Compact voice

Informing and influencing the new local health landscape - a guide for local Compacts

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Acknowledgements

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Using your local Compact to inform and influence the new health landscape: The one page guide

At a time of unprecedented change in health and social care decision making and commissioning there are challenges for all sectors. The more competitive and outcome focused commissioning environment is a particular challenge for the voluntary and community sector (VCS). However, the increased emphasis the Health and Social Care Act places on public engagement, prevention, integration, public health and inequalities makes the role of the VCS more, not less, important to the health and well-being agenda. Local Compacts strengthen the sector's ability to engage and deliver local solutions.

The following tips on using your local Compact to influence the new health landscape are built on the experience of those already engaged in these processes.

1. **Work strategically within the VCS** – If the VCS is to influence the complex and rapidly evolving health and social care system, the Compact needs to be closely linked to the processes for representation of the VCS in relation to health and social care. If you don't already know, find out what mechanisms exist locally (e.g. a health and social care forum, network or Chief Officers' group) and who leads them. Make sure your Compact work is linked into this.
2. **Foster relationships with key people in health and social care** - Identify the people with power and responsibility in the statutory sector and work collectively to open channels of communication and foster good relationships with them. As a starting point, find out who chairs your local health and wellbeing board (HWB) and who the other members are. Local authorities, Directors of Public Health and Clinical Commissioning Groups (CCGs) all become increasingly influential as a result of the health reforms.
3. **Use these contacts to establish recognition of the sector's multiple roles in relation to health and wellbeing** – Remember key players in health and social care will be interested in health and wellbeing outcomes for the local population not the VCS per se, so use examples and evidence and demonstrate how the sector can help them do what they need to do better and how a stronger local sector can have greater preventative impact.
4. **Introduce the Compact to those who don't already know it** - Promote the Compact as a two way process that sets the tone for respectful and positive relationships. Encourage statutory partners to engage with the Compact as the bedrock for constructive ways of working locally and encourage as many local partners as possible (including the new CCGs) to sign up to the local Compact.
5. **Continue to use the Compact where there is poor or damaging practice** - Respond swiftly and constructively when issues arise. Be clear what you want or why a particular approach won't work or will be damaging for the local community. Try to suggest alternative ways of dealing with an issue.
6. **Reassert Compact principles as the basis for good practice engagement and commissioning** - Use the Compact proactively whenever new commissioning and engagement activities are being discussed or introduced by local authorities, HWBs or CCGs. Promote the commitments and principles of the Compact as the ground rules for constructive partnership working, which results in better outcomes.
7. **Consider reviewing the Compact or the processes surrounding it locally** – Depending on local circumstances, this might mean reviewing part or all or your local Compact document and/or the processes surrounding it to ensure the content and the people involved reflect the changed environment. Or, it might mean reaffirming existing commitments with new partners – such as Directors of Public Health, CCGs or local Healthwatch.
8. **Work with the VCS to improve their offer to statutory partners** – Ensure the sector's own representation is robust and credible. Support the sector to demonstrate the quality and impact of its work.

Introduction: the Compact and local health reforms

The Compact is now more relevant than ever. At a time when resources are scarce and services and structures are changing, it is vital that voluntary and statutory partners work effectively together to maximise benefit to local communities. The Compact is the agreement that underpins effective local partnerships and strengthens the contribution that voluntary and community sector organisations (VCS) can make to improving outcomes for local people.

The Coalition Government has expressed its commitment to the renewed national Compact[1] and has followed this commitment through with inclusion of the Compact in:

- Departmental business plan priorities;
- Best Value Guidance[2] - for local councils (and other best value authorities); and
- Draft joint strategic needs assessment guidance[3] - for health and social care partners.

The health and social care reforms - originally set out in the Health and Care White Paper[4], and now being enacted following amendments to the Health and Social Care Act passed in March - are already radically changing the landscape of organisations and partnerships responsible for prioritising and commissioning health and care services locally.

The Health and Social Care Act 2012 creates new bodies (e.g. Healthwatch, Clinical Commissioning Groups) and new partnerships (e.g. health and wellbeing boards) at a local level and transfers responsibility for public health from the NHS to local government. Increasing levels of public involvement in health and allowing more local control over commissioning decisions are amongst the central aims of these reforms. The voluntary and community sector (VCS), now as ever, has much to offer in relation to these ambitions: as community leaders, providers of services and experts in many relevant areas of health, care and support. As such, the VCS needs to be fully engaged in these changes and the partnerships and processes they create.

This guide is intended for all those in the voluntary and statutory sectors with an interest in maximising the effectiveness of local partnerships and encouraging a more robust and sustainable local VCS, capable of playing its full part in improving the health and wellbeing of local communities. It is particularly aimed at those involved in local Compact partnerships or working groups and others with responsibility for championing the use of local Compacts.

