



**Sortified**

# **LINCOLNSHIRE COVID-19 COMMUNITY STRATEGY**

**JUNE 2020**



# Sortified



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# Executive Summary

As part of their reaction to the COVID-19 Crisis, Lincolnshire Community Foundation (LCF) commissioned Sortified to develop a COVID-19 Community Strategy to support the response to and recovery from the pandemic across Greater Lincolnshire.

Sortified worked in partnership with New Philanthropic Capital (NPC) to generate a unique and bespoke dataset for Greater Lincolnshire that looked at community needs and issues linked to place pre-COVID, currently during the crisis, and looking forward. Sortified used this data and evidence alongside information from community engagement, feedback from local community organisations and infrastructure groups, and local intelligence to generate a strategy to support LCF and other funders to target grants and finances where they are most needed and where impact will be greatest.

The research and analysis found that the places with the most need based on pre-COVID, current needs, and future needs are:

## Greater Lincolnshire Places with the most needs

### Pre-COVID

1. Mablethorpe
2. Boston
3. Grimsby
4. Skegness
5. Lincoln

### Current Needs

1. Scunthorpe
2. Rural South Holland
3. Boston
4. Grimsby
5. Grantham

### Looking Forward

1. Scunthorpe
2. Boston
3. Grimsby
4. Mablethorpe & Coast
5. Rural South Holland

As a result of these findings it was concluded that immediate funding should be aimed at the places identified as having current needs, while plans were made for resources, funding and support to be aimed at the places with future needs.

A further set of recommendations were made as well as a number of 'Ideas for the Future'.

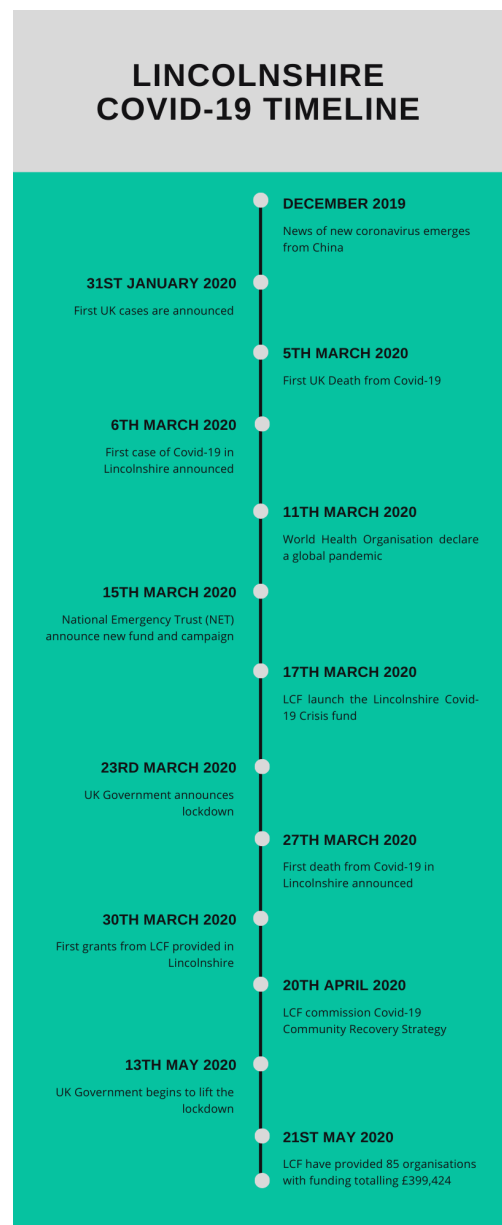
# Background

When the first reports of a new virus began coming out of Wuhan in China at the end of December 2019, not many of us were considering what the outcomes for people and communities were going to be just a few months later. What started as some low level news stories, swiftly became worrying information about a new virus that was having devastating effects on people. By February it was clear that the coronavirus outbreak which became the COVID-19 pandemic was going to have a worldwide impact, as slowly the world began to lockdown and the scale of the health and economic impact started to become clear. This was a worldwide incident that would affect everyone, although it would affect some more than others.

## Coronavirus, COVID-19, and lockdown

COVID-19 is an infectious disease caused by the most recently discovered coronavirus (a family of viruses known to cause respiratory infections ranging from the common cold to more severe diseases). COVID-19 was unknown prior to this outbreak. Most people (about 80%) recover from the disease without needing hospital treatment. Around 1 out of every 5 people who gets COVID-19, becomes seriously ill and has difficulty breathing. Older people, and those with underlying medical problems are at higher risk of developing serious illness. However, anyone can catch COVID-19 and become seriously ill.

The first official cases of COVID-19 in the UK were reported on the 31st January 2020, with the first death occurring on the 5th March. By this point there were 100 cases in the UK, and it was clear that the UK would likely be significantly affected by the outbreak which was officially declared an international pandemic on 11th March. By this point, Lincolnshire had its first case of COVID-19, and Lincolnshire Community Foundation (LCF) made the call to act, setting up the Lincolnshire COVID-19 Crisis Fund. It soon became clear that the virus was affecting certain groups of people more than others with older people initially noted as significantly at risk, with people with certain health conditions or co-morbidities highlighted as being more likely effected, before issues surrounding Black, Asian and Minority Ethnic (BAME) communities being adversely and disproportionately effected came to light.



While the pandemic itself would cause heartache, loss, and health issues for countless people, the effects of COVID-19 went beyond health concerns. The virus had and continues to affect how we live, work, and interact with others through enforced and necessary behavioural changes. The most significant of these were the (partial) lockdown put in place by the government that kept everyone in the UK at home (apart for essential work, food and medicine, and exercise) for seven weeks between March and May, social distancing that has kept everyone two metres apart since March, and shielding that has meant that the people with the most serious health conditions and who are at most risk of the virus has been kept indoors and away from other people for four months.

These changes to how we interact have led to significant economic issues with people losing jobs, being placed on furlough, struggling to find money for food and bills, or having housing issues. While the government have reacted with significant economic support measures, it is clear that the economic impact of COVID-19 will be significant for people, businesses and the country as a whole, with a potential recession, and a financial impact that will be felt for generations.

While both the health and economic impacts of the pandemic are huge, we also cannot forget the social impact of both the virus, and the lockdown. Many people were struggling to afford or get food, isolation and loneliness increased as people were kept away from others, incidences of domestic violence increased, mental and emotional health were affected, and certain communities were negatively impacted due to demographics, environment, and deprivation.

