines how the charities involved in developing the plan can support authorities to deliver including co-producing frameworks for translating learning from the COVID-19 response into 'rapid rehousing transition plans' and working with landlords and housing associations to create more capacity and support better allocation planning.

Sources

Kar SK, Arafat SMY, Marthoenis M, Kabir R. Homeless mentally ill people and COVID-19 pandemic: The two-way sword for LMICs [published online ahead of print, 2020 Apr 10]. Asian J Psychiatr. 2020;51:102067. doi:10.1016/j.ajp.2020.10206 https://doi.org/10.1016/j.ajp.2020.10206

Tsai J, Wilson M. COVID-19: a potential public health problem for homeless populations. Lancet Public Health. 2020;5(4):e186-e187. doi:10.1016/S2468-2667(20)30053-0 https://doi.org/10.1016/S2468-2667(20)30053-0

Kirby T. Efforts escalate to protect homeless people from COVID-19 in UK. Lancet Respir Med. 2020;8(5):447-449. doi:10.1016/S2213-2600(20)30160-0 https://doi.org/10.1016/S2213-2600(20)30160-0

Lima NNR, de Souza RI, Feitosa PWG, Moreira JLS, da Silva CGL, Neto MLR. People experiencing homelessness: Their potential exposure to COVID-19. Psychiatry Res. 2020;288:112945. doi:10.1016/j.psychres.2020.112945 https://doi.org/10.1016/j.psychres.2020.112945

Mosites E, Parker EM, Clarke KEN, et al. Assessment of SARS-CoV-2 Infection Prevalence in Homeless Shelters - Four U.S. Cities, March 27-April 15, 2020. MMWR Morb Mortal Wkly Rep. 2020;69(17):521-522. Published 2020 May 1. doi:10.15585/mmwr.mm6917e1 https://doi.org/10.15585/mmwr.mm6917e1

Wood LJ, Davies AP, Khan Z. COVID-19 precautions: easier said than done when patients are homeless. Med J Aust. 2020;212(8):384-384.e1. doi:10.5694/mja2.50571 https://doi.org/10.5694/mja2.50571

Leung CS, Ho MM, Kiss A, Gundlapalli AV, Hwang SW. Homelessness and the response to emerging infectious disease outbreaks: lessons from SARS. J Urban Health. 2008;85(3):402-410. doi:10.1007/s11524-008-9270-2 https://doi.org/10.1007/s11524-008-9270-2

Aidala AA, Sumartojo E. Why housing?. AIDS Behav. 2007;11(6 Suppl):1-6. doi:10.1007/s10461-007-9302-z https://doi.org/10.1007/s10461-007-9302-z

Thiberville SD, Salez N, Benkouiten S, Badiaga S, Charrel R, Brouqui P. Respiratory viruses within homeless shelters in Marseille, France. BMC Res Notes. 2014;7:81. Published 2014 Feb 5. doi:10.1186/1756-0500-7-81 https://doi.org/10.1186/1756-0500-7-81

Baggett TP, Keyes H, Sporn N, Gaeta JM. Prevalence of SARS-CoV-2 Infection in Residents of a Large Homeless Shelter in Boston [published online ahead of print, 2020 Apr 27]. JAMA. 2020;323(21):2191-2192. doi:10.1001/jama.2020.6887 https://doi.org/10.1001/jama.2020.6887

Dorney-Smith S, Williams J, Gladstone C. Health visiting with homeless families during the COVID-19 pandemic. Journal of Health Visiting. 2020; 8(5):190-193. doi:10.12968/johv.2020.8.5.190 https://doi.org/10.12968/johv.2020.8.5.190

Social isolation and the wider consequences of COVID-19 on mental health

Exploring published literature of emerging practice as a response to challenges due to COVID-19

Published 1 September 2020

Social isolation and its risks

At the start of the COVID-19 outbreak there were concerns about the psychological impact of imposing quarantine on specific groups. These included those people who have been or are likely to have been exposed to COVID-19, those recovering from COVID-19, or more generally those at risk of contracting COVID-19, i.e. the general population. Brooks and colleagues noted that "Health officials charged with implementing quarantine, who by definition are in employment and usually with reasonable job security, should also remember that not everyone is in the same situation" and mitigating the health risks of the disease must be traded-off against the health risks associated with the longer-term impact on society of such mitigation measures [1].

It is important to separate the direct effects of social isolation from the wider effects of mitigating COVID-19 on mental health. Both have important ramifications for the short to longer-term mental wellbeing of the population. Evidence from previous SARS pandemics indicates that boredom [1], rejection [2], loneliness and disconnectedness [3], and depression and anxiety [4] are likely. People may fear infection and may also be at risk of not being able to access supplies of food or find reliable information important to wellbeing - all are considered stressors during a quarantine [1]. A deterioration in someone's health may be missed or misidentified if depression and anxiety are also present [4]. In addition, if someone contracts COVID-19 and survives, during recovery they may have difficulty in dealing with the psychological effects of that experience (including post-traumatic stress symptoms and the stigma of having had the disease) [5].

Everyone who is quarantined will inevitably see their routines and expectations disrupted in some way [6]. Therefore, although social isolation itself does not necessarily lead to adverse effects, imposing the strict isolation measures required by lockdown could have negative impacts on people who had not previously feel lonely in their isolation. Furthermore, in the long-term there is evidence from studies that had predominantly older populations (i.e. aged 50 and over) which indicates generally that social isolation is associated with an increase in mortality of almost 29% [5]. It is important to address the impacts of social isolation to guard against them having as catastrophic an effect on the population as the disease itself. The idea that social isolation can have catastrophic effects may seem extreme, but studies in Hong Kong and Taiwan following SARS indicate increased rates of suicide, particularly among the elderly [3, 7].Elevated prevalence of psychiatric morbidity was also noted among the general population in Taiwan following the SARS pandemic, particularly among healthcare staff [8, 9].

Risks by profession

The impact of COVID-19 on healthcare staff has already being seen in early findings on psychological distress among more than 70% of healthcare workers surveyed in China by Lai and colleagues [10]. In the Lai study, being a nurse, female, a frontline health care worker and based at the epicentre of the outbreak were increased risk factors.

Staff may feel vulnerable, not able to control what happens, be concerned about the spread of the virus, its morbidity and mortality rate, their own health and the health of family and others (and potentially risking infecting them). They may face increased isolation and/or stigma if they choose to stay away from loved ones at this time for their safety. Changes at work and potential shortages of supplies can also exacerbate high stress and anxiety levels [10].

At risk by age

While healthcare staff are at elevated risk of psychological harms because of their increased exposure to witnessing the effects of the disease, older people are at increased risk from the effects of social isolation in trying to avoid the disease. In Scotland, a third of the population lives alone and 40% of this group are of pensionable age [5].

Older people may be less likely to use online communications. This could potentially put them at particular risk [5] since disparities in digital access make it more difficult to combat the loneliness attributable to social isolation [11]. More generally, as one frontline clinician working in a long-term care facility for older adults noted “my patients have become prisoners in their one-bedroom homes, isolated from each other and the outside world. This extreme loneliness should raise concern as it is a known risk factor for poor health outcomes, including anxiety, depression, malnourishment, and worsening dementia” [12]. Other studies [11, 13] agree that older people are at particular risk, especially if they are frail and already struggling to leave the house.

Losada-Baltar and colleagues found some evidence indicating that older adults may be more resilient to distress and loneliness during COVID-19, as long as they had positive self-perceptions of ageing [14]. One potentially positive effect of lockdown may be that other age groups in society now better understand what life can be like for older people who were more likely to face isolation in their own homes outwith the context of a global pandemic [15]. Nevertheless, older people may be more likely to face stigma from younger populations, with hashtags such as #BoomerRemover trending on social media. Well-meaning communications from healthcare professionals about anticipatory care planning could inadvertently contribute to feelings of worthlessness among older people [11]. This could potentially be exacerbated by the ‘othering’ of at risk groups by the media and others (e.g. politicians, health advisors) in order to heighten the general population’s understanding of the gravity of the threat that COVID-19 presents and prevent ‘under-reaction [13] that would further spread the disease. This is particularly an issue when governments try to appeal to the population’s sense of altruism in averting the disease [1], as doing so may better incentivise more of the behaviours that mitigate the disease but could be condescending about vulnerable groups.

Other at risk populations include those with pre-existing conditions including HIV [16, 17], those in long-term care facilities [12], quarantined students [18], new mothers [6] and those socioeconomically disadvantaged [17]. It was also noted that sedentary behaviours in young people (imposed by lockdown) may also be an important cause of depression and anxiety [4].

How have recommendations been implemented to avoid a mental health catastrophe?

The literature recommends many ways of trying to avert a mental health catastrophe at population level as a result of-trying to mitigate COVID-19. Broadly these fall into six categories and in many cases there are examples of work already undertaken locally and nationally.

1. Self-regulation, whereby people learn new skills, take up volunteering, create and build on routines and keep active during lockdown [19].

Some examples of how this has been seen in practice include:

- COPE Scotland supports mental health during COVID-19, and
- A tool to promote psychological safety during and after COVID-19.

2. Digital inclusion to integrate technological advances in the care of populations at risk of being excluded during health outbreaks [12, 16], even just by providing smartphones [4].

Some examples of how this has been seen in practice include:

- Engaging with members not online – teleconferencing Ageing Better in Camden, June 2020, and
- Digital access for people experiencing homelessness during and beyond COVID-19.

Of note, as Ransing points out, when it comes to mental health it is important to understand the ease with which negative mood can spread online ('emotional contagion'), not to mention how easily and far misinformation can spread – this may also negatively impact people's mental health [20]. This is also easier if more people have access to the internet.

3. Needs assessment of at risk populations, whereby staff can be trained and tools provided for them to help assess [14] and monitor specific at risk populations. This is particularly important given that the stigma towards people with mental health disorders can serve as an additional barrier preventing those who are distressed to obtain help [20, 21].

Some examples of how this has been seen in practice include:

- New mental health assessment hubs,
- How mental health social workers are responding to the coronavirus pandemic, social work and COVID-19

4. Interventions to reduce isolation by encouraging either online [5, 11] or telephone [7, 22] (or both [15]) support for vulnerable groups and community-based provision of adequate supplies (e.g. food, water, clothing) [1, 5], including medicines [4]. Some examples of how this has been seen in practice include:

- 19 charities call for 'triple-lock' to end rough sleeping after COVID-19
- What community groups are telling us about their response to COVID-19
- Collydean Community Centre
- Crossroads Youth and Community Association
- Forth Valley Sensory Centre's COVID-19 response,
- National Lottery Learning and insight about COVID-19 - loneliness, and
- Place based social action: learning from the COVID-19 crisis.

How have recommendations been implemented to avoid a mental health catastrophe?

