

Seven reasons why GP consortia and the local voluntary and community sector should work together

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Background

The voluntary and community sector (VCS) in the East Midlands is active, diverse and passionate about health and social care provision. We estimate that there are over 29,000 organisations delivering a diverse range of support to their local populations.

Organisations typically establish in response to need – where public or private sector interventions have not fully addressed the needs of a population.

The Marmot Review, Fair Society, Healthy Lives, highlighted the importance of a multi-agency approach to impacting on entrenched health inequalities. The expertise, skills and long term relationships with communities held by the voluntary sector are crucial in the holistic design and commissioning of health and social care services.

At a time of reduced public spending it is crucial that statutory, voluntary and private sector partners work together to create sustainable approaches to meet local community need. We estimate there is over £2.8bn of VCS activity taking place within the East Midlands. Integrated effectively with statutory health care structures we believe there are seven primary reasons GP consortia should be looking to develop closer relationships with their local VCS.

The seven reasons explained

1. **Increasing reach:** As both a deliverer and co-deliverer of direct and support services the VCS reaches deep into communities effectively targeting those facing the most acute health inequalities. The diversity of service provision means that the VCS is well placed to positively impact the wider determinants of health in terms of housing, work, education, diet & nutrition and social inclusion.
2. **Enhancing intelligence:** The VCS has access to numerous sources of local intelligence on grass roots service provision and community needs. There is obvious scope to house this information to inform the provision of better/more targeted services through a cross sector approach to the development of the JSNA.
3. **Evolving intelligent commissioning:** Whilst the health inequalities facing society are well documented the sustainable services required to tackle inequalities are relatively undeveloped. VCS service providers often possess the specialist grass roots knowledge required to engage with diverse client groups. Mechanisms are required to enable both commissioners and providers to work collaboratively to consider how processes can be designed to achieve better outcomes.
4. **Harnessing VCS independence:** Much VCS health and social care activity is funded independently of the public sector commissioning model through independent grant funders. At a time when sustainable service provision is so crucial to local communities it makes sense to explore how this provision could be integrated to complement statutory commissioned services.
5. **Harnessing VCS resource:** In our view effective engagement with VCS provision will be crucial. The development of initiatives to even harness a fraction of the 29,000 organisations delivering services worth over £2.8billion in the region would be a significant additional resource to complement statutory provision.
6. **Taking an holistic approach:** Involving the VCS in a partnership based approach has the potential to bring care closer to the community with the potential to access further efficiencies and long term savings through the development of a robust and integrated approach. Sensitively implemented such an approach would enable both statutory and VCS service providers to play to their strengths.
7. **Supporting transition:** This includes public health intelligence, health and wellbeing boards, workforce development and the HealthWatch transition. The development of relationships with local GP consortia would naturally provide another significant value adding opportunity to contribute to an effective implementation.

So how can One East Midlands help?

Access to a network and single gateway

One East Midlands is the regional network and infrastructure organisation for the VCS in the East Midlands.

One EM exists to ensure that the VCS across the region are able to influence and shape policy, improve services and to provide a strategic interface between the sector and key stakeholders at regional level.

The One EM health and social care network is funded through the Department of Health and has been specifically established to foster a more progressive approach to the development of health and social care provision in the region.

The health and social care network consists of 270 members who provide community services, regenerate neighbourhoods, support individuals, promote volunteering and tackle discrimination.

The One EM network provides an effective single gateway to facilitate an informed dialogue with the community and voluntary sector across the region.

The network also offers a brokerage service to help the foster the development of VCS linkages with emerging GP consortia.

Bespoke training and consultancy support to help GP consortia access the potential of the VCS

One EM is able to offer a bespoke training support and consultancy service to assist GP consortia to understand how to harness the potential value added which can be achieved through local VCS engagement.

For further details of this support or to arrange a free presentation on the value of the VCS in your area please contact One East Midlands at information@one-em.org.uk.

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One East Midlands

One East Midlands is a regional voluntary and community sector infrastructure organisations for the East Midlands. We work to ensure that the voluntary and community sector is actively engaged with key regional bodies and other partners, from across the public, statutory, business and social enterprise sectors. We bring together organisations that support voluntary and community groups across the region to influence and shape policy, improve services and provide a point of contact at a regional level.

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