Working with the voluntary and community sector:

A guide for health and wellbeing boards

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Introduction

Voluntary and community sector (VCS) organisations have a vital role in addressing health and social care needs of communities. The VCS can represent the "voice" of the communities it serves, often marginalised, harder to hear views and experiences. This guide highlights how the voluntary and community sector can support commissioners and policy makers to improve the health and wellbeing of their community and reduce health inequalities- both through commissioning support and the provision of services. It explores the structure of the voluntary sector, the rationale for effective engagement mechanisms and different models for engagement.

The voluntary and community sector: a wealth of expertise and connections

VCS organisations establish in response to an unmet need - where public or private sector interventions have not fully addressed the needs of a population. VCS organisations often work with the most disadvantaged communities - both geographic localities and communities of interest.

Many VCS organisations work directly in health and social care, whilst others work to improve the wider determinants of health. Work may focus on a particular part of the life course or on people with particular protected characteristics.

The Marmot Review, Fair Society, Healthy Lives[i], highlighted the importance of a multiagency approach to impacting on entrenched health inequalities. The expertise, skills and long-term relationships with communities held by the VCS should be crucial in the holistic design and commissioning of health and social care services. As such, VCS "voice" should be included in developing health and wellbeing boards. This should be in addition to local Healthwatch, which operates primarily in a patient or service user context. VCS links and knowledge should be integral in the process of undertaking Joint Strategic Needs Assessments (JSNAs) and developing Joint Health and Wellbeing Strategies (JHWSs).

"High quality patient and public engagement is the key to unlocking many benefits for good patient experience, better value for healthcare resources and trusted relationships in the community."

Get Smart about Engagement. Series Introduction[iv]

"It will not be sufficient for health and wellbeing boards to engage only with major providers... because smaller, community-based providers might have developed innovative approaches that are effective at reducing health inequalities and improving outcomes and are of particular relevance to achieving the board's goals."

Stronger Together: How Health and Wellbeing Boards Can Work Effectively with Local Providers[v]

The voluntary sector - working to promote health and reduce health inequalities

Broadly speaking, there are four types of VCS organisations working in health and care:

- National charities and their branches in local areas or regions
- Service providers - contracted to provide services in health and social care
- Community groups - often volunteer-led, bringing people together to provide peer support, promote self help, and help people to voice issues etc
- Infrastructure organisations - providing support to other organisations

Other names for VCS organisations you may hear may include charities, third sector organisations, not-for-profit organisations, community groups, social enterprises, civil society organisations and non-governmental organisations.

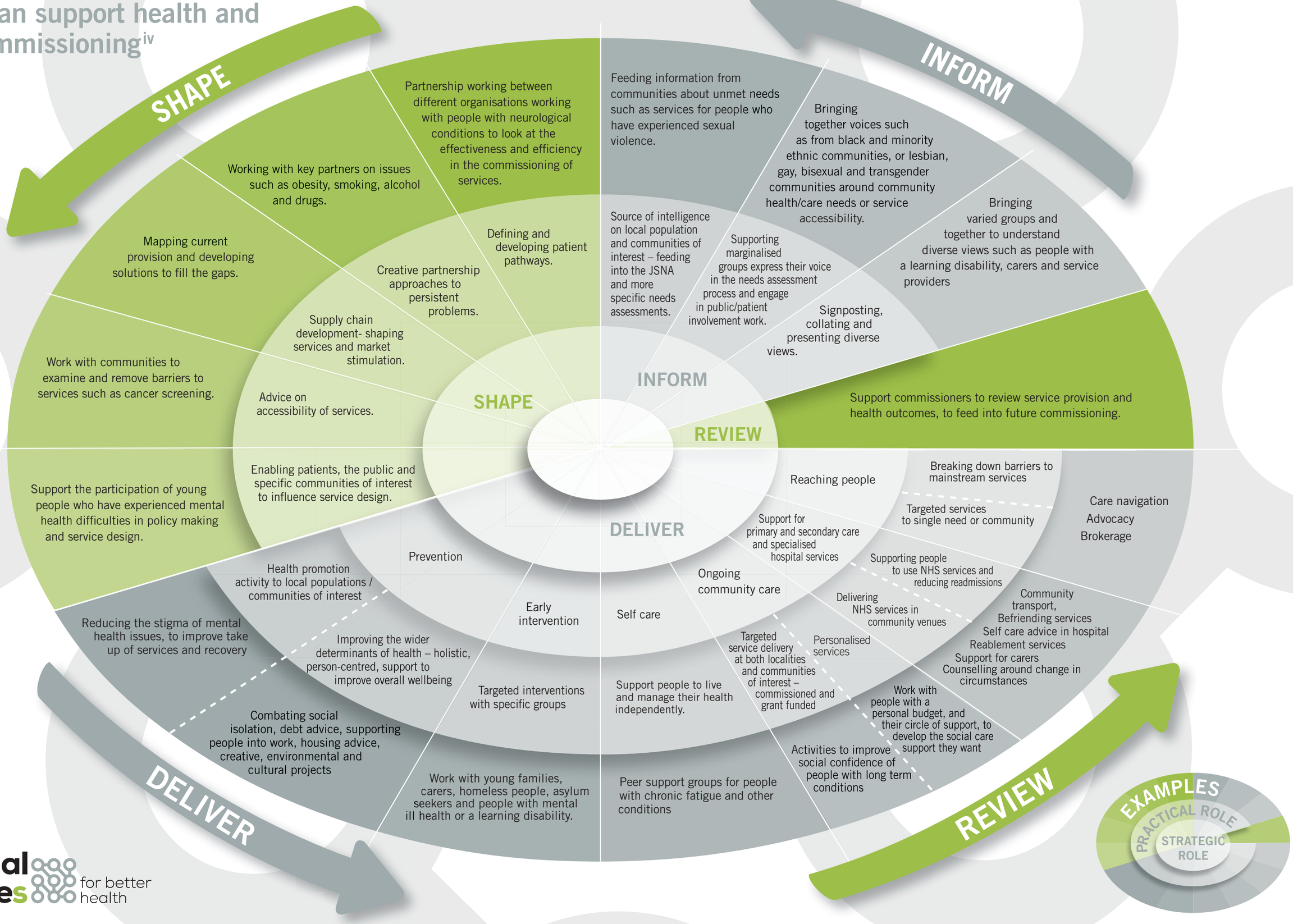
Around a quarter of VCS organisations work directly in health and social care, and a much larger proportion impact on the wider determinants of health.