During the period after the lockdown began on March 23rd, it became clear that a community response was needed in order to support people and communities. Local and national community sector organisations including charities, social enterprises, and community groups (including new mutual aid organisations that set up to specifically to support hyper local communities using social media as their primary tool) began to offer new services and opportunities alongside existing provision to meet new and emerging needs as a result of COVID-19. The social economy across Greater Lincolnshire was suddenly at the forefront of a community response to the crisis.

## **Financial Response**

Once it was clear that the economic impact of the pandemic would be significant, the government acted swiftly to provide financial support. However, most of the responses were not seen as being appropriate for charities and community organisations. Most of the government support was in the form of loans, which while interest free for a short while would need to be repaid in the future, something that concerned community organisations with little, uncertain, or no revenue income. The other significant response was the Coronavirus Job Retention Scheme (known as the furlough scheme). Under this program the government would fund 80% of wages for employees who were retained but who would otherwise have been redundant. This worked well for organisations who could close down, but most community organisations were needed now more than ever, and couldn't furlough staff. The key need for these organisations were grants.

At the start of the crisis a number of funders made emergency funding available quickly, and many funders suggested that grantees use existing grants flexibly to meet emerging need as a result of the pandemic. However, it was clear that available funding was not



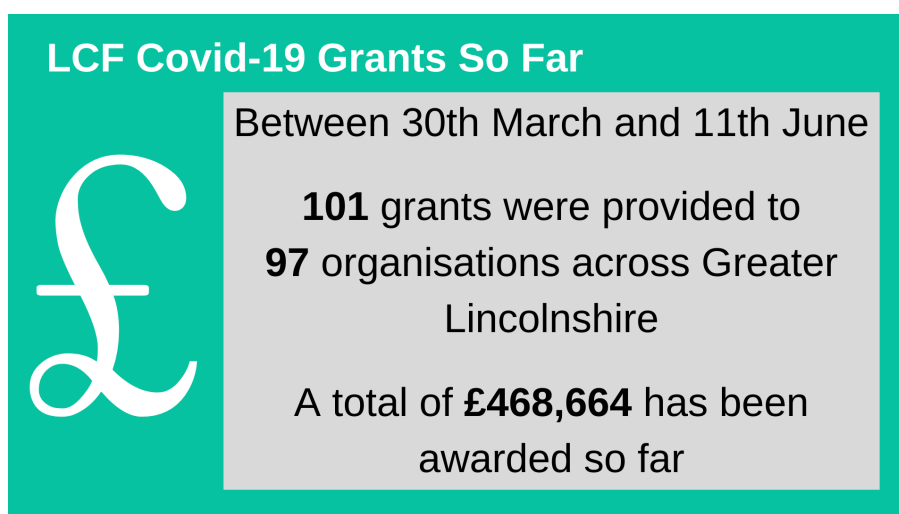
enough, and that the entire sector was at financial risk with NCVO predicting a £4bn shortfall in funding as a result of loss of income due to the pandemic.

On 15th March the National Emergencies Fund (NET) began funding raising through a new campaign and partnered with UK Community Foundations (UKCF) to distribute funds effectively across their 46 regional organisations. This included through LCF. Meanwhile on 17th March LCF launched the Lincolnshire COVID-19 Crisis Fund.

The national government did make an announcement regarding the community sector on 8th April, providing a £750M financial package, £370M of which would be for small charities and community organisations, primarily delivered through the National Lottery Community Fund. To date, none of this funding has been released.

## How LCF Responded

The action to the ensuing crisis across Greater Lincolnshire from LCF was fast, agile, and decisive. A local fund was set up to link to emerging national funding from NET and distributed by UKCF, and LCF made the early decision to target known effective groups across the entire area of Greater Lincolnshire that they cover (Lincolnshire, North Lincolnshire, and North East Lincolnshire). Applications were simple, needs were targeted, and the management of LCF were able to use their knowledge of the local sector and needs to focus initial funding effectively, building successive waves of funding on emerging intelligence and data.



## Why a strategy was needed

LCF recognised that there is a real danger in crisis response that perceived issues and needs are targeted, or that changes to needs as a result of the crisis are not addressed. It was clear from national evidence and emerging information that the COVID-19 crisis was changing the type of need being seen in different places, and that the funding picture and the community sector would be different pre- and post COVID-19. The management within LCF acknowledged that an evidence and data driven strategic approach would be needed to effectively target need, to validate their response to date, and to ensure that future needs and places were funded appropriately going forward. To this end it was decided that Sortified should work with LCF to develop the local strategy and strategic response to provide an understanding of needs in Lincolnshire through a COVID-19 lens.

# What We Did

We wanted an evidence and data led strategy so it was important to build a methodology around data collection. We decided that our evidence would come from three primary data sources. These were:

- Engagement with people
- Information from local community organisations and infrastructure groups
- Create a database with bespoke, existing and emerging data sources and datasets

## **Engagement with people**

We wanted to make sure that people had a say in stating what local needs were and where support was needed. It is often the case that engagement is undertaken with known groups of people, many of who are frequently involved with discussions around co-production. As the COVID-19 pandemic was affecting everyone, we wanted to engage with a more representative group of people. We developed an engagement strategy and utilised social media channels to point people towards a brief anonymous survey. The engagement strategy was wide ranging and our usage of social media was broad, ranging from targeted Tweets on Twitter, to paid for advertisements on Facebook, and the use of requests within selected Facebook community groups across Greater Lincolnshire. All of our engagement was carried out virtually due to the restrictions of the pandemic and the lockdown.

## **Information from local community organisations and infrastructure groups**

We were aware that local community organisations were being asked by multiple organisations for their views on what they needed and their financial and operational positions. While we didn't want to add to their workload, we were aware that there was a gap around asking for their views on local needs. Obviously, providers can be biased towards their own provision, and their delivery aims are likely to be seen as most important to them but we thought it was important to obtain their views, along with the finding out their ability to provide additional services should gaps in their area be identified. As a result we decided to build an online survey, with the request to complete coming from LCF. The survey was sent out to all organisations on LCF's database.