The literature recommends many ways of trying to avert a mental health catastrophe at population level as a result of-trying to mitigate COVID-19. Broadly these fall into six categories and in many cases there are examples of work already undertaken locally and nationally.

5. Specific mental health support interventions. Some interventions may be provided online for people to self-refer, although it is unclear in most cases whether they were originally designed for COVID-19 or adapted to help support people in a crisis [23]. The original purpose may not matter.

The literature alludes generally to providing 'psychological first aid' [20] and general community-based psycho-social interventions [22] since basic cognitive behaviour therapy (CBT) can increase people's resilience [13]. Group interventions may be useful for those at risk of post-traumatic stress disorder (PTSD) e.g. those who may be recovering from the experience of having COVID-19, or providing care for someone with the disease, as it can help give a sense of connection and feelings of validation to people [1, 18].

An examples of how this has been seen in practice include COVID-19: the challenge of patient rehabilitation after intensive care

6. National support. Communication and provision of accurate information is vital [1], and anxiety can be further reduced by keeping the duration of quarantine short if possible, as well as protecting the population against financial loss [5]. Organising/coordinating health and social care services and experts is required [4, 20]. Providing increased funding to support people who need to access services is also important, particularly for marginalised individuals who may have previously been less able to access digital/telemedicine alternatives to face-to-face contact [16]. Governments and national organisations can also support guidelines on mental health interventions and epidemiological research into the scale of mental health problems being experienced as a result of COVID-19, particularly for at risk groups e.g. healthcare workers[1, 10, 20], COVID-19 survivors and elderly individuals [20].

Some examples of how this has been seen in practice include:

- Rapid evaluation of the response, recovery and resilience fund, data on communities to support decision making, and
- COVID-19 and ethnic minority communities—we need better data to protect marginalised groups.

Looking to the future

Ransing and colleagues note that just as the COVID-19 infection rate may show peaks and troughs. Society may also experience multiple peaks in mental ill-health associated with dealing with the pandemic as outlined below.

- In the first phase, the mental health risks were from inadequate communication, misinformation and fake news, coupled with an exponential growth in cases causing fear, distress, anxiety, depression, sleep disorders, panic attacks, adjustment disorders (whereby people have a disproportionately hard time coping with the events of COVID-19) and suicidal ideation/behaviour.
- Community resilience diminishes this and what follows is a rapid reduction of distress.
- However, this is then followed by a more unpredictable and complex 'second peak' in mental health issues occurring as people come to terms with, for example, the death of loved ones, job loss, economic damage and the marked social disruption caused by the disease. The effects may include PTSD, grief, depression and relapse of pre-existing mental health conditions [20].

We should also note that stigma is known to be problematic when some people are quarantined while others are not [1, 2]. It is less likely to be a significant issue when an entire population is affected by the same lockdown. Stigma could therefore become an issue as localised lockdowns are put in place and specific areas, venues and/or individuals are placed under scrutiny by the local community and public health organisations. Even where stigma is not an issue, changes to plans as a result of public health measures could be frustrating for people if they perceive others around them not having to also experience the new rules.

Sources

[1] Brooks SK, Webster RK, Smith LE, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. Lancet. 2020;395(10227):912-920.

[2] Cava MA, Fay KE, Beanlands HJ, McCay EA, Wignall R. The experience of quarantine for individuals affected by SARS in Toronto. Public Health Nurs. 2005;22(5):398-406.

[3] Cheung YT, Chau PH, Yip PS. A revisit on older adults suicides and Severe Acute Respiratory Syndrome (SARS) epidemic in Hong Kong. Int J Geriatr Psychiatry. 2008;23(12):1231-1238.

[4] Lippi G, Henry BM, Bovo C, Sanchis-Gomar F. Health risks and potential remedies during prolonged lockdowns for coronavirus disease 2019 (COVID-19). Diagnosis (Berl). 2020;7(2):85-90.

[5] Douglas M, Katikireddi SV, Taulbut M, McKee M, McCartney G. Mitigating the wider health effects of covid-19 pandemic response. BMJ. 2020;369:m1557. Published 2020 Apr 27.

[6] Dodgson JE, Tarrant M, Chee YO, Watkins A. New mothers' experiences of social disruption and isolation during the severe acute respiratory syndrome outbreak in Hong Kong. Nurs Health Sci. 2010;12(2):198-204.

[7] Yip PS, Cheung YT, Chau PH, Law YW. The impact of epidemic outbreak: the case of severe acute respiratory syndrome (SARS) and suicide among older adults in Hong Kong. Crisis. 2010;31(2):86-92.

[8] Peng EY, Lee MB, Tsai ST, et al. Population-based post-crisis psychological distress: an example from the SARS outbreak in Taiwan. J Formos Med Assoc. 2010;109(7):524-532.

[9] Kisely S, Warren N, McMahon L, Dalais C, Henry I, Siskind D. Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis. BMJ. 2020;369:m1642. Published 2020 May 5.

[10] Lai J, Ma S, Wang Y, et al. Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019. JAMA Netw Open. 2020;3(3):e203976. Published 2020 Mar 2.

[11] Brooke J, Jackson D. Older people and COVID-19: Isolation, risk and ageism. J Clin Nurs. 2020;29(13-14):2044-2046.

[12] Eghtesadi M. Breaking Social Isolation Amidst COVID-19: A Viewpoint on Improving Access to Technology in Long-Term Care Facilities. J Am Geriatr Soc. 2020;68(5):949-950.

Sources (cont.)

[13] Webb L. COVID-19 lockdown: A perfect storm for older people's mental health [published online ahead of print, 2020 Apr 30]. J Psychiatr Ment Health Nurs. 2020;10.1111/jpm.12644.

[14] Losada-Baltar A, Jiménez-Gonzalo L, Gallego-Alberto L, Pedroso-Chaparro MDS, Fernandes-Pires J, Márquez-González M. "We're staying at home". Association of self-perceptions of aging, personal and family resources and loneliness with psychological distress during the lock-down period of COVID-19 [published online ahead of print, 2020 Apr 13]. J Gerontol B Psychol Sci Soc Sci. 2020;gbaa048.

[15] Berg-Weger M, Morley JE. Editorial: Loneliness and Social Isolation in Older Adults during the COVID-19 Pandemic: Implications for Gerontological Social Work. J Nutr Health Aging. 2020;24(5):456-458.

[16] Marziali ME, Card KG, McLinden T, Wang L, Trigg J, Hogg RS. Physical Distancing in COVID-19 May Exacerbate Experiences of Social Isolation among People Living with HIV. AIDS Behav. 2020;24(8):2250-2252.

[17] Balanzá-Martínez V, Atienza-Carbonell B, Kapczinski F, De Boni RB. Lifestyle behaviours during the COVID-19 - time to connect. Acta Psychiatr Scand. 2020;141(5):399-400.

[18] Pan, PJD, Chang, S-H, Yu, Y-Y. A Support Group for Home-Quarantined College Students Exposed to SARS: Learning from Practice, The Journal for Specialists in Group Work, 2005;30:4, 363-374,

[19] Diamond R, Willan J. Coronavirus disease 2019: achieving good mental health during social isolation. Br J Psychiatry. 2020;217(2):408-409.

[20] Ransing R, Adiukwu F, Pereira-Sanchez V, et al. Mental Health Interventions during the COVID-19 Pandemic: A Conceptual Framework by Early Career Psychiatrists. Asian J Psychiatr. 2020;51:102085.

[21] Xiang YT, Jin Y, Cheung T. Joint International Collaboration to Combat Mental Health Challenges During the Coronavirus Disease 2019 Pandemic [published online ahead of print, 2020 Apr 10]. JAMA Psychiatry. 2020;10.1001/jamapsychiatry.2020.1057.

[22] Banerjee D, Rai M. Social isolation in Covid-19: The impact of loneliness. Int J Soc Psychiatry. 2020;66(6):525-527.

[23] Bäuerle A, Graf J, Jansen C, et al. An e-mental health intervention to support burdened people in times of the COVID-19 pandemic: CoPE It. J Public Health (Oxf). 2020;42(3):647-648.

Insights from Publications

The summaries below are of articles that might help thinking about what has been learned from the COVID-19 experience so far, along with suggestions on how this might be used to support improvement in future.

Published 27 April 2020

This week, featured articles include those about:

- community responses
- housing, and
- providing food and supplies to tenants.

Overview

While we are in the early stages of the response to the COVID-19 pandemic, examples of how organisations are adapting to meet new needs can be categorised as:

- collating and summarising information
- providing new guidance and advice for people/organisations
- increasing current provision, and
- moving to digital/remote service provision.

As a result, clear examples of emerging practice are not yet widely available as they are in still in the early stages of maturity. However, from this first scan there are a number of reflections on the response across different types of organisations.

National membership/representative organisations

Main activity among these groups has been to collate information and guidance for their stakeholders. For example, SCVO have pulled together an information hub for charities along with database on community services, and Shelter Scotland has a new advice page with updated advice based on recent changes. Alongside this, new resources and guidance is being developed by civil society groups to deal with a wide number of intersecting challenges being faced. The Chartered Institute of House and Scottish Women's Aid have published guidance for social landlords on how to identify and support women experiencing domestic abuse.

These activities are similar across these type of organisations, with the aim to provide advice and support to their members.

Third sector and charities

Organisations providing direct support to people have done an incredible job in increasing their capacity and keeping their services open remotely. The majority of information coming from these organisations in on reporting an increase in the type of service they are delivering or in outlining how they are continuing services during the lockdown.

Communities

Information about communities comes mostly from social media and in blogs that are more informal. The community response seems to centre on the distribution of food and shopping to people unable to leave the house, and those financially impacted by lockdown. The COVID Mutual Aid movement is the biggest example of this. However, smaller examples include the Community Larder in a town in Perth and Kinross.

Housing associations

The response from the housing sector has been in providing advice and support regarding maintaining tenancies and the changing legislation/policy.
In addition to this, the response from the housing sector has been to help support community-type initiatives using their infrastructure of staff. This means helping deliver food and shopping for people and keeping people in touch with family. For example, Elderpark Housing supporting someone coming from hospital and the initiatives outlined below by Bield and the Wheatley Group.

Summaries: examples of emerging practice

Community Responses

Galston Estate Trust

"At a time of crisis, community will look to their own," says Lisa Maclean, manager of Urras Oighreachd Ghabhsainn (the Galson Estate Trust) on the Isle of Lewis. "I fully believe it's all about trust."

Galston Estate Trust was formed in 2007 after a community right to buy purchase of over 56,000 acres of land on Lewis. The estate contains a number of villages with a cumulative population of around 2000 people.

The Galston Estate Trust has established a group of volunteers from each of the 22 villages to collate a list of mobile numbers and landlines and set up a network on WhatsApp. In mid-March, before the lockdown, the team had sent out forms to everyone as a way of collecting information on what kinds of support people might require.

