

# **Developing effective VCS engagement in the new world of health and social care**

**26<sup>th</sup> March 2013, Aura Conference Centre, Newark**

**Event report for**

**One East Midlands  
Regional Voices  
East Midlands Councils**

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On behalf of One East Midlands**

# Introduction

On the 26<sup>th</sup> March 2013 One East Midlands hosted a Voluntary and Community Sector engagement event in Newark.

Whilst the VCS contains a wealth of knowledge to help shape and inform health and wellbeing needs assessments and priorities, a long standing challenge remains as to how this intelligence can be imparted to statutory partners in a structured and sustainable way.

To develop the event around effective VCS engagement, a programme of research was undertaken across the East Midlands to identify good practice in VCS engagement in health and social care. This research revealed that effective VCS engagement practice was patchy and largely under-developed across the region.

The research also revealed emerging good practice in VCS engagement evolving in Lincolnshire, Nottingham and Northamptonshire. This included membership of Health and Wellbeing boards (HWBs) , development of Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) and partnerships with Clinical Commissioning Groups (CCGs).

This practice was used to form the basis of an engagement event to inform practical and sustainable ways forward to shape the health and social care engagement agenda across the East Midlands using all potential pathways and tools available to the VCS.

The event was funded by Regional Voices through the Department of Health strategic partner programme and was promoted as 'Developing effective VCS engagement in the new world of health and social care'.

Richard Hazledine

**ConnectMore Solutions**

**April 2013**

# Event overview

The event was focussed around three key engagement opportunities:

Session one – Engagement with Health and Wellbeing Boards (HWB)

Session two – Engagement with strategic priorities and needs

Session three – Engagement with Clinical Commissioning Groups (CCG)

The main findings associated with each of these streams are documented in the remainder of this report.

## Session one overview

Session one provided an overview of the role of Health and Wellbeing Boards and the need for effective VCS engagement.

The session included information on two possible models for engagement through either

- (i) Healthwatch
- (ii) Development of a VCS representative supported by provider steering group.

Speakers for this session included

1. Dr Tony Hill, DPH Lincolnshire and Chair of Lincolnshire Shadow Health and Wellbeing Board.
2. Shobha Asar-Paul, Healthwatch Implementation Team, Local Government Association
3. Sarah Collis, CEO Self Help Nottingham and VCS representative on Nottingham City Health and Wellbeing Board.  
Cheryl Cooper, Health and Wellbeing Transition Project Manager, NHS Nottingham City/Nottingham City Council.

## Session one findings

All speakers recognised the depth and quality of health and social care insight possessed by Voluntary and Community Sector partner across the region.

Whilst this knowledge exists the session revealed that the diversity and scale of the VCS across the East Midlands provided a significant challenge in terms of effective engagement.

To assist with the operation of Health and Wellbeing Boards there was an obvious need to maintain a membership of key partners. Whilst many VCS organisations could contribute to

strategic discussions around the health and wellbeing agenda it was impractical to extend invitations to all interested VCS partners.

### **CASE STUDY - Nottingham City Health and Wellbeing Forum**

In Nottingham City an innovative solution has been developed to create a third sector health and wellbeing forum HWB3.

The forum is open to any third sector provider of health and social care services in the City. The provider forum meets annually and is underpinned by a steering group of 16 providers which meets monthly. The steering group contains an elected representative who attends Health and Wellbeing Board meetings.

The steering group meets regularly in between Health and Wellbeing Board meetings and aims to 'provide a cohesive link between the work of the main board and the third sector, in particular by identifying opportunities for third sector involvement in influencing.

Members of the wider forum can express particular areas of interest and/or expertise they have relating to health and wellbeing in order to receive targeted invitations to take part in themed pieces of work or invitations.

The forum has since been evolving successfully to meet the original intentions of the local authority to support the following aims:

1. To create a robust mechanism for third sector representation on the Health and Wellbeing Board
2. To provide a focus for NHS and market development activity, to support the sustainability and growth of the sector
3. To provide an opportunity for providers to share best practice
4. To provide greater opportunities for commissioners to consult with the Third Sector on service development

To make these developments possible Nottingham City Council has contracted with a local charity, HLG, to provide support to administer the forum on their behalf. Further details of the forum can be found at [www.hwb3nottingham.org.uk](http://www.hwb3nottingham.org.uk)

In Northamptonshire the VCS engagement took place within a series of district forums which reported into the health and wellbeing board. Representatives from Northampton Volunteering Centre that this was often a more appropriate forum for localised VCS groups to engage with.

Whilst the involvement of Healthwatch was welcomed at HWB level concerns were raised about the ability of Healthwatch to meaningfully represent the VCS across such a broad agenda when the primary remit of Healthwatch was to represent the views of patients and the general public.