As part of the funding provided by LCF, local infrastructure groups had been funded to provide a support response for their members. We designed a monitoring form which was supplied to each group asking for a monthly response around who had been supported and why, along with some information on those organisations current position. This was to help understand the state of the local sector. Only the May response was able to be analysed in the timescale of this strategy.



## Bespoke, existing and emerging datasets

Our primary source of data for this strategy was creating a detailed bespoke database of multiple data sources that was commissioned by Sortified from New Philanthropic Capital (NPC). We worked with NPC to build a database that collated multiple existing and emerging datasets. These datasets looked at:

- Health and Mental Health
- Social Care
- Housing
- Education
- Employment and Income
- Deprivation and Population
- COVID-19 Infections and Deaths

From this data, NPC were able to generate combined datasets which could be ranked according to levels of need. These three new domains were:

- **Pre-COVID** - Calculations centre on Mental Health, Physical Health, Housing, Children, Mortality, and Population data
- **Current Needs** - Focused on COVID-19 datasets, BAME communities, Employment and Income, Health, Education, Housing, Crime, and Population
- **Looking Forward** - Uses a calculation to combine both in order to predict needs in the future.

We could then look at these combined datasets according to score and need, identifying the places (at Ward and LSOA level) with the most need, and looking at the individual issues in each place. We were then able to look at these in-depth and localised datasets against other national benchmarks, key emerging data and evidence bases around place, employment, and the impact of COVID-19.

## Analysis

With all information gathered and datasets in place we examined all the evidence and established primary areas of need, and primary issues that needed to be addressed as a response to COVID-19 now and in the future across Greater Lincolnshire.

## Additional Work

In addition to the above, we felt it would be useful for LCF if we provided two additional reports during the development of the strategy. The first was an Initial Report which examined the response to date (end of May 2020) from LCF, and looked at where funding had been provided in terms of place, and type of support funded. This document outlined a number of places and potential needs that could be funded through forthcoming tranches of funding while we completed the full strategy.

Secondly we pulled together a brief Intermediate Report based on the first version of the NPC dataset to support LCF decision making around place, and priority of need.

# What We Found Out

This section looks at the data and information that we were able to examine with regard to Greater Lincolnshire and has been put into three distinct areas, information from people, information from organisations, and data sources. Where possible and to ensure consistency we examined information and data around pre-COVID needs and issues, current needs as a result of COVID-19, and future needs going forward.

## What People Told Us

We undertook an anonymous public survey using online tools for both completion and promotion. Our primary tool for promotion was social media with two paid for Facebook advertisements, and a number of targeted approaches using Facebook, Instagram and Twitter. In total the reach from engagement was over 18,000 impressions, which translated to around 2,800 engagements.

The survey looked at demographics, types of support accessed, issues experienced, timeliness of responses needed, and main priorities in the future. The highest number of responses were from South Kesteven (Grantham), Lincoln and East Lindsey (Skegness). This potentially correlates to promotion through closed Facebook groups in these specific communities.

## Community Survey: Key Facts



**74%** of respondents were aged 25-64 years



**91%** of responses were from people identifying as White British. 2% of people identified as being from a Black, Asian, or Minority Ethnic (BAME) community

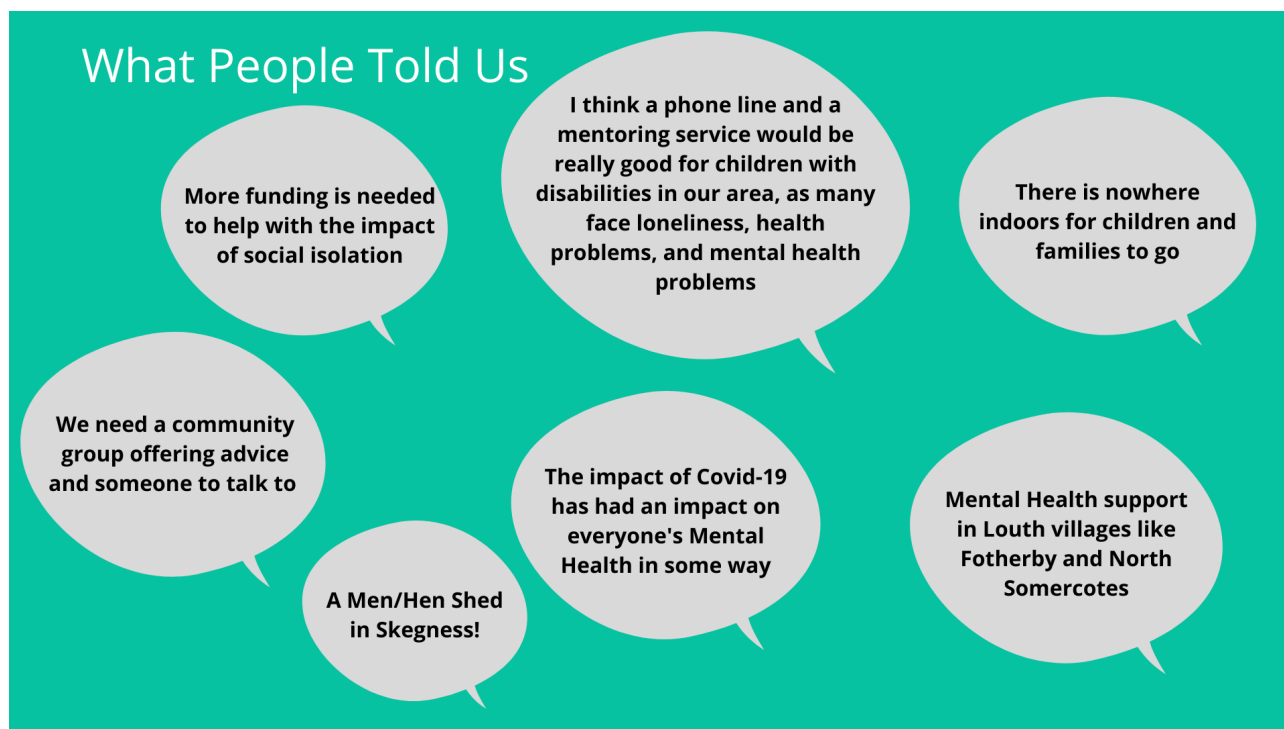
**74%** of responses were from people who considered that they didn't have a disability

**22%** of people that accessed support from local VCSEs during the COVID-19 crisis found out about support offered directly from charities or community organisations



**61%** of people stated they needed a response for support within the next week

- People told us that the main things they were currently accessing were:
  - None of the options listed
  - Food
  - Wellbeing
  - Medication (accessed from VCSEs)
- People told us the issues that they were experiencing most during the COVID-19 crisis were:
  - Mental Health
  - Income
  - Loneliness
- People also told us that the highest priorities for the future were:
  - Mental Health
  - Loneliness
  - Support around employment
- When asked what one thing was needed in their local area people told us that it was:
  - Mental Health support
  - Community Activities (buildings based, face to face, as well as digital support)



## What Organisations Told Us

We looked at two sources when looking at information from community organisations across Greater Lincolnshire. The first was an online survey which was promoted by LCF to their network of providers. The second was an analysis of monitoring information on the sector provided by infrastructure groups who had received a specific grant from LCF to respond to the needs of the sector as a result of COVID-19.