This network has been utilised by two GP surgeries to deliver prescriptions, as well as a crofting cooperative that is providing food for the community. The effort has been supported by local businesses, including provision of a van by a car rental agency.
The trust is also offering help for businesses, sign posting to support schemes and contacting them to find out what other help they might need.

Harnessing the power of communities

Essex County Council have set up a central Facebook page to act as the core of their communication strategy. This includes a private Facebook group that acts as a new 'front door' for information and signposting.

This was done in six key steps:

- Set up a central Facebook page, which is verified and contains accurate and trusted information.
- Set up a citizen support group on Facebook, which is private, for people asking for help.
- Connect with and mobilise local community Facebook admins – supporting them to access and share trusted information.
- Set up business and volunteer registration into a central database.
- Redeploy non-essential council staff to focus on community initiatives using volunteer resources.
- Explore how this infrastructure can be used to support communities on an ongoing basis.

Summaries

Community Responses

Ubatuba plan to combat COVID-19

Ubatuba Municipal Council (São Paulo, Brazil) have established a cross-departmental COVID-19 crisis committee. This committee met with staff from across commerce, education, street people, sports, transportation and public roads to make decisions and inform the response.

Working together in this way allow them to pool their connections into the community, mobilizing a wide range of community groups in a coordinated way.

Similarly, bringing together a diverse range of departments ensured that communications, advice and activity were consistent and transparent.

Data on communities to support decision making

Demographic data on COVID-19 risk factors has been published to help housing associations to understand their local communities and provide the right support.
This information includes:

- at-risk groups: older people, people underlying health conditions and benefit claimants for health and disability
- groups requiring additional support, including single-person households, households with no cars and prevalence of dementia
- economic factors, including key workers and vulnerable sectors
- and transparent.

What community groups are telling us about their response to COVID-19

The Scottish Community Development Centre surveyed community groups about how they are responding to COVID-19 and how they might be supported. Responses include:

Issues:

- Practical issues with increase in staff absence and paying rent for unused building space
- Service issues around how to best support their communities with mental health challenges, access to food and continuing vital services in the context of lockdown

Things to help:

- Guidance for maintaining communication with people – especially those who are not online
- Clarity on who can/cannot support community responses, consistent protocols for keeping workers and local people safe when supporting them
- Sharing of information across community settings, for example local authority, social enterprise, and third sector
- Funding support:
- Funding to cover response to increased demand
- Extra funding for new resources required due to COVID-19 related challenges

Summaries

Housing

Supporting tenants with small repairs remotely

Kingdom Housing Association based in Fife is using virtual approaches to offer support with small repairs and issues.

The technology allows a trades operative to be virtually present in a tenant's home, to see the issue in real time using video technology on a mobile phone or tablet and to offer support and advice by having their hand superimposed on the scene in the tenant's home - all without ever stepping foot inside the property. This technology has been helping with many small repairs such as fixing a door or reconnecting a washing machine.

Providing food and supplies for tenants

On a small scale

Bield Housing Association, at Crosshill Gardens in Port Glasgow, have developed a service to ensure that tenants are able to get what they need during lockdown and self-isolation.
It is a volunteer led project that allows people to choose from a list the things they need. This is then left outside their house, picked up by a volunteer who gets the items and drops them back off. People can order a wide range of grocery items from milk to bread to biscuits. An extra effort will also be made to source specially requested items, if it is possible to source them.

On a larger scale

The Wheatley Group have delivered over 6000 food parcels in a month to those in need. The EatWell service has expanded to be able to support those who have been effected by COVID-19.

Mental Health

How mental health social workers are responding to the coronavirus pandemic

The organisation Think Ahead interviewed 36 mental health social workers across England on how they are changing their practice in response to the COVID-19 pandemic.

Staff are becoming more flexible with regards to their deployment, this is allowing cases to be pooled and a restructuring of teams.

Key points:

- pooling caseloads to be jointly managed across a team, so that team members can support and safeguard the highest-priority service users at any given time
- staff are taking on more shifts acting as an approved mental health professional
- there is redeployed into other mental health teams
- there is a focus on hospital discharge – as mental health inpatients are discharged to avoid infection, and
- teams are getting restructured – either by merging specialities to ensure that priority cases are seen urgently, or by developing hubs of staff that are able to support community teams.

In addition, the review outlines:

- new digital services that are being offered
- how staff well-being is being looked after, and
- the role of trainees

Insights from Publications

The summaries below are of articles that might help thinking about what has been learned from the COVID-19 experience so far, along with suggestions on how this might be used to support improvement in future.

Published 4 May 2020

This week, featured articles include those about:

- isolation
- guidance
- community responses, and
- health.

Overview

Examples of how communities are responding to the needs of people in lockdown continue to emerge - through providing people with food and shopping, telephone social support and wider signposting/information regarding the plethora of new national and local initiatives. These community services are either using existing networks/connections or developing new ones, highlighting the importance of these as lifeline for people. Similarly, these networks are providing a route of communication for services to some of the more hard to reach communities.

New guidance is also being developed as new challenges are recognised. In many cases these are developed in collaboration and have independent sector organisations at their heart. This highlights the role of civil society groups in identifying need and also their expertise in being able to rapidly respond to these needs.

Summaries

Guidance

Supporting visiting at the end of life

Scottish Care, along with Marie Curie and the Scottish Academy, has developed a set of guidance to support safe visiting for people at the end of life. In the context on unclear guidance on this issue, staff have faced difficult decisions and had to absorb the distress of family members. This guidance takes the form of an ethical framework to support decision making at an individual level. Alongside the ethical framework is practical guidance on how to enable visiting.

The guidance includes considerations of:

- ensuring that the wishes of the person are respected – including previously known wishes where capacity is deemed insufficient
- limiting contact to one family member over the decline and death of a person, and
- visitors requiring PPE.

Homelessness and COVID-19

The impact of COVID-19 on homelessness and the protected characteristics of people who experience it are likely to be more acute. This document outlines what the additional impact of COVID-19 is likely to be on people with protected characteristics, and suggests ways to mitigate this.

Isolation

Tech Device Network

A network for donating and accepting pieces of technology to support people to keep connected during self-isolation. Anyone is able to donate and care home, care at home and housing support services registered with the Care Inspectorate can apply to receive devices for the people they support.

There is clear guidance on acceptable devices, how to clear personal information off the device and infection control procedures to follow when donating (cleaning the device, etc.). Similarly, there is guidance for people receiving a device, such as Wi-Fi requirements and hints and tips on how to engage people with the devices

Summaries

Community Responses

Lochalsh Community Response

Lochalsh Community Response is a new network in Lochalsh providing support for local communities in order to minimise the impact of coronavirus on people in the area. The network includes around 20 organisations, community councils and initiatives. It is led by Kyle and Lochalsh Community Trust and grew out of Lochalsh Collaboration which links local community councils, community development trusts and groups to look at community engagement and action

The response covers seven community council areas and offers a:

- telephone helpline
- dedicated website and Facebook page where people can find information about locally available support, and
- Food Share Project where food from local supermarkets that is nearing its sell-by date is distributed to those in need.
- The network has also jointly secured funding for local organisations so they can support their vulnerable members during the outbreak.

Barmulloch Community Development Centre

The Barmulloch Community Development Centre (BCDC) has set up a community signposting service. Funded through Foundation Scotland and the Enterprising Provan Fund, people are able to call the Coronavirus Emergency Assistance Service of they need support of any kind. Staff, comprised of volunteers and members of the community, then signpost people to appropriate resources and help them access services.

The BCDC is also using their community buildings for pop-up food banks.

Collydean Community Centre

The Community Café has become a contact centre for the community, with three staff working there. This allows people to call and access a wide range of services delivered by the community. The centre is distributing food, offering a shopping service and delivering prescriptions. There is also a befriending service for those that are isolated.

A key new initiative is the Growing Together Project that gives support for families to grow their own vegetables, gives nutritional advice and is an opportunity to reduce isolation.

Star Project (Paisley)

In response to COVID-19 the Star Project in Paisley has developed three new services:

- one-to-one support: regular support via one to one phone calls from our staff and/or trained volunteers
- community fridge/pantry: staff and volunteers will deliver food and hygiene products to individuals and families, and
- wee stars toddler group: for families and carers who want to deliver creative, educational and fun activities for their toddlers. We will have craft packs available to be picked up from the project during the week and post a link to resources supporting you to complete them at home on Slack and Facebook.

Summaries

Health

Patient records can be shared across GP practices and with 111 after NHS (England) relaxes rules

Through the COVID-19 pandemic there is a need for the system to be more responsive to people's needs and make accommodations based on travel restrictions. To support people to access the right services faster and improve communication between multiple services that might be supporting a person NHS England has relaxed rules on sharing patient records.

GPs will now be able to access records for patients registered at other practices during the coronavirus epidemic. This will allow appointments to be shared across practices, while NHS 111 staff will also have access to records to let them book direct appointments for patients at any GP practice or specialist centre. In addition, extra information including significant medical history, reason for medication, and immunisations will be added to patients' summary care records and made available to a wider group of healthcare professionals.

While this arrangement will only be in place during the pandemic, Neil Bhatia, a GP and data sharing expert has said: "From my point of view, as a data protection person, I don't have a problem with it…I don't think it will take much to convince practices to allow this to continue voluntarily whenever that time comes."

Are we at risk of mothballing our support needs?

Blog by Craig Menzies of the Macmillian Volunteering Hub on the need to support and encourage people to seek help for non-COVID-19 health conditions. There is discussion of how the COVID-19 pandemic has changed our service landscape and also the impact of the media focus on COVID-19 on those with cancer.

Scotland's interim Chief Medical Officer Dr Gregor Smith described a 72% reduction in urgent suspected cancer referrals by doctors in Scotland. The implication is that people are putting concerns and worries about cancer 'in a box and placed to the side for now, whilst focussing on getting through the storm that COVID-19 has brought'. Craig asserts that it is important that services are aware of this and continue to offer support to people, being proactive in engaging with people over their health.

Insights from Publications

The summaries below are of articles that might help thinking about what has been learned from the COVID-19 experience so far, along with suggestions on how this might be used to support improvement in future.

Published 18 May 2020

This week, featured articles include those about:

- discharge planning
- inequalities
- planning, and
- neighbourhood care.

Overview

As we are passing the initial 'crisis response' phase, there are a lot of reflective pieces being published that give an overview of the response to COVID-19. Ian Bruce of Glasgow Council for the Voluntary Sector (GCVS) reflects on how the voluntary sector has responded and changed, including an increase of digital services, a rethinking of risk on the part of funders and the importance of small community groups that were able to respond immediately. Cormac Russell delves a little more into how the challenge of COVID-19 has challenged conventional thinking and reinforced the case for asset based approaches to community development. He warns professionals and politicians of over-engineering a system response to new demands and needs in a way that might suffocate community initiative.