VCS roles in supporting commissioning for health and wellbeing outcomes:

- provide intelligence about community needs and assets, and asset-based development approaches
- input knowledge and insight into factors affecting the wider determinants of health in the area
- support engagement between health and wellbeing boards and the community, especially seldom heard and vulnerable groups
- help marginalised groups input their voice into the development of health and care services
- assist local Healthwatch organisations to feed more diverse patient, service user and public voice into health and wellbeing board processes
- be involved in prioritisation of JHWS activities and support community participation
- input community voice and provider expertise into care pathway redesign and service reconfiguration
- provide high quality and innovative services
- review and challenge commissioning plans and success of JHWSs

It is estimated that there are 900,000 voluntary groups and organisations in England[ii], including approximately 180,000 registered charities[iii].

Ways the voluntary and community sector can support health and care commissioning[iv]



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Models for engagement in health and wellbeing boards

Engagement should be continuous, meaningful and be underpinned by accountability to a much wider and recognised VCS network. The network will inform and support any direct representation and provide advice and evidence to the representatives. Without this wider network, there is a danger that the representative can only represent their own opinion and that of their organisation. Funded VCS engagement allows representatives to dedicate time fully to supporting the board, and link the wider VCS and the communities it serves with developments.

"Involving providers in determining engagement approaches- this collaboration will foster better understanding, stronger cooperation and greater enthusiasm for more productive engagement"

Stronger Together, The NHS Confederation[v]

Clinical commissioning groups' (CCGs) new and local authorities' existing grant making powers will be useful in facilitating meaningful engagement with the local VCS and the communities it serves.

A tokenistic place offered on a board is of little value either to statutory bodies or to VCS organisations and their service users. Local Healthwatch organisations work mainly in the context of service users and patients,and so are unlikely to have a strategic overview of the entire VCS and the communities it supports. Therefore Local Healthwatch is not best placed to represent the views of the whole VCS, although it is important that they work closely together. Duties to engage the local communities in JSNAs and JHWSs explicitly go wider than the local Healthwatch, and engaging the VCS can help boards achieve this effectively.

All of the options outlined here therefore assume there is wider support locally for the development and support of a wider network of VCS organisations[viii].

"Section 242 [of the NHS Act 2006] is the legal duty to involve current and potential service users or their representatives in everything to do with planning, provision and delivery of NHS services. The duty specifically applies where there are changes proposed in the manner in which services are delivered or in the range of services made available.

Domain 2 of the CCG authorisation process requires evidence of "meaningful engagement with patients, carers and communities". This means showing how the CCG ensures inclusion of patients, carers, public, communities of interest and geography, health and wellbeing boards and local authorities and how the views of individual patients and practice populations are translated into commissioning intelligence and shared decision-making."