## The Survey

The key information draw from the survey responses were:

- The highest response was from organisations supporting beneficiaries mostly based in East Lindsey
- 58% of organisations aim their services at a specific cohort of beneficiaries, the top 3 being families, people with Mental Health needs, and older people
- The top three services that beneficiaries were accessing prior to the pandemic were:
  - General advice
  - Wellbeing
  - Food supplies
- In terms of the services being accessed during the pandemic, the top three were:
  - Food supplies
  - Wellbeing
  - General advice and support
- VCSE organisations stated that in the future they thought that the top three needs would be:
  - Mental Health
  - Free or low-cost food
  - Loneliness
- 56% of VCSEs responded that they could provide additional services or opportunities to meet any future needs of their community, with the majority of these opportunities being to deliver Mental Health support, and general advice and support

## What Organisations Told Us They Could Provide

We could create a waste food supermarket

Our counselling service will be resuming on a 1:1 basis. We have identified a huge need for this

Translations, interpretations, help with phone calls, filling in forms, and online sessions

Help with debt ad finance, provide activities for young people and children support and work with minority groups

We already help to deliver an affordable loans scheme. I would expect this to become more in demand as lockdown is lifted. I further expect we will have a great demand for debt solutions and housing problems

We could build a community hub offering advice and support services

## Monitoring Information

As part of LCF's response to COVID-19, eight infrastructure groups across Greater Lincolnshire were funded to support the sector in responding to and recovering from the pandemic. These organisations are:

- Children's Links
- Humber and Wolds Rural Community Council (HWRCC)
- Lincolnshire CVS (LCVS)
- Sector Support North East Lincolnshire (SSNEL)
- Voluntary Action North Lincolnshire (VANL)
- Voluntary Action North East Lincolnshire (VANEL)
- Voluntary Centre Services (VCS)
- YMCA Lincolnshire

As part of their funding agreement, each organisation was asked to complete a simple monthly monitoring form which demonstrated who they were working with, the type of organisations they were supporting, and the type of organisational need. The only monitoring workbooks received were from the month of May, and all eight organisations completed them. However, the quality of the returns were not consistent with the collated responses showing mistakes in the figures included, significant anomalies in reporting, and failure by some organisations to complete as requested. As a result the data is not hugely useful but has been included to support discussions around the current state of the sector.

## VCSE Workbooks May 2020 - Collated Responses

**VCSE organisations affected by Covid-19 - 97**

**Charities - 31**

**CIC - 7**

**Social Enterprises - 16**

**Unconstituted Groups - 18**

**Other - 25**

(108 Youth Groups, and 432 Community Buildings were also reported)

**1718 organisations were reported as having been contacted**

**40 organisations self referred**

**443 organisations were engaged with**

**130 were directly supported**

**Of the organisations supported**

**None had stopped trading**

**89 had paused their activities**

**56 had furloughed staff**

**82 had pivoted their offer**

**14 had continued as before**

**there were 24 new organisations**

**153 organisations were named as being supported**

## What The Data Told Us

It was important for this report to be based around empirical data as well as engagement and the views of people, so it was decided to generate a new bespoke local dataset based on the market leader, but to also look at other emerging data sources as a cross comparison. We, therefore, developed a major new dataset based on (and prepared by) the market leader. We also wanted to compare data findings against local data on where grants were allocated by LCF to data to meet the needs and mitigating the impact of COVID-19, so revisited previous work undertaken on grant spend against place in Greater Lincolnshire. Finally, we undertook an analysis of emerging economic based data sources to compare our social and health determinant led dataset against other peer produced papers.

### NPC Dataset

NPC is a charity think tank who have developed a nationally recognised and internationally applauded data dashboard to help funders identify areas of need, and support organisations to react to need during the pandemic. The dashboard is a significant dataset which looks at a number of existing and emerging factors to highlight priority areas at a regional level. While this is a very useful tool, we needed data at a much more local level.

As a result, Sortified commissioned NPC to develop a more localised and bespoke dataset which highlighted needs at a hyper local level. NPC worked with us to develop a unique tool which holds significant amounts of localised data down to Lower Layer Super Output Area (LSOA) level. This data can be interrogated around specific issues and needs, but also has in built calculations designed around specific datasets which rank places via pre-COVID needs, current needs, and looking forward.

With this dataset in place we were then able to analyse the data to best understand current and future needs due to the impact of COVID-19, existing needs, and emerging issues, and to identify the places across Greater Lincolnshire with the most needs.

Greater Lincolnshire Places with the most needs		
Pre-COVID	Current Needs	Looking Forward
1. Mablethorpe	1. Scunthorpe	1. Scunthorpe
2. Boston	2. Rural South Holland	2. Boston
3. Grimsby	3. Boston	3. Grimsby
4. Skegness	4. Grimsby	4. Mablethorpe & Coast
5. Lincoln	5. Grantham	5. Rural South Holland



The NPC dataset identifies areas of need at LSOA level, so we are able to identify areas of need at a hyper local level (i.e. at street level). While this is undoubtedly useful, we know that community organisations mostly provide services and opportunities at a larger scale, and often at a town or regional level. As a result we decided to identify areas of need at a place based level, i.e. at a town or area level. This was done in order to best support a social economic response, and to ensure recommendations were manageable. We have included information on specific areas of need within larger places in the information below where it is pertinent. In order to rank places in order we examined both tier 1 and tier 2 areas of need in places (as identified by the data), and weighted them accordingly.