Expansions

A common emerging practice as a response to COVID-19 remains the expansion of services already provided by the third sector. This reflects the fact that in many cases the pandemic has created new needs but rather enhanced or amplified current needs. For example, Marie Curie have expanded their bereavement helpline. Similarly, there has been an increase in funding for organisations supporting people with autism, struggling with COVID-19 related restrictions on travel. An interesting characteristic of this type of funding is that it comes directly from Scottish Government to provider organisations, bypassing HSCP processes. Community groups are also expanding as the national profile of community activity is increased, more local organisations are getting involved and communities feel more galvanised. Castlemilk Together is a group that has been functioning for a number of years but has seen a spike in activity in order to respond to increased need, with support from the local football team, parish church and an increased number of volunteers.

Continuations

Organisations are beginning to looking at how programmes or projects that were emerging before the pandemic can be used within a new context. Glasgow Centre for Population Health have been developing a programme for food sustainability in partnership with a range of community organisations and the Glasgow Food Policy Partnership. The distribution and campaigning networks of this initiative are being reoriented to support those facing food insecurity as a result of social isolation or reduced income.

Summaries

Discharge Planning

COVID-19: the challenge of patient rehabilitation after intensive care

As people who have required intensive care are beginning to be discharged, there is a new focus on how to support their recovery at home. Unlike conditions such as heart attack and stroke, there are no established pathways for support post-discharge for people who have required intensive care. COVID-19 has brought into focus the need for such pathways. Furthermore, there is discussion on the likely psychological impact and need for people discharged from intensive care, along with the need for GPs to engage with this process as they are likely to see a lot more people who have experienced intensive care.

This article outlines some current practice from across the UK in relation to this.

Royal Berkshire Hospital

Offers 'intensive aftercare' for people who have been in intensive care for four days or more. They are first seen at an outpatient clinic two months after discharge and then again at six months and a year. At each stage they are assessed and may be further referred for physiotherapy, psychological help, memory help, ENT treatment, or post-traumatic stress counselling.

The success of this service is such that it is accepting people from other hospitals and also GPs.

"GPs are slowly coming on board. At first, they didn't feel it was necessary. Now they actually refer patients that have not had follow-up at other hospitals to our hospital."

Planning

Strengthening social care analytics during the pandemic and beyond

The COVID-19 pandemic has revealed a need for access to accurate, usable data and analytics in social care. The Health Foundation are exploring what data analytics can do to support social care commissioners, providers, and service users and their carers during the pandemic and beyond.

Building on their Advanced Applied Analytics programme (that develops resources to support social care capacity for analytics), the Health Foundation are partnering with Future Care Capital (FCC), a health and care charity that has championed greater use of data and technology to improve outcomes from both formal and informal social care provision. Together they are working to support social care systems to develop an analytics framework that will enable them to develop insights based on current, real time data.

The immediate response from the Health Foundation is to help spread and implement the learning from existing projects such as the Learning Care Home project. This centres on an app that allows staff to provide a structured referral and resident observations, and then transmits the data instantly to the community NHS team who also see the resident's GP record, allowing them to make an informed action plan.

Summaries

Inequalities

COVID-19 supercharges existing inequalities faced by Glasgow's 150,000 disabled people

A survey carried out by the Glasgow Disability Alliance has shown the impact of COVID-19 on its members. The report from the survey highlights reveals two key issues:

The COVID-19 pandemic is supercharging inequalities already faced by disabled people: existing issues such as food poverty, isolation and digital exclusion are becoming more intense and more prevalent.
The COVID-19 response risks leaving disabled people behind: as COVID-19 becomes the priority, lifeline services are removed at a time when they are even more vital to disabled people. Survey responses highlight a fear that 'resource rationing' guidelines are stripping them of their rights to equal access to potentially life-saving treatment.
In response to these concerns, the Glasgow Disability Alliance is meeting remotely to offer peer support and share experiences, they are advocating for members who want to challenge decisions around treatment at this time and have established a helpline for those who have fallen through the cracks.

This approach highlights the importance of civil society groups in amplifying concerns and working at an individual level to support change.

Castlemilk Together

Housing associations in Castlemilk are part of Castlemilk Together, a community organisation that provides support to those who need it.

In response to COVID-19 there has been an increase in people, businesses and organisations wanting to provide support to the community, in this context Castlemilk Together is a nucleus around which a community response has grown. Through Castlemilk Together, people are able to access a range of supports offered by groups locally such as Community Food Action, the Castlemilk Relaxation Centre and the LD Let's Talk service.

Supporting the Roma community in a pandemic

The Govanhill Development Trust, a part of Govanhill Housing association has been working closely with the Roma community in dealing with the impact of COVID-19. Challenges have been in the growing unemployment and lack of access to reliable information. The Development Trust has been working with the Roma community for around six years, and has built strong connections to it. A lot of new activity for them has been in producing translated information, supporting benefits applications.

An emerging need has been support in arranging repatriation of people who have died from COVID-19. While this happened previously, it was not as common and wasn't done remotely, in such difficult circumstances. The Development Trust has been supporting people going through this process

Summaries

Inequalities

Strengthening social care analytics during the pandemic and beyond

The COVID-19 pandemic has revealed a need for access to accurate, usable data and analytics in social care. The Health Foundation are exploring what data analytics can do to support social care commissioners, providers, and service users and their carers during the pandemic and beyond.

Building on their Advanced Applied Analytics programme (that develops resources to support social care capacity for analytics), the Health Foundation are partnering with Future Care Capital (FCC), a health and care charity that has championed greater use of data and technology to improve outcomes from both formal and informal social care provision. Together they are working to support social care systems to develop an analytics framework that will enable them to develop insights based on current, real time data.

The immediate response from the Health Foundation is to help spread and implement the learning from existing projects such as the Learning Care Home project. This centres on an app that allows staff to provide a structured referral and resident observations, and then transmits the data instantly to the community NHS team who also see the resident's GP record, allowing them to make an informed action plan.

Neighbourhood Care

Self-managed neighbourhood care in a global pandemic: how is Buurtzorg doing?

The underlying principles of the Buurtzorg model is to rely on the professional ability of its teams to work with people and communities to create their own solutions, while providing those teams quickly and responsively with the support they need to do so effectively.

In essence, this is a balancing act between centralised and autonomous functions. Facing a challenge as large and complex as supporting people in the context of COVID-19, there is a tendency towards increasing centralisation of decision making. This is something that has been resisted by Buurtzorg who have focussed on learning what is needed from professionals and then providing support.

Key challenges people faced have been the rapidly changing clinical advice. In response to this the crisis team was set up to keep track of and interpret regulatory changes, gather and disseminate the latest clinical evidence. The team is made up of experienced nurses and an epidemiologist, meets for an hour at the same time every day and is available to the teams whenever they need it. The key role is to listen to the concerns and fears of the teams, review the information and requirements coming from them and from the government, doctors, other health and care providers, and so on, and respond in practical ways.

As in Buurtzorg's neighbourhood teams, although there is no hierarchy in the crisis team, "different people have different qualities and they just 'pop up' as needed." One of its members said:

"For example, someone who is good with academic articles and summarising their key points; or someone particularly good at handling phone inquiries."

Insights from Publications

The summaries below are of articles that might help thinking about what has been learned from the COVID-19 experience so far, along with suggestions on how this might be used to support improvement in future.

Published 2 June 2020

This week, featured articles include those about:

- community resilience
- supporting young people
- mental health support
- remote services, and
- housing.

Overview

As communities and health and social care service continue to adapt to new circumstances during the COVID-19 pandemic, the published literature is trending towards summarising how people have responded across geographic and thematic areas, along with exploring what this might mean for the future of health, social care and communities.

In the US, the Commonwealth Fund has brought together global examples of how systems have responded to COVID-19 in a number of areas. While in England, the National Lottery Community Fund has pulled together examples of different areas their funded projects have been supporting people. Thinking about the future, the Centre for Homelessness Impact have begun a discussion around the sustainability of practices in public-private collaboration.

Similarly, there are high level blogs discussing how ideas such as person centre care have been revitalised and boosted and how approaches traditionally used in one area could benefit new needs, emerging through and beyond the COVID-19 pandemic.

Summaries

Community resilience

Rapid Evaluation of the Response, Recovery and Resilience Fund

Foundation Scotland launched the Response, Recovery and Resilience (RRR) Fund in March with funding from the National Emergencies Trust (NET). The overall aim of the Fund was to help those most affected by the recent coronavirus outbreak.

This report details insights into the difference the funding has made to communities and aims to understand the next set of challenges facing communities in the short, medium and longer term. This evaluation captures the views of a wide range of recipients of the RRR Fund first phase.

Key findings:

- The strongest impact of the funding was in successfully meeting immediate needs of people – with common activities being provision of food, IT support and crisis grants.
- Funding was also very successfully used to increase capacity to meet demand and introduce remote services.
- The third highest impact category has been in tackling loneliness and promoting positive living, wellbeing and resilience.

The report also suggests a number of recommendations for funders based on the evaluation feedback they received. These include:

- invest in core funding and capacity building
- plan for implications of increased poverty and inequality
- recognise mental health as a primary issue in communities
- support groups to adjust to a new reality, and
- collaborate for community resilience.

Community micro-enterprise as a driver of local economic development in social care

A report that makes the case for supporting micro-enterprises as a way of supporting localised economic development and building community resilience.

The findings of the report highlight the benefits of micro-enterprises as a form of work, a progressive model of community care and support and a community infrastructure. The authors note that with 70% of those starting a micro-enterprise having worked previously in social care, these enterprises offer higher quality jobs than what is perceived as very transactional roles within mainstream social care. Similarly, as a model of care there is high demand for support from micro-enterprises as they are seen to offer more person centred and flexible services.

From these findings a number of recommendations to local authorities are made including:

Set and resource a strategic objective for transforming social care models.
Think creatively about community wellbeing and infrastructure.
Place a higher priority on collaboration within commissioning, recognising that this can encourage more personalised care, build provider and sector resilience, and deliver better value for money.
While this report is based on research from before the outbreak of COVID-19, the findings and recommendations within it contextualises a lot of the emerging practice within communities and will be useful in thinking about community resilience beyond COVID-19.

Summaries

Supporting young people

Uncertainty resulting from the pandemic will leave many young people wondering what their future will look like.

The National Lottery Community Fund have explored different funded projects to give an overview of ways that young people are being supported.

With schools being closed, a significant source of support for young people has been withdrawn. Along with teaching, schools offer a place for peer support, pastoral support from staff, links with wider support services and a place of safety.

This article outlines the needs of young people and give examples of how these are people fulfilled in the context of COVID-19. These range from access to safe spaces and methods for checking in with vulnerable children to support in managing day to day anxiety and supporting parents.