The guide addresses how the Compact and those involved in local Compacts can have positive influence on the partnerships that develop as a result of the health reforms, and the way in which the statutory and voluntary organisations involved in them conduct their future activities. Our aim is to encourage greater recognition and use of the Compact in light of the health reforms and improve the outcomes of local partnerships, which will impact on the health and wellbeing of local communities. We hope you will find this guide both informative and useful in your work.

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[1] HM Government (2010) *The Compact - The Coalition Government and civil society organisations working effectively in partnership for the benefit of communities and citizens in England.*

[2] Department for Communities and Local Government (2011) *Best Value Statutory Guidance*

[3] Department of Health (2012) *JSNAs and joint health and wellbeing strategies – draft guidance* (See page 18)

[4] Department of Health (2010) *Equity and Excellence: Liberating the NHS*

Key elements of local health reform: how does the new and emerging health landscape affect local Compact partnerships and principles?

The overarching intentions of the health reforms are to achieve better health outcomes, improve service quality and reduce health inequalities by giving patients and service users more power, and give frontline professionals an increased role in local decision making and commissioning.

The Department of Health is committed to the national Compact[5] and endeavours to model best practice in its relationships with the sector. This is reflected the Department's business plan and its work with the VCS, through its strategic partner programme and the inclusion of VCS representatives in the Future Forum[6] and other influential mechanisms. The Secretary of State for Health has articulated an expectation that this commitment to the Compact should also be reflected at local level.

Key local components of the new health landscape

There are 4 key changes to the local health and social care landscape created by the health reforms:

- **Health and wellbeing boards** (HWB) – local partnerships bringing together those responsible for commissioning health and care services locally. They will be responsible for developing joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWS) for their locality. The core membership of HWBs is defined in legislation. Shadow HWBs are already in place and are due to take on their full responsibilities by April 2013.

- **Clinical Commissioning Groups** (CCGs) – clinically-led organisations originally conceived as consortia of local GPs but now including additional health professionals such as nurses and specialist doctors. CCGs will take over the commissioning responsibilities of Primary Care Trusts (PCTs). They will be supported by clinical networks advising on single areas of care (e.g. cancer) and new 'clinical senates' in each area of the country. They will be accountable to the new national NHS Commissioning Board (NHSCB) which will also have some local presence (in relation to the commissioning of primary care and specialist services) and links into HWBs. Following the advice of the Future Forum, legislation specifies that CCG boundaries should not normally cross the boundaries of top tier local authority areas.

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[5] DH's 2012 Department Business Plan outlines the following ways its plans help strengthen and deliver on its commitment to the Compact:

- Ensure compliance with the Civil Society Compact by DH and its arm's length bodies, including collaborative working with the civil society sector on the following The DH Voluntary and Social Enterprise Programme will actively engage and consult the sector on key policy developments and reforms
- Encourage NHS organisations in England to sign up to a local Compact and use this to guide local arrangements for partnership working
- Through the Senior Responsible Officer for the Compact and Civil Society Liaison Officer promote and champion the Compact both internally and externally
- Develop robust mechanisms for monitoring compliance in funding and consultation processes across DH
- Include the Compact principles in staff training and induction processes

[6] The NHS Future Forum is an independent group including people from local government, health and voluntary sectors. It was set up in April 2011 as part of the Government's listening exercise in relation to the Health and Social Care Bill. The Future Forum made a series of recommendations many of which are reflected in the resulting legislation www.healthandcare.dh.gov.uk/government-response-to-nhs-future-forum/

- **Local Healthwatch** (LHW) – the local incarnation of Healthwatch, which is intended to become the new consumer champion for health and social care patients, services users and carers. Local authorities have responsibility for commissioning local Healthwatch, which should build on, if not evolve from, the Local Involvement Networks (LINks), which have been the main mechanism for public involvement in health and social care since 2008. Local Healthwatch is to have local people at the heart of its governance and provide voice for the local community on the HWB. Local Healthwatch will be supported by a new national body, Healthwatch England (HWE), which is being established as a statutory committee of the Care Quality Commission and will be in launched in October 2012.

- **Transfer of public health responsibility** - Responsibility for public health is being transferred from the NHS to local government, in line with the proposals of the Public Health White Paper[7]. The need for increased public engagement and more holistic solutions to public health issues are the drivers behind this change. A new integrated public health service, Public Health England (PHE), will be in place nationally by April 2013. PHE will provide expert advice and intelligence on public health issues with a strong emphasis on outcomes and addressing health inequalities. At local level, public health will be the responsibility of Directors of Public Health (DPH) who, like Directors of Adult Social Services (DASS) and Directors of Children's Services (DCS) will be based in the local authority and be core members of local HWBs.