## Pre-COVID

This strategy is about responding to the current and emerging needs as a result of the COVID-19 pandemic. However, it is pertinent to highlight the pre-COVID needs to allow comparison and to understand the local context for Greater Lincolnshire, especially in terms of past funding activity.

1. **Mablethorpe** - The coastal town on the East coast has long been seen as an area of need. Trusthorpe and Thorpe was highlighted as the top priority area pre-COVID, with the older population, Mental Health, and severe Long Term Conditions being the primary issues. Three further LSOAs in the area were also identified in Mablethorpe and Ingoldmells.
2. **Boston** - The town of Boston and its immediate surrounding area was ranked second, with 10 tier 1 LSOAs and 26 in tier 2. The main areas of need were Kirton and Frampton (health issues), and Fenside (children in poverty). The main issues for the town were Mental Health, adult obesity, suicide, and rough sleepers.
3. **Grimsby** - The North East Lincolnshire town had four LSOAs in tier 1 with the East Marsh (older people and Long Term Conditions) and Sidney Sussex (fuel poverty and children in poverty) areas having the most needs. Overall the main issues for the town were Mental Health, children in need and homelessness. Grimsby also had 24 further LSOA areas in tier 2.
4. **Skegness** - Skegness was ranked fourth due to the high levels of need in just one LSOA, St. Clements. The needs in this area were older people, Long Term Conditions, and rough sleepers.
5. **Lincoln** - Two LSOAs were highlighted and contributed to the fifth place ranking. These were Park (fuel poverty) and Hartsholme (mortality in the 65+ age group). Both LSOAs have issues with Mental Health, rough sleepers, and homelessness.

## Current Needs

By adding in details of COVID-19 deaths and infection rates, along with health and social determinants that have been highlighted as impacting on or being impacted by the pandemic and the lockdown, we see a significant change in the places with the most need.

1. **Scunthorpe** - Scunthorpe did not appear in the pre-COVID list, but is securely at the top of the current needs list. Two LSOA areas received the highest score both in Crosby and Park where the main issues were all the COVID indicators; all causes of deaths; BAME communities; Indices of Multiple Deprivation (IMD) including specific deprivation in employment, health, education, crime, living environment, and income. Further LSOAs in the Scunthorpe area with higher scores were in the Town and Frodingham areas, with a further 30 wards in the Scunthorpe area demonstrating significant needs.
2. **Rural South Holland** - We have grouped together a number of LSOA areas with high needs into one place. The Rural South Holland area is a complex area with a distinct set of needs. It takes the second position due to a high score for Long Sutton, with issues around barriers to housing, IMDs, all COVID indicators and all associated deprivation indicators (bar crime and income). The other high scoring areas in the patch are in Sutton Bridge with issues around, income, and COVID, as well as barriers to Housing. There are a further 10 LSOAs across the area which demonstrate needs. These are Gedney Hill, Broadgate, Sutton St Edmund, Sutton St James, Donington, Quadring and Gosberton, Gedney, Holbeach Town, Whaplode, Spading St Paul's, and Fleet.
3. **Boston** - Boston drops down our order slightly but still demonstrates significant need, and as a direct result of COVID cases and due to deprivation. The LSOAs that are most severely effected are however, different. We now see Skirbeck with specific needs associated with BAME communities, and crime deprivation and Five Villages with barriers to housing such as affordability, homelessness and overcrowding. A further seven LSOAs appear in Tier 2 scores, situated in and around Leverton and Benington, Leake Commonsides and Fenside. All of these LSOAs had issues related to the impact of COVID, as well as IMD, but with deprivation specifically focused on employment, education, health, and children and older people affected by income deprivation.
4. **Grimsby** - The town has also dropped one position, but now sees more LSOAs scoring highly. The seven LSOAs most affected are in East Marsh, Sidney Sussex, Henage, and Park. All these areas had similar issues relating to the total number of COVID cases, causes of all deaths, population density, IMDs, and all specific deprivation sub domains (except for barriers to housing).
5. **Grantham** - Grantham appears in the top five for the first time, moving considerably up the rankings due to considerable needs identified in one LSOA, Springfields. The issues in the area relate to total COVID deaths, all causes of deaths, the needs of BAME communities, and IMDs (all deprivation subdomains except for barriers to housing).

## Looking Forward

The scoring for the Looking Forward calculations comes from the addition of scores for pre-COVID and Current Needs calculations, providing an overall ranking by LSOA of places across Greater Lincolnshire for all needs and issues in an area, and as a result of COVID-19. These calculations clearly show that COVID-19 has had a demonstrable effect on need, and the places with the most need across Greater Lincolnshire.

1. **Scunthorpe** - The Looking Forward calculation clearly significantly cements Scunthorpe as the place with the most needs and as a result of COVID-19 in the area. The two LSOAs with the highest scores were both in Crosby and Park. Both these LSOAs have been hit significantly by COVID infections and deaths, have large BAME communities, and have specific issues relating to children in need and poverty, deprivation, fuel poverty and, suicide. A further 3 LSOAs scored highly Burringham and Gunness and Town having a high numbers of people aged 65 years and over across all households and specific barriers to housing, and Town, with it's specific needs relating to BAME communities, children in poverty and the living environment. An additional 15 LSOAs also had significantly high scores, the majority situated across Crosby, Town, and Ashby wards.
2. **Boston** - Boston moved back up to second position with the LSOA of Five Villages (covering Sutterton, Algakirk, Fosdyke, Fosdyke Villa, and Fosdyke Bridge) as the highest scoring area. A further nine LSOAs were scored as tier 2, the highest score being in the Fenside ward, which has barriers to housing, and needs relating to children in poverty, and the living environment, and Skirbeck with issues relating to rough sleepers, suicide, adult obesity, high risk health conditions, Mental Health, and deprivation. The other and lower scoring tier 2 LSOAs were situated in Leverton and Benington, Old Leake and Wrangle, Leverton, Stanliand, Station, Swineshead, Holland Fen, and Kirton & Frampton.
3. **Grimsby** - The town also moved back up the rankings when looking at further needs. The LSOAs scoring highest were in Sidney Sussex with the impact of the total number of COVID cases and all causes of death, population density, and deprivation. There were also specific issues around Mental Health, children in poverty and in need, homelessness, and fuel poverty. A further four LSOAs scored highly, with an additional nineteen LSOAs having a tier 2 score. These were in East Marsh and Sidney Sussex, Park, Henage, and all of the South ward.
4. **Mablethorpe and Coast** - The place that was ranked number one pre-COVID once again returns to the top five when looking towards the future. We have extended the place to cover some of the direct neighbourhoods due to the relative size of the area, and how close the LSOAs are to each other. The overall ranking is due to the levels of need in the Trusthorpe LSOA where there are specific issues around the high population of people aged 65 years and over and associated health needs, as well as the living environment. Two additional LSOAs scored highly as well. These were in the north of Mablethorpe and in Ingoldmells with additional issues relating to crime deprivation. All three of these LSOAs have issues but not as a direct result of COVID infections or deaths but as a result of high number of deaths from all causes, the older population, deprivation relating to employment, education, health and income, as well as children in poverty and rough sleepers.
5. **Rural South Holland** - The extended place that makes up the Rural South Holland area has dropped down the rankings due to the comparable amounts of need pre-COVID. However, it still remains in the top five due to health and social determinants linked to COVID-19. Long Sutton was the highest scoring LSOA with specific issues relating to barriers to housing, with Sutton Bridge having specific issue relating to mortality rates of people aged 65 years and over. Both have direct issues as a result of COVID, high risk health conditions, IMDs, and homelessness.