Mental health

New mental health assessment hubs

Two 24 hour urgent mental health assessment hubs have been opened by the East London NHS Foundation Trust in Bedfordshire and Luton. The service is part of a crisis response pathway to help divert people away from Accident and Emergency (A&E) departments who don't require treatment for a physical medical condition.

NHS 111 mental health crisis support is now available weekdays 5-11pm and weekends 7am-11pm.

The hub will also support by providing walk-in help and support for anyone who would otherwise attend A&E.

Psychiatric Liaison Service (PLS) teams will assess any patients requiring mental health support arriving at Bedford and Luton & Dunstable A&E departments – and divert to the hub if appropriate.

Hospital teams will continue to contact PLS as normal for patients receiving treatment for physical medical conditions who also require mental health support.

Summaries

Housing

19 charities call for 'triple-lock' to end rough sleeping after COVID-19

A joint plan has been released by a number of housing charities to build on lessons learned through responses to COVID-19 to end rough sleeping.

The plan outlines three priorities:

- More Good Homes – building housing capacity.
- No Return to Rough Sleeping – those being housed as part of the COVID-19 response should remain housed.
- No Evictions into homelessness – protections should be introduced to stop evictions into homelessness.

There is an overview of what the plan aims to achieve:

- Keep the changes to the levels of benefits (including discretionary benefits) that have been made in response to COVID-19.
- Protect people with no recourse to public funds.
- Build from the range of community and grass roots responses to COVID-19 supporting positive mental health, reducing social isolation, and providing practical support.
- Increase access to digital technology.
- Incentivise and reward great frontline workers.
- Build on the joint working happening in response to COVID-19.
- Crucially, the plan also outlines how the charities involved in developing the plan can support authorities to deliver including co-producing frameworks for translating learning from the COVID-19 response into 'Rapid rehousing transition plans' and working with landlords and housing associations to create more capacity and support better allocation planning.

The plan also highlights the importance of empowering tenants in exercising their rights and conducting robust equality impact assessments with local authorities.

Remote services

The COVID box (in Dutch)

The COVID box is a way of supporting people to recover as much as possible at home, and we maintain intensive monitoring of the symptoms.

People are given a digital thermometer, blood pressure monitor and oxygen saturation meter that patients use at home. These measurements are then shared with health professionals during video consultations.

Insights from Publications

The summaries below are of articles that might help thinking about what has been learned from the COVID-19 experience so far, along with suggestions on how this might be used to support improvement in future.

Published 5 June 2020

This week, featured articles include those about:

- community partnerships
- housing, and
- sustaining improvement.

Overview

With the increasing maturity of responses to COVID-19, more partnerships are developing that go beyond hyper-local community groups working together. Furthermore, as community responses have become more stable, there is more of a focus on how to keep the momentum of positive action and political support.

Community partnerships

COVID-19 Community response services available for referrals

The Libertie Project Limited is a social enterprise that runs arts and craft activities for offenders, those at risk of offending, their families and victims of crime. They work closely with the Criminal and Community Justice system as well as running projects with prisons. However, they are beginning to reach out to different agencies and organisations to offer a referral service to a number of their services.

They are offering 'Digital Contact Boxes for Households in Hardship' through referrals from the Housing Team, Women's Aid and community response groups. Similarly, they are offering arts and crafts materials, resource guides and lockdown friendly activities for families in hardship through referrals from CAHMS, residential children's services other agencies.

Chest, Heart and Stroke Scotland partners with the Fire Service

Chest, Heart and Stroke Scotland has partnered with the Fire Service as a way of reaching out to those who might need their services. Recognising that people might not be able to, or might not feel they can get in touch with the charity for support due to self-isolating or travel restrictions, the Fire Service will be helping identify those who might benefit from support.

The Scottish Fire and Rescue Service are working hard in communities across Scotland to protect people and ensure that they stay safe as they spend more time at home. They have been providing their Home Fire Safety Checklist to those who are more vulnerable and at higher risk. Through the partnership, the Scottish Fire and Rescue Service will be identifying people in the community who could benefit from the Chest Heart and Stroke Scotland's Kindness Project.

Summaries

Housing

A 'post COVID-19 solution' to housing

A report from the Chartered Institute of Housing that outlines experiences from the sector during the COVID-19 pandemic, an appraisal of policy responses and suggestions of how to build on this.

The report describes the impact of COVID-19 related restrictions on people living in the private rented sector – characterised by worries about rent and reliance on social security that falls below previous earnings. The situation is likely to become more precarious when the UK government furlough scheme is wound up. The report suggests solutions with the core aims of filling the gaps in current income protection schemes, minimising evictions and help build the sustainability of the private rental sector.

Solutions suggested include:

reasonable payment plans to repay arrears
ending of the five week wait for Universal Credit
temporary suspension of the benefit cap and two-child limit
one-year lifting of 'no recourse to public funds' and other restrictions on claiming benefits, and
ensuring landlords pass on relief through mortgage holidays to tenants.
The report includes a detailed table of the key problems along with descriptions of measure currently being taken to address them, ways measures could be enhanced and how to further improve them 'post-COVID-19'.

Housing Costs Calculator

This tool supports local authorities in making informed and quick decisions regarding the longer term accommodation of people put into temporary housing during the COVID-19 pandemic.

In response to COVID-19, local authorities across the UK provided people experiencing homelessness temporary accommodation to support self-isolation – often in hotels no longer in use.

As restrictions ease, local authorities will need to find new accommodation to ensure that no-one returns to rough sleeping. To support this decision making, the Housing Costs Calculator can be used to work out rough estimates of the costs of moving people who are currently in hotels and in shared temporary accommodation to the private rented sector with appropriate levels of support.

Summaries

Sustaining improvements

Embedding and scaling COVID innovations: the mindset shifts behind the specifics

A blog from the Q Community on how to identify areas of COVID-19 related activity conducive to long-term, sustainable improvement, not through the practical things being done but by the culture shifts that enabled it.

There have been a huge number of new innovations at local, regional and national level in response to the challenges of COVID-19. This blog outlines a number of things to consider when looking at what to invest time and energy into supporting 'post-COVID'.

Look for pre-COVID innovations that are coming to the fore:

- "The language of innovation can disguise the fact that many of the changes coming to the fore during COVID build on an established rationale and evidence base."
- Understand the enablers behind something new and identify where there is:
- willingness and ability to engage virtually
- acceptance of alternatives to receiving care in hospital
- willingness to change thresholds for treatment
- recognition of individuals' role in self-management and communities in providing support
- focus on individual and public health
- greater recognition and discomfort with existing inequalities
- acceptance of experimentation and front line-led change

Where there have been positive changes in practice due to shifting mindsets, the blog poses a number of questions to ask at a macro-level, including:

- What are the mindset shifts to pay attention to?
- When we talk about mindset shifts, what do we really mean and how might we sense and measure such shifts?
- Which voices are amplified and which are muted as we think about this?
- Where are new norms being formed now that traditional spaces are being replaced by online mechanisms for sense-making and debate?
- What might swing back when an exhausted workforce and population see an end to the current crisis phase of the pandemic?
- How do we attend to shifts that might be less positive, such as over-reliance on command and control, top-down leadership?

Insights from Publications

The summaries below are of articles that might help thinking about what has been learned from the COVID-19 experience so far, along with suggestions on how this might be used to support improvement in future.

Published 15 June 2020

This week, featured articles include those about:

- emerging practice in communities, and
- children and young people.

Overview

There is increasing evidence emerging about how COVID-19 and the related lockdown policies have impacted people and communities.
A growing focus is on the unequal impact across society. The MJ has written about the risks of these inequalities persisting into the recovery phase, echoing a number of other publications focussed on how we can and need to look at how to apply learning from the pandemic.

A significant lesson that emerges from publications is the shift in relationship between the state, people and communities. A linking theme between lessons from the pandemic and future action is the role of engagement that is beginning to be considered as a vital element of post-COVID-19 improvement.

Summaries

Emerging practice in communities

Responding to COVID-19 in Kintore

A recently formed community group, Lend a Hand (LAH) Kintore, is now regularly responding to local requests for help during the COVID-19 pandemic.

LAH Kintore was set up in mid-March 2020 when Kintore and District Community Council, Kintore Parish Church, Kintore Community Church and other concerned citizens independently saw the need to help the community and joined forces to offer a coordinated approach. Since then, over 100 volunteers have signed up and over 700 have become members of the Facebook group.

Strong collaboration and volunteer support have been key to LAH Kintore's early success. The steering group is made up of individuals with differing skills, knowledge and networks and this has been put to good use. Volunteers have distributed a magazine to every household in Kintore to keep the community informed and aware of their options if any assistance is required.

Forth Valley Sensory Centre's COVID-19 response

An example of how the Forth Valley Sensory Centre has been supporting people through the changes and challenges brought about by lockdown policies.

The centre stayed open through the COVID-19 pandemic and responded to new needs in a number of ways:

- providing accessible information: the centre has coronavirus information in braille and worked with partners to produce British Sign Language videos on coronavirus. They have also set up a talking newspaper service as the existing one closed. This offers a trusting news source.
- befriending: the befriending service has been moved to telephone, video calls, text and email to continue to support people remotely
- listening: the centre remains a hub and are using social media to listen to what people might need to support them. This has included support with bills and finances, holistic therapy and social contact.

Summaries

Young people

Building Forward, for the Future: what can a wellbeing approach achieve for young people and generations to come?

A reflective blog outlining what COVID-19 has highlighted about the wellbeing needs of young people and how these might be supported going forward. The blog identifies four key areas of wellbeing for young people, describes the impact COVID-19 has had on these and suggests steps to take when looking at COVID-19 recovery.

Social wellbeing
The crisis has highlighted the importance of connection, and of the value of access to spaces and places that facilitate interaction, both on and offline.
It is those with reduced access, space within their homes and opportunity that are the most vulnerable to rising inequalities. Many of these individuals are young people.

Along with ensuring everyone has what they need to participate in online spaces, developing better physical spaces is essential. Indoor and outdoor spaces that are stigma and agenda free are vital to enable relationships and interactions to flourish.

Economic wellbeing
Around one third of 18-24 year olds are currently on furlough, or are now completely without work. Many of the younger generation have been affected to a greater degree than most.

In developing an economic recovery a holistic measurement of society's progress is needed, along with a review of what constitutes 'growth' - measuring Gross Domestic Product (GDP) does not sufficiently tell us about quality of life, relationships or health.
Environmental wellbeing:

Green and blue infrastructure has been a lifeline to many over the past months, it has been highlighted as having significant value to our wellbeing.
Recovery from COVID-19 offers a new space for the UK to go further towards its target of cutting emissions to net zero by 2050.

Democratic wellbeing
COVID-19 has necessitated strict limitations on movement and behaviour, creating a need for more communication and transparency between citizens and the state.

Many want more opportunities to understand government decisions, suggesting a need for more deliberative methods, or better public engagement in the methods that already exist.

