



## **Leading for Health During COVID-19**

### **Key notes from an online discussion, 27<sup>th</sup> April 2020**

Since the onset of the COVID-19 lockdown, ACOSVO and VHS have been holding regular online discussions with their respective networks about the impact of the crisis. This joint event on 27<sup>th</sup> April was an opportunity for 12 leaders of health organisations from across the two networks to check in with each other and share their experiences of leading for health in these uncertain and challenging times. The online meeting was jointly facilitated by Pat Armstrong, Chief Executive of ACOSVO, and Claire Stevens, Chief Executive of VHS.

These key notes capture the main themes discussed.

#### **Beneficiaries/Services**

- Concern about the impact on beneficiaries and organisation services.
  - Digital divide
    - We need data on how many people are digitally excluded; how do we reach such people?
  - Food insecurity
    - It is proving a massive task to get food to a wide range of people
    - Good collaboration going on in Edinburgh to get people food
  - Health inequalities: how do we come out of lock down in a way that doesn't reinforce existing inequalities and introduce new ones?
- Some organisations have noted that moving online has helped to reach new people with whom they normally would not have interacted: however, moving online means some of their usual beneficiaries are missed/excluded. Moving services online is not always straightforward: specialist health charities have had to set up new clinical governance arrangements to ensure online services can be delivered safely (for clients, staff and volunteers) and confidentially
- Massive increase in demand for (third sector) health organisations' services in the areas of:
  - Physical health
  - Food insecurity
  - Mental health

- Domestic abuse
- Relationship issues
- Suicide risk

This has been very difficult for staff to deal with emotionally. Helpline calls have increased, with the majority of calls about COVID-19 concerns:

- Medication, food and other supplies need delivered to a wide range of vulnerable people, not only those with complex care requirements who are shielding
- People are not seeking NHS help for non-COVID19 illnesses/health concerns due to fear (of contracting the virus, of taking up NHS time)
- Beneficiaries express a lot of confusion:
  - Regarding shielding and what they can and cannot do.
  - About will happen when we come out of lockdown with regards to health, employment and other issues.
  - About treatments and health recommendations for high risk groups.

### **Staff**

- Duties of care to staff need to continue but are amplified with new stresses for staff. Need to build mutual reassurance that there are ways to support each other and help ease some of these stresses (Board and staff communication)
- Staff are struggling, especially those who live alone, and many staff are clearly missing the social interactions with other people.
  - Increase in helpline calls has had a negative impact on staff mental health.
- CEOs are also struggling as they do not have a great deal of peer support.
- Trying to support staff who have not been furloughed, as their workloads have increased.
- Protecting staff who are on the frontline and are worried about the impact of COVID-19 on themselves and their families:
  - Making sure their fears and worries are heard.
  - Regular Zoom calls to connect staff, reassure them etc

### **Funding**

- Applications for COVID-19 related funding have been approved but now there is a log jam on actually receiving the funds
- Inability to conduct community based fundraising is hitting hard because the organisation depends on this to cover core costs. Huge income losses as a result.
- Applications to the Third Sector Resilience Fund have been rejected because the organisation is seen as being in quite a strong financial position currently, but this

does not take into account the fact they will not be able to raise money once existing funds run out. There will be another wave of funding requests in six months as organisations which are currently financially stable run out of money.

- Approaches to existing funding for additional funds were successful for one organisation, rather than applying to the Third Sector Resilience Fund.
- Funding for one organisation right now is stable but will become significantly more challenging the longer this goes on as business funders are unable to commit funds.

### **Future Thinking**

- Conversations have now moved from feeling overwhelmed and confused to the practicalities of working from home, furloughing, funding, supporting staff & future thinking.
- Public Health Scotland has set up a programme focused on the social mitigation of COVID-19 and the recovery of services and support:
  - How do we start preparing to deal with the longer term social and health impact of the pandemic and the measures taken to control it?
  - How will (and will) services recover? How will services need to adapt to this new normal?
- Redesigning the plane whilst flying it: how do we plan and prepare for the future when we are still struggling with the pressures of the “here and now” and worrying about survival.
- How do we come through this situation without reinforcing the current health and social inequalities that already exist in Scotland?
  - We may do some things really well but we may also further isolate the already isolated.
  - Keen to keep the dialogue on this open and make sure these conversations continue to happen (take a collaborative approach)
- Future thinking – what does the rest of 2020 and 2021 look like?