## **Gaps in provision**

The NPC dataset also gave us access to a wide range of information on charities based across Lincolnshire which we were able to analyse along with other datasets pulled together by Sortified to examine the current social economic market, and potential gaps in provision. We specifically looked at the top five ranked places Looking Forward, and the gaps in each area are outlined below.

### **Scunthorpe**

- General and specialist support for direct impact of COVID (including physical health)
- Services targeting early intervention for children in need and children in poverty
- BAME led and targeted provision in LSOAs of most need
- Targeted work around barriers to housing - People in overcrowded houses, struggling to maintain their homes or living homeless
- Income related support and advice
- Crime prevention and early intervention
- Support to tackle fuel poverty

### **Boston**

- Targeted support for reduce adult obesity
- Mental Health and wellbeing provision
- General and specialist support for direct impact of COVID (including physical health)
- Housing and housing related support

### **Grimsby**

- Physical health related services
- Public Health and preventative services
- Services providing prevention and early intervention to reduce child poverty
- Housing related support

### **Mablethorpe and Coast**

- Provision aimed at the Older People population
- Public Health and preventative services
- Physical health related services
- Support and advice for Rough sleepers
- Services providing prevention and early intervention to reduce child poverty

### **Rural South Holland**

- Targeted work around barriers to housing - Overcrowding, people struggling to maintain their homes or living homeless
- Physical health related services
- Employment and training support and advice
- Income advice and support

## Lincolnshire COVID-19 Crisis Fund Grants

LCF has been providing Lincolnshire COVID-19 Crisis Fund Grants to local community organisations across Greater Lincolnshire since the end of March 2020. In that time they have provided nearly £460,000 to 97 different organisation across the three Lincolnshire counties. As part of the initial report that Sortified carried out for LCF in May 2020 we looked at where that funding had been delivered and the types of support that was being provided. To support this strategy we updated that analysis against the areas of need identified by the NPC dataset (as opposed to Indices of Multiple Deprivation) to examine where grants had been made against need. It is important to note that the NPC data was not available to LCF at this time, and emerging issues had not been identified when the grants were made.

In order to remove discrepancies from the data, organisations who provided countywide services (but were based out of area) were removed from the dataset. This was done so data was not negatively skewed. The decision was also made to remove grants to infrastructure organisations as these tended not to be frontline services, but larger scale support across geographic areas. This allowed us to concentrate on frontline services that were delivered in ‘places’.

	£
Total funding provided	458674
Total funding to providers based outside of Greater Lincolnshire	3.7%
Total funding to Greater Lincs infrastructure groups (and support)	20%
Total funding on frontline services	76.3%
Total funding on frontline services in areas of need (from NPC Data)	50.2%
Total funding on frontline services in areas of need from spend on frontline services	65.8%

We undertook an analysis of spend utilising a comparison figure, the F-Value (the amount of funding per person for each place). We found this value varied significantly across Greater Lincolnshire with some places receiving far more funding per person than others. When we looked at the areas that were highlighted as areas of need from the NPC dataset, it was noted that many of the places scored lower than places identified as not having needs. Generally, we would expect that the places identified as having needs via the NPC data would need more spend per person than those with less needs. This was not the case.

Our analysis identified a number of places as requiring additional funding to increase the amount of funding per person to an appropriate level. These places were:

- Donington
- Skegness
- Scunthorpe

- Grimsby
- Lincoln
- Boston
- Grantham

Our calculations showed that an additional £390,800 would need to be allocated in these places to provide an appropriate and equitable investment.

### Third Party Data

During the COVID-19 crisis there has been a lot of information and data sets produced based around Office of National Statistics (ONS) data and economic analysis. This work tended to look at the impact of COVID-19 on towns and cities, and took into account information on business types and at risk industries, number of workers furloughed, and job profiles. We examined a number of these studies and datasets as part of our analysis in order to cross reference the findings of the NPC dataset against other reputable studies.

The Royal Society for the encouragement of Arts, Manufactures and Commerce (RSA) used ONS data and area profiles to look at which areas of Great Britain were most economically at risk as a result of COVID-19. They found that East Lindsey was third at risk (of 370 local authority areas) with 34% of jobs at risk.

Local Authority	Rank (out of 370)	% of jobs at risk
East Lindsey	3	34%
West Lindsey	55	28%
South Holland	86	27%
North Lincolnshire	113	27%
North Kesteven	133	26%
North East Lincolnshire	178	26%
South Kesteven	198	25%
Boston	258	25%
Lincoln	264	25%

The Centre for Progressive Policy examined impact on places through their ‘Back From The Brink’ report, highlighting areas that were potentially vulnerable to COVID-19 from an economic perspective. They highlighted both North Lincolnshire, and North East Lincolnshire as vulnerable.