Insights from Publications

The summaries below are of articles that might help thinking about what has been learned from the COVID-19 experience so far, along with suggestions on how this might be used to support improvement in future.

Published 26 June 2020

This week, featured articles include those about:

- health and care staff wellbeing,
- community responses,
- homelessness, and
- social isolation.

Health and care staff wellbeing

A Tool to Promote Psychological Safety During and After COVID-19

An article arguing that in supporting emotional wellbeing of staff, new QI initiatives need to explicitly consider the psychological impact for staff implementing them. In the context of a workforce recovering from burnout and the experiences of the COVID-19 pandemic, it is important that QI methodologies are sympathetic to their emotional fatigue.

The article introduces the idea of 'psychological safety' as the "belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes." Across a range of professions, what links high-performing teams is the presence of this crucial belief. This is linked with notions of empathy, whereby as QI methodologies are used to look at how the system can respond better to future surges in demand, these methodologies and resulting changes need to show empathy for the workforce.

The article suggests a three step approach to explicitly link psychological safety and empathy to QI initiatives during and after the COVID-19 pandemic:

- Actively seek feedback on what went well and what to change for the future from staff in all areas and at all levels via electronic and paper surveys.
- Share identified feedback themes widely and seek out further details and clarifications as needed.
- Prioritize projects using the below matrix to ensure that resources are spent working on activities that promote psychological safety and empathy along with clinical and operational impact.

Summaries

Health and care staff wellbeing

Learning from staff experiences of COVID-19: let the light come streaming in

A blog from The King's Fund discussing the importance of control, belonging and being trusted in supporting staff wellbeing in times of high stress.

"The past few months have taught us that staff must have autonomy and control, feel a greater sense of belonging and be supported in order to have a sense of competence, rather than simply being overwhelmed by excessive workload."

Staff have been given greater autonomy and control in a way that has enabled a positive attitude and allowed for rapid responses to a changing situation, and decisions are being made by the people closest to the person being cared for. Virtual clinics and consultations have been developed at a local, hospital or ward level in ways that has involved and respected all staff involved.

Teams have become more stable and tight-knit through the pandemic. Multi-disciplinary teams have had a clear and common sense of purpose, which has built cohesion and a sense of team compassion and support. This 'blurring of hierarchical and professional boundaries' has helped teams feel more cohesive and collaborative.

The stripping out of unnecessary red tape and hierarchical decision-making has freed up time for staff to focus on doing the right thing. Some of this has been aided by the shift in the constraining power of national bodies. Care Quality Commission inspections have stopped except in the most challenged settings. Several themes have emerged: the national bodies have provided some breathing space from control, inspection and their routine demand on the system. As we start planning for recovery, this provides an opportunity to establish new mutually supportive and adult relationships with national partners and avoid stifling control.

Summaries

Community responses

Built-in Resilience: Community Landowners' Responses to the COVID-19 Crisis

A report from Community Land Scotland and the Community Woodlands Association that explores the role of community land ownership in the community resilience that has been demonstrated during the COVID-19 pandemic.

The report provides examples of work done by community trusts across Scotland:

- Carloway Estate Trust (Urras Oighreachd Chàrlabhaigh)
- Galson Estate Trust (Urras Oighreachd Ghabhsainn)
- Govanhill Baths Development Trust
- Kinning Park Complex
- Kyle and Lochalsh Community Trust
- Mull and Iona
- Pollokshields Trust

Throughout these examples there is discussion on how the presence of these trusts, with their deep connections in the community has supported a rapid response to COVID-19.

The trusts have an understanding of the people in the community that is based on interpersonal relationships, there is a better awareness of where people are vulnerable and in what way – 'Small communities know where the fragile and break points are, they know how to garner support and put things in place for those in immediate or potential need'.

On practical issues, Community Trusts offer an infrastructure around which new initiatives, pieces of work and services can build. They have offered physical spaces for food to be collected and prepared, they have offered back office functions for coordinating phone calls and they are a draw for volunteers looking to help.

"It highlights the deep connections into communities that democratic community ownership demands. Having the organisational infrastructure and resources already in place, meant that community landowners were able to respond quickly, effectively and, most importantly, appropriately to what their individual communities needed. These organisations have confidence in their own ability to deliver, as well as their communities having confidence in them that they will act."

Summaries

Community responses

Dancing in the Streets: An Asset-Based Community Development informed local authority response to COVID-19

A blog outlining how Leeds City Council engaged with the third sector and developed a new approach to volunteering to support community responses to COVID-19.

Recognising that volunteers would play a significant part supporting communities through the pandemic, and the huge number of people wanting to volunteer, Leeds City Council built their volunteer strategy around three 'tiers' of volunteers.

The first two tiers were within the existing frame of volunteering – tier one being those currently volunteering, with DBS checks, who could provide more complex services including picking up methadone prescriptions; tier two was those new to volunteering, wanting to help out during the crisis. However, the Council were concerned that "we don't want Jane at number 24 registering to volunteer to then go through a process to then be matched to help out Mary at number 32." Therefore, the third tier of volunteering was the informal networks of individuals helping out their immediate community through social check ins, WhatsApp groups etc.

This framework allowed the Council to understand the relationships between volunteers, the Third Sector and statutory services. They were led by asset based approaches that acknowledges that the starting point should be in what a community can do for itself.

Learning and Insight about COVID-19 / Coronavirus

The National Lottery Community Fund has been working to support community groups responding to emerging needs resulting from COVID-19 and related containment policies. They have produced summaries of the types of groups and activities they are funding across a range of different areas:

- Bereavement and end of life
- Black, Asian and ethnic minority communities
- Money and finances
- Loneliness
- Supporting young people
- Food
- Community infrastructure
- Networks and peer support

Summaries

Homelessness

Digital access for people experiencing homelessness during and beyond COVID-19

A report on a pilot by the Simon Community and Get Connected Scotland that supported people experiencing homelessness to get online.

The pilot gave out 36 mobile devices with unlimited data, calls and texts. They supplemented this with personalised support through a Digital Champion training programme that centred on communicating digitally, accessing reliable information, managing money and leisure and entertainment.

Reflections from participants show significant benefits stemming from the pilot, such as:

- Increased confidence and self-belief
- Ability to connect better with friends and family
- Feeling more autonomous and independent
- Access to videos and games increased wellbeing

Some challenges faced were:

- A steep learning curve
- A lack of confidence

Reflections from staff show benefits beyond just getting people connected:

- Involvement in the pilot has highlighted to people how important connectivity is
- Shifted perceptions around digital from 'nice to have' to 'essential'
- Staff feeling more engaged in the support they are providing
- There are a number of case studies within the report highlighting the positive impact of the pilot on outcomes for people including people being able to reconnect with their families, start/continue studying and getting involved in volunteering.

Social Isolation

Curate and Connect: Social Isolation

IRISS have started a new project that brings together special collections of their resources based on topics at the forefront of the COVID-19 crisis. Each collection includes insights from a member of the social services workforce about the impact of COVID-19 and why this is an important topic right now. We also offer ways we can help you use the resources in practice.

The first collection contains resources on social isolation. Social isolation has become a key challenge in the COVID-19 pandemic as measures taken to tackle the virus have resulted in people being socially isolated for long periods of time. The collection includes podcasts discussing different aspects of social isolation, articles on how technology can support people who are socially isolated and resources for starting conversations about isolation.

.

Insights from Publications

The summaries below are of articles that might help thinking about what has been learned from the COVID-19 experience so far, along with suggestions on how this might be used to support improvement in future.

Published 9 July 2020

This week, featured articles include those about:

- staff wellbeing
- children and young people
- community resilience, and
- digital exclusion.

Overview

As the lockdown begins to ease, health and social care services are starting to look at what a sustainable recovery looks like. There are short-term focusses on getting services back up and running, for example, the Social Housing Resilience Group has published guidance on restarting service. There are also longer-term considerations around how the level of community support and engagement can be continued such as the latest blog from the Cyrenians' CEO.

The issue of opening up services is being discussed in the context of emerging figures of people who have not received the support they might ordinarily have got, notably the dip in referrals from GPs to hospitals. Similarly, there are issues of increased demand in mental health services as they resume, the scale of the mental health impact of lockdown is starting to be evidenced.

Summaries

Health and social care staff wellbeing

Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis

A review of over 50 papers covering the psychological effects of virus outbreaks on healthcare workers, including SARS, MERS and Ebola.

The review identifies a number of risk factors in negative psychological effects, including:

- young age
- low seniority
- having a dependent child, and
- having a family member with the virus.

Mitigating factors are highlighted as being:

- clear communication
- access to PPE
- adequate rest, and
- both practical and psychological support.

The review outlines and references sources for individual, service and social factors that can increase the risk of adverse psychological effects.

It goes on to highlight the factors that decrease the risk, these include:

- self-perception of being adequately trained and supported
- frequent short breaks from clinical duties
- positive feedback, and
- an infected colleague getting better.
- Within the frame of individual, service and social factors, the review outlines a number of recommendations to deal with the psychological effects.

Recommendations include:

- a staff 'buddy' system
- clear direction and enforcement of infection control measures
- recognition of staff efforts, and
- alternative accommodation for those concerned about infecting their families.

Summaries

Children and young people

Children's Neighbourhood Scotland – Early insights into the COVID-19 response: drawing out the lessons from the hubs

As part of a wide piece of work, this early insight document provides reflections on and lessons from 'hubs' within local authorities that have been designed to provide care and education to vulnerable pupils and children of key workers during the school closures.

The design and delivery of these hubs was done at a local level, with some authorities aligning with the third and private sector, and others bringing school resources across the area together. While there is variation in operating models, all hubs are open to pupils from primary to early secondary, with specialised provision for early years. These are also open to pupils with additional support needs.

The lessons learned from these hubs are that the removal of red tape and bureaucracy in establishing them enabled a rapid response and unprecedented collaboration. Interviewees commented that COVID-19 had 'forced the agenda' of joined up working in their local authority and challenged siloed ways of working. With regards to the quality of teaching, the focus of the hubs on childcare rather than learning has led to the design of creative solutions to engage the children and young people who attend. Interviewees stated that they had seen higher levels of engagement than expected from some children and young people.

Those interviewed for the project agreed that these lessons should be incorporated into conversations surrounding the reopening of schools. There is a need to build on existing and new partnerships and collaborations across the system, including through regional improvement collaboratives, across services and sectors within local authorities and between and beyond schools and other partners.

Summaries

Community resilience

Responding to COVID-19 in Barmulloch

Barmulloch Community Development Company (BCDC) has been supporting the community through their Coronavirus Community Assistance Service. They have set up a listening service for isolated residents and established food share events.

BCDC also plays a role in providing business support to community groups - during the pandemic they have applied for funding to give financial support to six smaller organisations who did not have the capacity to make an application or manage the fund. They have also assisted two newer development trusts with their applications to the Scottish Government's Supporting Communities Fund, one of which BCDC are managing the successful application for funding on their behalf.