Health and wellbeing boards, Clinical Commissioning Groups and local Healthwatch are all due to be in place and operational by April 2013. These new parts of the local health and care landscape are defined in the legislation and informed by national guidance. However, in line with the Coalition Government's commitment to localism, they are all being developed very much at the local level, with all the variation that this implies. Local authorities, in particular, have been given a stronger leadership role at the heart of decision making about local health and care provision. They will be responsible for setting up health and wellbeing boards, commissioning local Healthwatch, employing Directors of Public Health and working closely with CCGs in their area to identify and respond to the health and care needs of their local community.

New relationships and accountabilities

The new local health landscape created by these changes includes some new and evolving relationships and complex accountabilities between various local bodies. For example, local authorities are responsible for commissioning local Healthwatch which, as consumer champion, will scrutinise social care services, including those provided or commissioned by the local authority. Local Healthwatch will also have a guaranteed place on the health and wellbeing boards, which are responsible for strategic decision making about local health and care priorities. This in turn will inform local authority and CCG commissioning plans. These local HWBs have a duty to produce joint health and wellbeing strategies - informed by joint strategic needs assessments - and will be responsible, amongst other things, for approving the subsequent commissioning plans produced by CCGs.

[7] Department of Health (2010) *Healthy Lives, Healthy People: our strategy for public health in England.*

Increasing importance of joint strategic needs assessment

JSNAs are comprehensive assessments of current and future health and care needs in a local area, which inform joint health and wellbeing strategies that identify local priorities and establish plans to address them. Production of JSNAs is an existing statutory duty for local authorities and PCTs. From April 2013 this will be a shared obligation for local authorities and CCGs, to be discharged by the HWB. JSNAs are expected to address health inequalities and focus on things that can be done through better joint working between local partners. This could include considering how commissioning of other services such as children's services, housing and education, which are known to be wider determinants of health, might be more closely aligned with commissioning for health and social care.

Local authorities, CCGs and the NHS Commissioning Board all have a duty to have regard to the JSNA and joint health and wellbeing strategy in preparing and revising commissioning plans. If a local authority chooses it can delegate additional functions to the HWB, which could include commissioning in relation to some of the wider determinants of health.

The vital importance of partnership working

A great deal of the success of these reforms will rely on good partnership working between the various local bodies, including the local VCS. Voluntary and community organisations have a long and successful history or working with and within local communities to advocate for them and provide health and care services, improve health and wellbeing and promote improvements in public health. The sector's role in this is as vital today as it was in the days before the NHS and other statutory arrangements came into being. The value the sector brings to this field has been recognised in more recent years through much excellent work with local authorities, Primary Care Trusts and acute trusts and others. The sector has particular strengths in:

- facilitating community engagement;
- providing insight into new and emerging needs within the community;
- working with key groups and communities, including those facing the most significant health inequalities;
- providing well-tailored support, early intervention and preventative services that work for individuals and specific communities;
- finding new ways to address intractable local problems that impact on public health and wellbeing; and
- mobilising local people as volunteers in the provision of support and self-help, which have an impact on health and wellbeing.

It is important that this is recognised and valued and not lost in the process of change.

The role of the Compact

The aims of the Compact in relation to effective, transparent, responsive and high quality services and a more fair and equal society are very much aligned with the Government's ambition for the health reforms. The Compact provides the cornerstones for effective partnership working between the public and voluntary sectors. The commitments within the national Compact and supported in local Compacts provide the basis on which a strong, diverse

and independent civil society depends - and on which good relationships can be built in the best interest of local communities.

Best Value Guidance sets out an expectation that local authorities will honour commitments made in local Compacts in the way that they work, including where they have responsibility for implementing health and social care reforms and commission as a result of these (including commissioning local Healthwatch).

The Department of Health's Draft JSNA guidance creates an expectation that local Compacts will be recognised in health and wellbeing strategies, and the Secretary of State for Health has been clear that NHS organisations should sign up to local Compacts and use them to guide local arrangements for partnership working. The rest of this guide will focus on how the Compact can be used to influence the new health landscape and improve its outcomes.