## Session one recommendations

- 1. Effective VCS engagement with statutory health and social care systems is an emerging area of practice. Effective VCS engagement with Health and Wellbeing Boards will not happen by chance. There is a need for boards to think through possible engagement models with the VCS.** This could include direct VCS representation, provider forums or use of Healthwatch. Different models provide different engagement opportunities and have various resource implications. In each area there is opportunity to develop a model to ensure that the VCS can contribute its considerable expertise and knowledge to complement statutory partners.
- 2. There is emerging evidence to suggest that where Health and Wellbeing Boards invest in some form of provider forum (ideally connected to a VCS member of the health and wellbeing board) a potential opportunity is provided to efficiently conduct strategic engagement activities with the VCS.** Such an opportunity allows cost-effective and sustainable engagement to begin to evolve that might not otherwise be possible. Such structures provide a credible consultation mechanism for commissioners and could have associated links with engagement initiatives on JSNA/JHWS needs assessment and strategies.
- 3. Where VCS engagement is only available through Healthwatch there is a need for Health and Wellbeing boards, Healthwatch organisations and the VCS to consider how that engagement can be effective.** The current reporting structures and boundaries of responsibility between Healthwatch and the VCS are very unclear across the region. At the time of writing there appears to be little coordinated activity taking place to define how the dynamics will and should operate.

## Session two overview

Session three centred on the engagement of VCS organisations in the development of Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWS).

Speakers

David Stacey, Public Health Programme Manager, Lincolnshire County Council

Lisa Holmes, Public Health Programme Officer, Lincolnshire County Council

## Session two findings

The session revealed that the significant potential contribution the VCS can make to the development of JSNA and JHWS.

In Lincolnshire there is an increasing recognition of the role that VCS organisations have to play in the development of comprehensive needs assessments. Discussions with the panel Q & A revealed that further work is required across the region to refine and agree the metrics surrounding both 'qualitative' and 'quantitative' data that could be provided through the VCS.

There was evidence of increasing use of local authority resourced websites to encourage the use and awareness of JSNA datasets to support VCS engagement.

<http://www.research-lincs.org.uk/Joint-Strategic-Needs-Assessment.aspx>

<http://www.nottinghaminsight.org.uk/insight/partnerships/voluntary/home.aspx>

The session featured the need to raise awareness of the usage of JSNA and JHWS documents by VCS organisations. In this respect it became apparent that in Northamptonshire there was an increasing recognition from the NHS that VCS awareness raising was required to support greater involvement from the VCS in the creation of JSNA documentation. This recognition has culminated in the development of a VCS representative on the JSNA technical group from Northamptonshire. This role had been aligned with the development of county-wide briefings on the use and application of JSNA documents led by Northants Volunteer Centre. The role had also been used to create case studies to investigate how information could be collated across the VCS to support data. Regionally further work was required to inform how the VCS could systematically contribute information for JSNA's. This work was needed to inform the 'metrics and format' of data used within the creation of JSNA documentation. In this respect it was felt that great clarity was needed between the VCS and statutory sector to agree standards for data collation.

## Session two recommendations

- 1. To enable VCS organisations to contribute to the development of strategic priorities and needs assessments there is an emerging requirement to agree the 'key qualitative and quantitative metrics' between providers and commissioners of services.** There is a very much a perception that an agreed standard in the collation and presentation of data would facilitate the provision of complementary community level intelligence into the documents.
- 2. There is a requirement to make strategic priorities and needs assessments more accessible to the VCS. In Lincolnshire and Nottinghamshire accessible websites have been developed to facilitate the process of aligning statutory priorities with**

**VCS activities.** This process is not only valuable for the purposes of engagement but also for the purposes of building credible evidence bases for fundraising. Similarly in Northamptonshire training sessions have been established by local infrastructure to undertake awareness raising on JSNA's and their application within the VCS.

## **Session three overview**

Session three centred around VCS engagement with Clinical Commissioning Groups. The session centred on a case study in Northampton. The case study featured the development of progressive relationships between Northampton Volunteer Centre and Nene Clinical Commissioning Group.

Speaker

Jane Carr, Deputy CEO, Northampton Volunteer Centre

## **Session three findings**

The session revealed the need for VCS organisations to thoroughly research the priorities and needs of Clinical Commissioning Groups (CCGs).

### **CASE STUDY – Northampton Volunteer Centre and Nene Clinical Commissioning Group**

In Northampton the local Volunteer Centre had researched information on latest statutory priorities and needs assessments through involvement with a number of strategic forums operating across their area.