Engaging with members not online: teleconferencing Ageing Better in Camden, June 2020

An insight and reflection piece from Ageing Better in Camden, discussed how they run group telephone discussion sessions for their members who are not online.

A lot of activity and support for people has been moved online, which raises questions about how to get people online and support the people who are not online. In the short-term, Ageing Better in Camden has developed an approach for teleconferencing. This offers similar interaction as a video call but accessible to anyone with an active phone line.

The guidance gives suggestions on teleconference services that can be used, how to get a group comfortable with the format and other practical considerations alongside tips for facilitation.

Summaries

Community resilience

Place Based Social Action: learning from the COVID-19 crisis

A learning report from the Place Based Social Action (PBSA) programme. The partnerships involved in the programme have been heavily involved in COVID-19 responses, this report share how they have been effective and lessons from the experience.

In the immediate response to crisis, partnerships identified the most pressing needs to be:
- essential food and medicine supplies
- social isolation and digital exclusion, and
- financial concern and uncertainty.

In supporting these needs, the Place Based Social Action partnerships have been providing the following:
- matching volunteers with tasks, working with councils to vet volunteers, providing pastoral support to volunteers
- using physical assets to provide a space for food banks and collection points, and
- organising virtual social events like quizzes, social suppers and open mic nights.

The report also outlines the relationships that have enabled this response. Local authorities have quickly realised the importance of community hubs and organisations. There are examples of how community partnerships have worked closely with local authorities to enhance their support, such as:
- sharing volunteer vetting and Disclosure and Barring Service (DBS) checks (Bristol)
- working with local authority staff deployed at ward level (Coventry)
- acting as the local authority nominated volunteer hub (Hackney), and
- brokering relationships with the voluntary sector to provide advice on safeguarding and protecting volunteers (Hartlepool).

PBSA partnerships on the frontline have been able to get up and running quickly for a number of reasons:

they have intelligence on what they can do at a local level and pull on partners from across statutory and voluntary organisations to provide advice on additional services.
they have spaces that they have been able to re-purpose.
they can target their activities because they are already aware of their local community strengths and assets.
they are connected to people who are operating services across different hyper-local geographies and have been able to make referrals, and
th
re
au
Th

Increasing isolation seems to be the biggest risk in communities, solutions to tackling this should be prioritised. Other themes around mental health support and

Summaries

Community resilience

Place Based Social Action: learning from the COVID-19 crisis (cont.)

PBSA partnerships on the frontline have been able to get up and running quickly for a number of reasons:

- they have intelligence on what they can do at a local level and pull on partners from across statutory and voluntary organisations to provide advice on additional services.
- they have spaces that they have been able to re-purpose.
- they can target their activities because they are already aware of their local community strengths and assets.
- they are connected to people who are operating services across different hyper-local geographies and have been able to make referrals, and
- the learning so far suggests that where organisations have existing relationships in place and a history in the area, they are able to effectively coordinate the response. However, the ability to do this can be negatively affected where staff have been furloughed or redeployed, and this is particularly pertinent with local authority relationships.

These initial insights provide some useful points for funders to consider as noted below.

- Increasing isolation seems to be the biggest risk in communities, solutions to tackling this should be prioritised. Other themes around mental health support and destitution are also hugely significant into the recovery phase.
- Supporting creative solutions to working with and developing volunteers, such as:
- harnessing specific skills e.g. digital, counselling
- building new skills by providing training opportunities such as community organising, and
- similar projects will support the retention of volunteers throughout the recovery stage.
- Streamlining of support using collaborations, networks and referral systems is likely to remain vital. Funding for staff posts and core costs to sustain these connections will strengthen local sectors.
- Relationships with local authorities and other public sector bodies have strengthened, and solutions have been developed that support easier access to services for the community. There are some concerns this will not continue and ideas for developing longer-term approaches to the mutual benefit of both the public and voluntary sector will be important to consider.

Summaries

Digital exclusion

Combating digital exclusion

A research report into the extent of digital exclusion in Scotland and the changes required to help bridge the 'digital divide'.

The report argues that broad and extensive changes are required to tackle digital exclusion rather than small, specific interventions (though they have a role). Experiences during the COVID-19 pandemic have highlighted the importance of digital connectivity both in terms of accessing services and in participating in society. The report argues that digital connectivity is a necessity for modern life, not a luxury.

The report outlines the current policy landscape and highlights a number of gaps and potential existing ideas that could help plug these gaps as outlined below:

- Scottish Government funding in partnership with Scottish Council for Voluntary Organisation (SCVO): the extension of a new fund to help connect those people who are not online.
- Free broadband: as proposed in the 2019 Labour manifesto. This recognises the importance of the internet and the benefits of bringing it closer to public control.
- Technology in schools: a national approach to delivering technology education in schools to replace ad hoc local provision.
- A price cap: starting to think of the internet as a public utility and assess the impact of a broadband price cap, similar to that carried out for energy by the regulator Ofgem.
- Coordinated third sector response: the third sector has supported a huge number of people to get online, there could be benefit in greater coordination of resources.
- Smart cities: including free city-centre Wi-Fi, greater integration of technology and public transport.

Insights from Publications

The summaries below are of articles that might help thinking about what has been learned from the COVID-19 experience so far, along with suggestions on how this might be used to support improvement in future.

Published 22 July 2020

This week, featured articles include those about:

- inequalities
- housing, and
- communities.

Overview

As COVID-19 lockdown measures continue to ease and the health and social care services begin to restart, there has been a lot of looking back and looking forward.

There have been reports and insights into what organisations have learned from responding to the pandemic, including some good news stories from successful projects such as the Get Connected pilot.

Articles and blogs that attempt to point a way forward and discuss how different sectors can 'build back better' have been more prominent at this point. There are pieces from the Scottish Federation of Housing Associations and the Cyrenians that discuss the future of homelessness as the need to rehouse people currently in hotels becomes more pressing.

Summaries

Inequalities

COVID-19 and ethnic minority communities—we need better data to protect marginalised groups

A report proposing some explanations for the unequal impact of COVID-19 on ethnic minority, particularly Muslim, communities. Explanations put forward in this report are centred in the context of structural inequalities, racism and community isolation. Key factors suggested by the report include:

- the close correlation of the impact of COVID-19 with religion, ethnicity and social deprivation
- some British Muslims internalising a socially devalued and stigmatised identity
- social and structural exclusion and stigma contributing to mistrust of mainstream health advice, and
- lack of support for faith based health promotion groups, usually grassroots organisations, that were providing vital services.
- In the recovery from COVID-19, the government has promised to coproduce support with communities. However, in being able to build this on community insights, there is an urgent need to improve data on protected characteristics such as religion, disaggregated ethnic groups, and disability in order to protect marginalised groups.

The report concludes that more research is required to fully 'understand the intersectional and systemically embedded disadvantage and discrimination'.

Mapping and working with marginalised communities

A workbook designed to support organisations to identify and support seldom heard communities. It takes people through:

- identification of marginalised groups
- mapping marginalised groups, and
- approaches for working with them.

The workbook takes an intersectional approach to seldom heard voices, encouraging people to explore where there might be missing voices within broader demographic categories. For example, LGBTQ+ older people may not be well heard, as engagement with older people might not include LGBTQ+ people and engaging with the LGBTQ+ community might not include older people.

The workbook provides advice and tools for each of the above stages. It highlights the importance of working with front line staff and people within the community to help shape thinking. Similarly, in mapping groups, the workbook suggests a matrix for helping develop detailed thinking around different groups. This can then be used to target different engagement approaches that are also outlined in the workbook.

Summaries

Housing

Poor housing causing health problems for nearly a third of Brits during lockdown

An article on the impact of poor housing on health revealed during the pandemic.

Nearly a third of adults in Britain, 15.9 million people, have had mental or physical health problems because of the condition of, or lack of space in, their home during lockdown, according to a new YouGov survey. This includes people seeking medical help or taking medication for mental health issues, not getting enough sleep, people experiencing depression or stress, as well as those falling physically ill or catching coronavirus.

Five leading housing organisations, backed by 60 businesses, banks, charities and think tanks, have now launched a campaign to warn that the country's housing crisis is making lockdown even more unbearable for millions. The 'Homes at the Heart' campaign is urging government to put funding for new and existing social homes at the heart of the country's recovery from COVID-19.

First Route Map from Everyone Home Collective

The Everyone Home Collective is a collaboration between a range of organisations committed to ensuring that nobody housed during the COVID-19 pandemic is left homeless. This is their first route map that establishes their position and lays out how they see their goals being achieved.

The route map acknowledges the importance of night shelters and their rapid response to meeting people's basic needs. However, the COVID-19 response has accelerate progress on longer term solutions and given people higher ambitions. With this in mind the collective have agreed to "collaborate to expedite the conditions in which night shelters and hotel rooms are not needed – to actively 'design-out' the need for both with mixed-model alternatives."

This approach will require the factors below:

- Existing night shelter providers to modify their service to a reception centre for Housing First and other rapid rehousing options and provide an overnight stay for people who have absolutely no alternative, as last resort.
- Housing First tenancies secured at a rate of approximately 22 per week in Glasgow and 14 per week in Edinburgh, from October to March (in the first instance). Proportionate use of temporary and supported options in the interim and to meet any shortfall in this target.
- An overarching national Housing First framework that stabilises funding across health, housing and social care and factors in supply and demand at local level.
- A safeguard benchmark of 10% increase in rough sleeping that necessitates a rapid review, to ensure available capacity isn't reduced too quickly as Housing First tenancies are increased.

Summaries

Communities

The right foundations: building a just and sustainable country after coronavirus

A report from the Community Health Exchange that highlights the important role that communities have played in supporting people through COVID-19 and how this action and approach can be used to tackle wider health and social issues.

In outlining the community response to COVID-19, the report characterises it as:

- decisive and rapid
- rooted in deep community knowledge and understanding
- focused on immediate communities
- broader in scope than just supporting health, and
- supported by flexible funding from the Scottish government.

Noting these qualities of community responses, the report goes on to argue that it is vital that community groups are well represented in both the conversations about recovery planning and in the implementation of them. Part of this needs to involve building the capacity of local organisations, funding them sustainably and giving them the support to take on more responsibility.

The key messages from the report are:

- preventing harm and protecting health and wellbeing means having a serious nation-wide dialogue regarding our economy, particularly around reducing inequalities
- building on the community-sector response to COVID-19 must be at the heart of Scotland's recovery effort if we are to build back better.
- community development approaches can ensure the voices of people with lived experience of poverty and inequality are heard, and
- funding, community capacity building and investment in partnership building is needed to ensure that every community in Scotland can be as resilient as many have been during the COVID-19 crisis.