In April 2020, the Centre for Towns published ‘The effect of the COVID-19 pandemic on our towns and cities’. This lengthy report examined a range of at risk sectors and deprivation factors, to look at places in terms of the risk from shutting down due to the pandemic. They found that coastal (tourism) centres were most at risk with Skegness being the second most at risk in England and Wales, with Mablethorpe and Cleethorpes



also featuring in the top 5%. In terms of deprivation factors, they also found that Mablethorpe was most at risk in terms of social wellbeing, and fifth most at risk in terms of social isolation. In terms of absolute deprivation, the report found that Mablethorpe was most at risk, with Skegness 4th most at risk.

The British Red Cross, and the VCS Emergencies Partnership produced some guidance under the title 'Economic Insecurity: A VCS insights resource to tackle economic insecurity as part of the collective response to COVID-19.' This document highlighted a number of key recommendations that included:

- Target responses to the most economically vulnerable areas and groups
- Target places where people are in insecure low income jobs
- Responses should meet unmet needs



***"Our Poorest  
Communities  
Need Help"***

# What This Means

The most pressing and important thing to note is that things have changed as a result of COVID-19. There is now need where there wasn't priority before, and places where we put all of our resources and efforts are no longer the places with the most need. This pandemic has changed and is changing everything.

Ask most funders, commissioners, and providers in Greater Lincolnshire where the most need is and they will point to the East Coast, to deprived towns like Grimsby and Gainsborough, and to our larger urban areas such as Lincoln and Boston. This has been proven with the information from the pre-COVID calculations from the NPC dataset, and this helps to validate all our past work, and the funding provided prior to this strategy.

However, COVID-19 has had unexpected impacts across society and communities and whilst we have heard the constant refrain that this disease does not discriminate and it impacts on everyone, what we now know is that it impacts some people with certain social and health determinants more than it does others. As a result the impact of the pandemic is being felt in certain places more than it is in others and this is changing our communities. We now see new places join our lists of need, and places where we wouldn't have focussed support becoming more prominent.

So, why have we seen a change, and why has it impacted on certain places, and not others? The NPC dataset is our key tool in looking at needs and the impacts of COVID-19 on place and it has clearly defined places that are impacted currently, and will be in the future. This allows to determine where we target funding, resources, and support now (during the pandemic) and in the future (as we look to recover from the pandemic). The input of COVID specific datasets, and the use of key COVID related health and social determinants have been the key drivers in changing where we see needs. The NPC dataset also gives us a huge amount of background data for each place, so we know what to target in each area for the most impact. It should also be noted that the dataset is fully searchable, so if at a later date we want to look at specific issues and where they are seen, we can pull that data and share it.

The other datasets we examined demonstrate similar needs, especially in terms of economic pressures and vulnerability. The studies we looked at highlighted towns on the East Coast (Mablethorpe and Skegness, with in East Lindsey), as well as North and North East Lincolnshire (where the primary towns are Scunthorpe and Grimsby). The British Red Cross methodology also recommended targeting unmet needs, and places economically vulnerable, all which has been done through the NPC dates with empirical evidence to back it up.

Our analysis of data has been greatly helped by having robust proven data in place, that can be interrogated efficiently. However, we wanted this strategy to be based on both data and engagement so we need to compare the empirical evidence to community and organisational derived data. There were correlations to the information provided by the

community engagement and from community organisation, especially in terms of current and future priorities. People told us that Mental Health, income, loneliness, and employment were important, while organisations told us food provision, wellbeing, advice, mental health, and loneliness were priorities. If we map these against the data we can see common threads in most areas around what people told us were needs, whilst organisations tended to lean towards products rather than needs. The products may lead to meeting needs, but services such as wellbeing services are less likely to have direct impact on the levels of needs demonstrated through the place based data.

We also need to look at the state of the local social economic sector and its ability to deliver against the identified need. Looking at the numbers and types of community organisations across Greater Lincolnshire we can see that there are significant gaps in the market. This is particularly true in some of the identified areas where the market is less developed. We can see this through examination of the current spend of the Lincolnshire COVID-19 Crisis Fund, where some areas have not been able to be invested in due to the low number of providers, or the types of provision available. We can clearly see areas of less need are better provided for (in the main) than areas of most need. We can also clearly see some areas with more evolved social economies that have been able to be funded more significantly, regardless of need. This causes a problem for us in targeting funding appropriately. Who do you fund when providers are minimal? As a result we need to look at the market as a whole and particularly in our areas of most need.

We did ask infrastructure groups across Greater Lincolnshire to report on the state of the sector, and its ability to change and evolve. Why the information provided was flawed, we can see that 153 separate organisations were being supported. We can make an assumption that this our active group of providers across Greater Lincolnshire. We also know that LCF have funded 97 different organisations, so there are more to reach. The infrastructure organisations also tell us that 89 organisations have paused their services showing that the market has been significantly impacted by COVID-19. However, we are also told that 82 have pivoted and that there are 24 new organisations within the market. It is positive to see evolution and growth, however analysis of the spend from LCF shows many organisations pivoting to provide emergency food support, and organisations themselves stating that they can pivot, but to provide Mental Health or general advice and support. It would seem that the needs identified within this strategy are of a higher level than the sector can provide.

One final thing to consider is the difference between what should be provided or funded by the state, and what the community sector should or could provide, or fund. Some of the issues highlighted in each place may be the remit if the statutory sector, and funders will need to determine which areas of need they will fund. In the same way, there are instances where funders will need to look at issues outside of priority needs, as local changes occur, or political incentives intervene.

***"We have to look at need through a COVID lens"***

## **Place Profiles**

So lets look in more detail at our key places of need, where we need to invest, and what we need to invest in. We can also examine local gaps in provision and services, along with potential solutions.

### **Boston**

#### ***3rd Current, 2nd Future***

The areas with the most need in and around Boston are Skirbeck and the outlying area of Five Village (Sutterton, Algakirk, Fosdyke, Fosdyke Villa, and Fosdyke Bridge). We also know there is need in some of the other outlier villages and the Fenside area of the town. The main needs in Boston relate to BAME communities, and issues relating to crime, barriers to housing, and COVID deaths. We also know that adult obesity is an issue, and housing provision is problematic. The local social economy is not well established, with some organisations providing good quality services but for specific cohorts of people.

It is suggested that the local market needs to be stimulated and grown. There are opportunities to work with current providers to pivot and extend provision, and for the social enterprise market to be developed to meet needs. There are also opportunities to utilise the village hall and faith group infrastructure to develop new services and opportunities.