To help make progress in the development of relationships with Nene Commissioning, NVC offered a solutions based approach to CCG personnel working at an operational level. The approach involved using qualitative and quantitative data to build a business case for VCS services that demonstrated social impact and ability to tackle health inequalities.

This approach had in turn increased the potential for greater engagement through the development of numerous pilot projects with the CCG. These included

- Research on inappropriate A&E usage by young people
- VCS marketing campaign aimed at GPs
- Map of VCS services for 1 GP surgery
- Gap analysis of services across Northampton

## Session three recommendations

1. **There is a clear evidence to suggest that when VCS organisations are adept at aligning their core competencies with statutory needs the opportunities to develop new partnerships are increased.** The work undertaken by Northants Volunteer Centre informs how VCS organisations should prepare to undertake business development activities to support local Clinical Commissioning Groups.
2. **There is a potential training requirement to help inform how the VCS should develop partnerships and undertake business development activities.** Whilst many organisations understand grant applications and tendering the VCS is less familiar with the concept of business development and the possibilities to secure new income streams.
3. **Appropriate business development activity for the VCS is linked to membership of appropriate forums and awareness of appropriate priorities and documents.** Indeed work within Northampton revealed the importance of partnership building with statutory providers alongside the need to research key priorities, needs and perhaps most importantly gaps in provision.

Partners would like to thank all contributors and participants for making this a highly informative and proactive event.

## Appendices - Event delegates & speakers

Rachel	Alynies	Director of Children's Services	Children's Links
Shobha	Asar-Paul	Healthwatch implementation	LGA
Simon	Bernacki	ULO Development Officer	Disability Nottinghamshire
Deborah	Brackner	Project Manager	GFS Platform - Skegness
Jane	Carr	Deputy CEO	NVC Northants
Kath	Cawdell	Partnership Co-ordinator	Community Action Derby
Sarah	Collis	Director	Self Help Nottingham
Cheryl	Cooper	Project Manager, Heath & Wellbeing transition, NHS Nottingham City/Nottingham City Council	Black Tulip Solutions Co Ltd
Steven	Corbett	Development Manager	University of Lincoln
Trish	Crowson	Platform Director	Platform for Health & Wellbeing
lesley	dixon	training and development manager	Action for Prisoners Families
Sarah	Habermass	Strategy Manager	Think Children
Annette	Harpham	Health & Social Care Manager	Mansfield CVS
Richard	Hazledine	Director	ConnectMore Solutions
Kevin	Hill	General Practitioner	SLCCG & Lincs SHWBB
Tony	Hill	Director of Public Health	NHS Lincolnshire / Lincolnshire County Council
Lisa	Holmes	Programme Officer	Lincolnshire County Council
Jane	Jackman	Rural Bassetlaw Befriending Delivery Officer	RCAN
Cathy	Jones	Policy Manager (Housing and Health)	East Midlands Councils
Julia	King	Macmillan Development Manager	Macmillan Cancer Support
Stephanie	King	Engagement and Consultation Manager	NHS Lincolnshire
Jane	Kingswood	Community Engagement Worker	Notts LINK
Leann	Leverton	HR & Finance Administrator	One East Midlands
Michelle	Livingston	Director	Real Partners CIC
Neil	MacLaren	Funding Manager	Nottinghamshire YMCA
Simon	Main	Director	Bath and Main Associates
Louise	Melbourne	Strategic Planning and Commissioning Officer	Leicestershire County Council
David	Oakes	Business Development Manager	Carers Federation Ltd
David	Potter	Business Development Manager	Self Help Nottingham
Paul	Ritchie	Business Development Lead	Carers Federation Ltd
Maxine	Robinson		SHE Survivors Helping Each Other
Ian	Robson	Chief Executive	Leicester LGBT Centre
Jane	Rudge	Senior Macmillan Development Manager	Macmillan Cancer Support
Jules	Sebelin	Quality Assurance Manager	Nimbus: Disability Consultancy
Steve	Shaw	Health & Social Care Officer	Ashfield Voluntary Action
Ben	Smith	Change & Programme Manager	Voluntary Action Leicestershire
Janet	Solla	Director	Community Health and Learning Foundation Ltd (CIC)
David	Stacey	Programme Manager for Strategy and Performance	Lincolnshire County Council
Carol	Stanyard	Market Development Officer	Leicestershire County Council
Sarah	Steele	Countywide Research and Development Officer	NVC Northants
Helen	Tasker	Assistant Market Development Officer	Leicestershire County Council
Sandy	Utton	HWB3 Chair - Senior Independent Living Advisor	HWB3 - The Rowan
Valerie	Vowles	Chief Executive Officer	Age UK Kesteven
Christine	Watson	Team Leader	Carers Federation