Summaries

Communities

Which way next? How Local Area Coordination can help us beyond this crisis towards a better future for all

A paper reflecting on how the Local Area Coordination approach has supported community action and support during the COVID-19 pandemic.

The Local Area Coordination approach is centred on having Local Area Coordinators who are 'focussed on the assets that exist in communities, building knowledge of hyperlocal, neighbourly, non-service solutions and connections and are able to build collaborative relationships with organisations (charities, commissioned services, other statutory agencies etc.), to take and make introductions but also to support community capacity building'.

During COVID-19, they have been beneficial in being able to help coordinate responses to immediate community need and link people in with local groups. There are some case studies within the paper that outline how Local Area Coordinators have reduced the need for formal support.

Working towards 'recovery and renewal' the paper suggests how Local Area Coordinators will support in the three domains of individuals, communities and services, they will:

- support people to reduce dependency on services, reconnect people with their communities and help people through any long term impacts of lockdown
- support community groups to be more involved in planning decisions, support the growth of community assets and help rebuild trust between communities and institutions, and
- work with services to develop risk aware (not risk averse) cultures, enhance their community facing roles and provide challenge to assumptions about the value of community support.

Summaries

Communities

Community response to COVID-19: Research commissioned by Scottish Community Alliance

A report from the Scottish Community Alliance suggests that, based on interviews with community led organisations, enabling factors behind successful community responses and provides recommendations for how to build on this. The report focusses on the role of the community anchors, organisations that provide local leadership and support local networks of small, often un-constituted community groups.

Key findings include:

- stronger responses occurred where there was a pre-existing community anchor organisations
- responses were more effective where local government recognised the importance of and collaborated with community anchors
- funding was locally distributed to enable a range of small organisations, including informal and un-constituted groups, to respond to need
- anchor organisations have been effective in bridging the gap between groups that find it difficult to coordinate with others, or where they are struggling to make progress alone, and
- organisation at a hyper local level was essential.

The report makes a number of recommendations for how to capitalise on the role that community anchors have played, including:

- providing anchor organisations with secure and sufficient operational core funding
- working with communities to make decisions and allocate resources
- continuing to build trust and working in partnership at a local level
- devolving decision making and resource allocation to the lowest practicable level, and
- continuing to build resilience at a local level.

Insights from Publications

The summaries below are of articles that might help thinking about what has been learned from the COVID-19 experience so far, along with suggestions on how this might be used to support improvement in future.

Published 19 August 2020

This week, featured articles include those about:

- long-term system change
- remote services
- housing inequalities, and
- staff wellbeing.

Overview

Across the health and social care system, focus is starting to shift to how services can be restarted and how they need to adapt to long term social distancing. There are a lot of publications around longer term transformation based on the lessons from COVID-19. More information is emerging about the impact of COVID-19 - specifically on its unequal impact.

A new spotlight on inequality has led many to start to think about building a more equal system. There has also been a renewed focus on the workforce and workforce wellbeing. There are articles and blogs reflecting on how to better support staff - including in tackling race inequalities.

Summaries

Long term system change

Building back for the better: a perspective from Carnegie Trust UK

This paper outlines six propositions from the Carnegie UK Trust for the medium term recovery from the COVID-19 pandemic. They are:

- national wellbeing can be the goal
- the relationship between the state and citizens can be reset
- the future can be local (as well as global)
- our relationship with work can be remodelled
- we can build a new level of financial resilience, and
- technology can be for all.

Within each of these propositions, the Carnegie UK Trust outlines a number of recommendations to policy makers on how to realise these.

The report takes the perspective that this is an opportunity to bring together economic, social and democratic structures in a way that can deliver 'the transformative systems change that so many have been calling for before and during the pandemic'.

Ingraining equity into quality and safety: a system-wide strategy

In the context of growing awareness of racial inequality through the high impact of COVID-19 on black, Asian and minority ethnic people, and the wider popular protests against racial discrimination, this report outlines an example of how to address equity and inclusion in quality improvement.

The report suggests actions that can be taken to embed equity into quality and safety systems. There is a focus on data and understanding the demographics of both the staff and population being served. This includes reviewing current data collection methods to ensure they are sensitive and provide a complete picture.

The article proposes a four step strategy that health systems can utilise to ingrain equity into quality and safety work:

1. Conduct a departmental needs assessment in order to establish staff understanding of equity issues.
2. Focus on departmental workstream mapping and capacity building including staff demographic information. This will help identify where there are opportunities to develop a more equitable department.
3. Apply equity lenses to key existing quality and safety workstreams through iterative plan-do-study-act cycles. For example, re-envisioning the root-cause analysis process through an equity lens can more effectively identify inequities and bias.
4. Systems should track the impact of their equity and inclusion strategy on quality and safety work over time. These metrics should be established early and include tiered process and outcome measures at the patient, facility and system levels. These metrics should be updated and refined as the health system's approach matures.

Summaries

Long term system change

The road to renewal: five priorities for health and care

This report from the King's Fund looks beyond the immediate restoration of services and towards systemic changes to the system based on learning from the pandemic.

It is centred on five priorities and makes recommendations aimed at the Government as well as NHS bodies and local authorities, these are:

- a step change on inequalities and population health
- lasting reform for social care
- putting the workforce centre stage
- embedding and accelerating digital change, and
- reshaping the relationship between communities and public services.

Remote services

Helplines and advice lines: practical learning for remote service delivery

COVID-19 forced most charities to start delivering some services digitally or by phone, often for the first time. Now, many organisations will be thinking about how to balance this new 'remote' offer with their existing face-to-face activities.

This guide captures key things to consider when looking at delivering information, advice and support services differently post-lockdown. It is based on learning from providers of well-established helplines and advice lines and includes:

- check that your service is needed
- establish what your callers want and how you will respond
- be clear about what your service is and what it offers
- think about how you will manage demand
- choose your technology carefully
- put quality and safeguarding measures in place
- skilled staff and volunteers are key to a quality service
- take care of wellbeing
- create information resources that complement your work, and
- think about how you will collect data and report on the difference you are making.

Summaries

Remote services

Technology and innovation for long-term health conditions

During the COVID-19 pandemic, many NHS providers have moved services online at astonishing pace. This paper looks at four digital innovations in health services from the UK and the Nordic countries.

The case studies illustrate the potential of digital technology to transform care. They particularly focus on:

- empowering patients
- supporting stronger therapeutic relationships and effective team-working across professional boundaries, and
- creating networks and communities to support patients.

The paper also calls on health care providers to assess the impact on staff and patients of the rapid transition to online services driven by the COVID-19 pandemic.

Housing inequalities

Poor housing causing health problems for nearly a third of Brits during lockdown

This provides an overview of statistics around the prevalence of poor housing and the health impact. Some of the headline figures include:

- 1 in 20 (5%) of everyone who said they had a lack of space said this had led them to seek medical help or take medication for their mental health
- 30,000 people are spending lockdown in a home that consists of one room
- more than 3,600 children are spending lockdown in a home made up of two rooms, and
- 62,580 families are living in temporary accommodation - the highest number for 13 years.

This is supplemented by comment from some members of the 'Homes at the Heart' campaign, a campaign aimed at spreading awareness around the prevalence and impact of poor housing conditions.

Comments describe how COVID-19 related lockdown measures have shown how important homes are and shone a light on unsuitable housing. They describe systemic challenges around affordability and the housing market as a driver for poor housing, along with the role of landlords and the impact of poverty.

Summaries

Staff wellbeing

Turning moral distress into moral resilience during the COVID-19 pandemic

This article outlines the impact of 'moral injury' and discusses ways that people can be supported to build moral resilience going forward.

Moral injury can occur when someone is consistently in a position of doing things that go against their values and personal morality. During the COVID-19 pandemic, care givers have had to make difficult decisions about the care they give that challenge their values. For example, providers with inadequate personal protective equipment have had to choose between getting physically close to a patient to provide the kind of care they feel morally compelled to give or prioritising their own health, safety, and wellbeing.

Making these difficult decisions may go against what it means to an individual to be a good caregiver. Suggestions for how to build moral resilience are given at the individual and organisational level.

At the individual level, it is recommended that people:

- build a daily mental practice: this can be anything that allows you to acknowledge and move through pain and connect with your values and sense of purpose.
- take action: find ways to create a positive impact, even if it's doing something to make one patient more comfortable.

At an organisational level is it recommended to:

- start with organisational values: align clinician values with organisational values and identify what is getting in the way of allowing clinicians to practice in accordance with their principles.
- build partnerships between administrators and clinicians: create an environment in which caregivers can thrive and support decision making.

Resources searched

- Audit Scotland
- ASSIA
- BMJ
- Buurtzorg UK
- Carnegie UK
- Centre for Homelessness and Inclusion Health
- Centre for Homelessness Impact
- Centre for Social Impact
- Chartered Institute of Housing
- CHEX
- Children's Neighbourhoods Scotland
- CIPFA
- Collaborate CIC
- Collaborative Centre for Housing Evidence
- Collective Leadership for Scotland
- Commonwealth Fund COVID-19 Resources
- Community Catalysts
- Cornerstone
- Cyrenians
- ERIC
- Evaluation Support Scotland
- Get Digital Scotland
- Glasgow Centre for Population Health
- Glasgow Council for the Voluntary Sector
- Glasgow Disability Alliance
- Glasgow Helps
- Health and Care News
- Health and Social Care Alliance Scotland
- Health Foundation
- Homeless Network Scotland
- IHI COVID-19
- Incontrol Scot
- International Foundation for Integrated Care
- Iriss Coronavirus (COVID-19)
- Inclusion Scotland
- ISQua COVID-19 Information and Resources
- I-SPHERE
- Joseph Rowntree Foundation
- King's Fund
- KNOW
- LGiU – Bundle: Global COVID-19 responses
- McMaster PLUS COVID-19 Evidence Alerts
- Medline
- The National Center for Complex Health & Social Needs
- National Development Team for Inclusion
- Nesta
- NHS England and NHS Improvement coronavirus
- NHS Horizons
- NICE Coronavirus (COVID-19)
- NIHR
- Nuffield Trust COVID-19 and the NHS
- Nurture Development
- Outside the box
- Oxford COVID-19 Evidence Service
- Pathway
- Picker Institute
- Point of Care Foundation
- Policy Scotland
- PROSPERO
- PsychINFO
- scie Coronavirus (COVID-19) advice for social care
- Scottish Care
- Scottish Community Development Centre
- Scottish Federation of Housing Associations
- Scottish Government
- Scottish Government Coronavirus (COVID-19): guidance
- Scottish Rural Network
- Shelter Scotland
- Simon Community
- Social Care Institute for Excellence
- Social Enterprise Scotland
- Social Work Scotland
- SSSC COVID-19
- The National Lottery Fund
- Third Force News
- UKRI Coronavirus Hub
- UpToDate Coronaviruses
- VHS
- We are FutureGov
- Workforce Scotland