### **Grantham**

#### ***5th Current***

The area of Grantham with the most need is the Springfield ward. There are significant local issues due to COVID deaths, and there are specific needs relating to BAME communities, and all deprivation indices except for housing. Grantham has a strong faith based community sector providing local crisis services. It does have significant social economic gaps around BAME led organisations, preventative support services, and housing related support.

There is clearly some work to be done around the social economy in Grantham. Existing providers have already pivoted and extended provision to fit local demands, but there is clearly the need for new players in the market, for social enterprises to grow and thrive, and for targeted needs to be met by specific new groups, potentially going out of the mutual aid provision and un-constituted community groups.

### **Grimsby**

#### ***4th Current, 3rd Future***

The Sidney Sussex and East Marsh areas of Grimsby have the most need within the town, and needs relating to COVID cases, the population density, and significant deprivation. The local community sector infrastructure in the town is strong, and there is a targeted social economy that focusses on hyper local delivery, particularly in the East Marsh ward. Many services are around crisis provision, but there are also a lot of targeted support service, particularly for children and young people.

While the local social economy is vibrant, there appears to be gaps in provision around physical health and preventative public health provision. While support for children is in

place, more needs to be done, especially focussed on the Sidney Sussex area. Housing provision and housing related support services also need to be strengthened.

## **Mablethorpe and Coast**

### ***4th Future***

The Trusthorpe area of Mablethorpe (to the south of the town) has the greatest need along the coast, followed by the area north of Mablethorpe. Ingoldmells (further south towards Skegness) is also included as it has significant needs. The majority of needs are age related due to the older population in the area, alongside issues of housing and environment related deprivation. The social economy along the coast is poor with only a handful of providers operating in the area.

There is a considerable opportunity to develop the local market across all areas of need. There are growth opportunities for local charities, as well as potential to develop new social enterprises and community interest companies, especially in areas of high unemployment, and where COVID has had an impact on seasonal and tourism work. Key areas of opportunity are around the older people market (particularly around social isolation) and preventative public health services.

## **Rural South Holland**

### ***2nd Current, 5th Future***

We can see that Long Sutton in the south of Lincolnshire currently has significant needs, which are made worse by the pandemic. These are mainly due to barriers to housing and deprivation. The area is highly complex with large rural swathes with small community centres. A number of areas across the patch are showing significant needs. These include (and are as wide ranging as) Sutton Bridge, Gedney Hill, Donington, Whaplode, and one area of Holbeach. We know that there are very few organisations offering support in the area, and that delivering to a dispersed population isn't easy.

There are opportunities to work with existing organisations to pivot their services and to provide additional support. However, capacity and capability are issues locally. There are also opportunities to work with organisations from Spalding and Peterborough to explore development opportunities. It is suggested that a localised funding pot could be used to commission new local services around housing, health, and employment and training.

## **Scunthorpe**

### ***1st Current, 1st Future***

We know that the place in the whole of Greater Lincolnshire with the most need (both currently and in the future) are the Crosby and Park wards in Scunthorpe. The primary needs are around COVID infections and deaths, and health and social determinants such as employment, education, crime, income, and environment. From the data we also know that these wards have large BAME communities, but a low number of BAME led organisations who can offer support. There are a number of local organisations but their capacity is not large enough to support significant growth.

Therefore, it is suggested that bespoke social economic development is undertaken with targeted support in the area to identify and grow providers and services against specific local needs. This targeted support can be linked with the People's Postcode lottery funded project.

# What We Need To Do

This strategy document has identified, developed, and analysed empirical datasets, peer studies, and engagement information to look at the impact of COVID-19 on people and communities within Greater Lincolnshire. This analysis has allowed us to identify the key places within Lincolnshire, North Lincolnshire, and North East Lincolnshire where we need to focus support, resources, and funding to be as impactful as possible. Along with the key places, we have been able to identify the key needs and issues within specific areas, and the type of provision that is needed to reduce or mitigate needs. Where possible, we have even been able to identify the gaps in the social economic market.

So with all this identified, what do we need to do next? The recommendations below are suggested ways of moving forward.

- 1**  
**Target funding and support at the areas of current need**
  - Utilise strategy to aim current and emerging COVID-19 funding at areas of current need
  - Utilise existing funding from NET and local funding to meet COVID-19 related issues in identified places
  - Share strategy and knowledge with other funders to help target need and invest in key areas
- 2**  
**Develop funding & resource plans for the areas of future need**
  - Develop plans to help fill gaps in provision and need
  - Seek new funding pots to increase investment and funding opportunities
  - Look at the potential to develop place based strategies for each area of future need
  - Invest and fund appropriate services in each area
- 3**  
**Undertake market development in areas of current & future need**
  - Use existing schemes to stimulate markets where appropriate (i.e. the West Lincolnshire Social Economic Corridor)
  - Seek new schemes and investment to stimulate markets in areas in need of development
  - Work with existing infrastructure groups to support development across the region, building on funded workstreams
- 4**  
**Targeted community commissioning and procurement**
  - Develop local commissioning systems to allow targeted development in key places
  - Undertake limited targeted procurement exercises based on need and place
  - Identify and develop financial incentives to deliver services and opportunities in 'difficult' places
- 5**  
**Refresh dataset as needs change**
  - Examine changes in COVID-19 behaviour and impact through updated dataset
  - Scan for, identify, and react to trends in the data and local changes in the impact of and response to COVID-19
  - Fully renew the dataset in 6-12 months
  - Review the strategy against data and local knowledge after a year
- 6**  
**Discuss strategy with key partners**
  - Identify opportunities to work with statutory partners and commissioners around the outcomes of the strategy, and how to meet identified needs in key places
  - Identify other funders and investors who could contribute to delivering the strategy
  - Develop new local funds to target identified needs and places



## **Some ideas for the future**

- Fund innovation and investment by delivering 'kick-start' funding as grants and risk capital
- Fund policy and systems change where impact is likely to make significant improvements to people's lives
- Develop a Theory of Change to support outcome measurements and put in place an impact measurement system
- Identify 5 key data points linked to outcomes for ongoing impact and outcome measurement of funding, along with a sharable template
- Develop place based strategies for the 5 areas of future needs
- Seek ways to increase the available funding pot or utilise existing funds and endowments differently



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