Get Smart about Engagement. Engagement for Commissioning Success[vii]

Model	Advantages	Disadvantages
Single voice Elected or appointed single representative supported by a wider network (minimum involvement)	• Easiest to support • Develop continuity of relationship • Obvious single point of contact for sector • Sector 'champion' role • Can give a broad view of the sector • Keeps board membership slim	• Not a specialist • Requires development of an extensive open and transparent recruitment process • Least responsive or dynamic to emerging agenda items • Risk of continuity through illness, change in personnel etc - requires a deputy
Multiple voice Appointment of 2 or more static representatives supported by a wider network	• Relatively easy to support and maintain • Develop continuity of relationships • Obvious points of contact for sector • Wider breadth of experience • Greater continuity than a single voice	• Restricted ability to adequately represent diverse views • May still lack specialist expertise in many areas • Less responsive or dynamic to emerging agenda items • Complexity to develop an open and transparent recruitment process • Increases board size, where a small board is preferred
Flexible voice 2 or more places with 1 being available for flexible use by the underlying network based on specialist knowledge of current issues.	• Some continuity of relationships • Dynamic and responsive to emerging agenda items • Provides potential access to a wider network of expertise • Opportunity to develop an approach to harness benefits of static places or subgroup models	• Needs organisation to takes responsibility for the maintenance and access to the network • Requires early knowledge of agenda issues • Complex nomination process required • Greater support required for individuals • Increases board size, where a small board is preferred
Subgroup model VCS actively involved in working groups such as on themes or around JSNAs and JHWSs (Ideally in conjunction with one of the above models)	• Uses the intelligence, expertise and networks of the VCS to influence understanding of an area and commissioning for that area • Builds working links between sectors (at operational level)	• If not directly linked with the board, then VCS issues may not be flagged up in timely fashion- will miss opportunities for partnership working • Strategic communication between the board and the VCS will need to be done by members of the board

*Council for Voluntary Services - local VCS support and development agencies.

Example The Chief Executive of Voluntary Action Wirral represents the voluntary sector on the Wirral Health and Wellbeing Partnership. She cascades information through the local voluntary sector and leads on public engagement.[ix]

Example In Newcastle-upon-Tyne there are three voluntary sector representatives on the Wellbeing for Life Board, one from the CVS* and two others selected by the VCS from a housing and a youth organisation.[ix]

Example In Norfolk, the Joint Health and Social Care Voluntary Sector Forum nominated three representatives to sit on the health and wellbeing board, from subject specific voluntary sector forums (mental health, children and older people), there is also a "substitute" from another VCS network.[ix]

Example The CVS in Cheshire East- is actively involved in the JSNA Steering Group and Working Group and leads on the mental health work stream.[ix]

How to Engage with VCS Organisations

Locally: the best source of support for linking with the voluntary sector is often the council for voluntary services (CVS), sometimes called a local development and support agency[x]. These organisations can help policy-makers and commissioners reach large numbers of VCS organisations in their area. CVSs often facilitate a network of organisations working in health and social care, which can be useful for commissioners and policy-makers to work with and are a good starting point in developing engagement mechanisms. These networks can be used to elect supported representatives to work with commissioners across health and social care.

Regionally: In each of the nine English regions there is a regional infrastructure organisation[xi] which works closely with health and care organisations and networks as well as those which impact on the wider determinants of health. Working with the VCS at a regional level promotes networking, sharing and learning between localities. The regional networks are a good point of contact for an alternative view on engaging with the VCS in each area.

[i] Fair Society Healthy Lives, The Marmot Review.
http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

[ii] UK Civil Society Almanac 2012, NCVO.
http://www.ncvo-vol.org.uk/sites/default/files/uk_civil_society_almanac_2012_section.pdf

[iii] Charity Commission Factsheet: Information About Charities.
http://www.charity-commission.gov.uk/Library/About_us/mp_factsheet2.pdf

[iv] Get Smart about Engagement. Series Introduction.
https://www.wp.dh.gov.uk/healthandcare/files/2012/05/Get-smart-about-engagement-series-introduction.pdf

[v] Stronger Together: How Health and Wellbeing Boards Can Work Effectively with Local Providers.
http://www.nhsconfed.org/Publications/Documents/Stronger-together.pdf

[vi] Adapted from VONNE Support for Commissioners and Policy Makers in Health and Social Care for working with the Voluntary and Community Sector.
http://www.vonne.org.uk/policy/healthandwellbeing/health_inequalities.php

[vii] Get Smart about Engagement. Engagement for Commissioning Success.
https://www.wp.dh.gov.uk/healthandcare/files/2012/05/Engagement-for-commissioning-success.pdf

[viii] Adapted from One East Midlands briefing- Health & Wellbeing Boards and the Third Sector: Models of engagement.
http://www.oneeastmidlands.org.uk/node/1129

[ix] Case studies on different ways health and wellbeing boards are engaging the voluntary sector, Regional Voices.
http://www.regionalvoices.org/node/47

[x] Directory of Councils for Voluntary Services, NAVCA.
http://www.navca.org.uk/directory

[xi] The nine regional networks of Regional Voices
www.regionalvoices.org/about

If you require this information in an alternative format email: contact@regionalvoices.org or call 0113 394 2300

Further information and case studies about the role of the voluntary sector in health and care can be found on: http://www.regionalvoices.org/vs-wellbeing

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