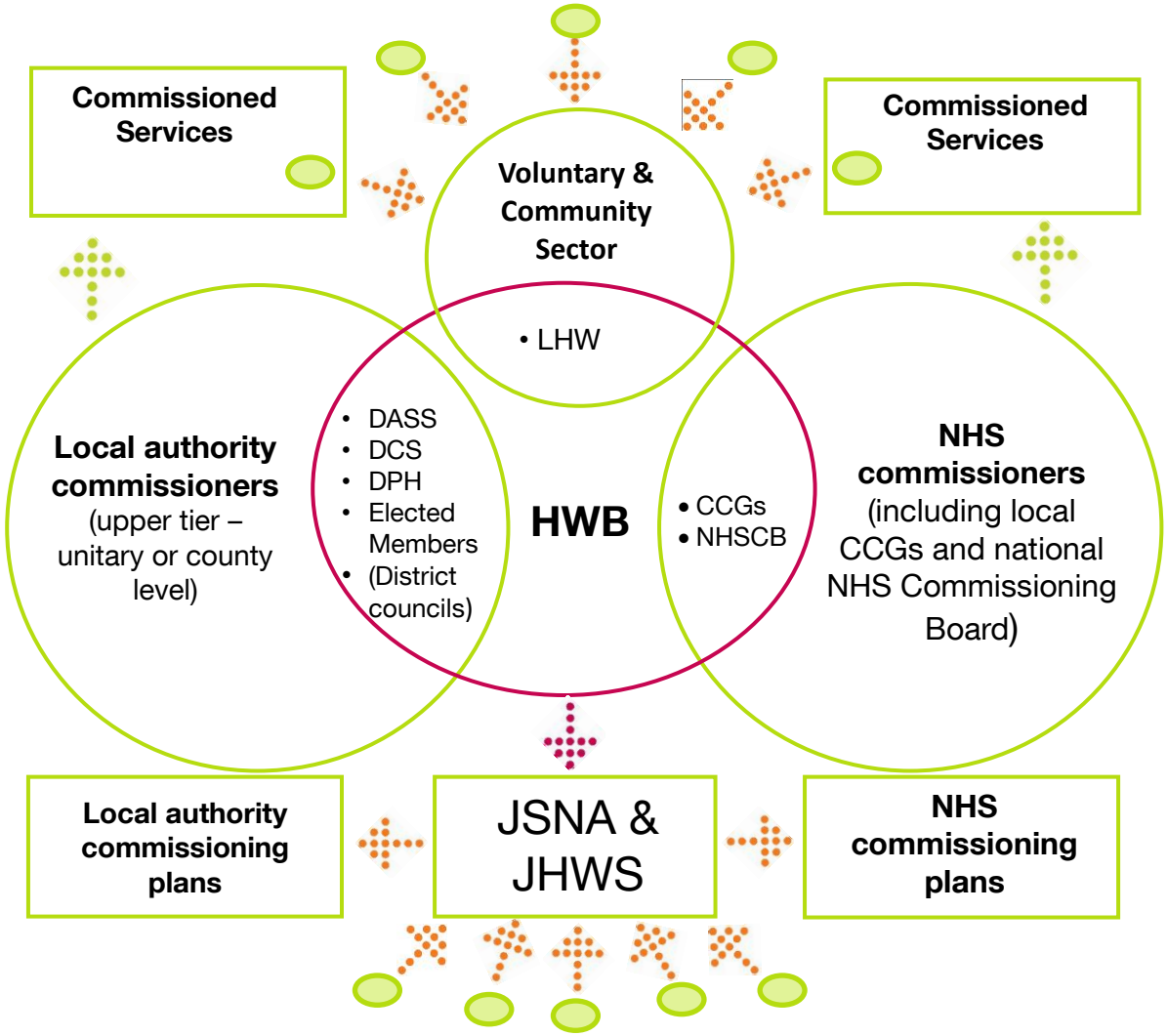
HWBs are at the heart of the new health and social care landscape. The Compact provides the cornerstones for effective partnership between voluntary and statutory sectors

A strong, diverse and independent civil society

Responsive and high quality programmes and services

*****NB: for all acronyms see glossary on page 20*****

VCOs with multiple roles in health and care, public health and wellbeing



Effective and transparent design and development of policies, programmes and public services

Effective and transparent design and development of policies, programmes and public services

An equal and fair society

Clear arrangements for managing changes to programmes and services

VCS organisations with multiple roles in health and care, public health and wellbeing

Opportunities to inform, engage and influence: How can local Compacts influence the development of local health partnerships and new structures?

Localism means diversity of approach

The history of partnership working and the use of local Compacts varies from place to place. The Government's commitment to localism also means that new health structures are developing differently in different areas. As a result, there is no one way to engage with or influence these structures. This guide is based on the experiences of those who have achieved a level of engagement in the processes of change and who either have used or plan to use their local Compact as means to influence the way these new structures work in future. One thing that is evident from their experience is that influencing in a diverse and changing environment requires strong local leadership.

The sector and the Compact have an important role to play

All of the components of the new health landscape have responsibilities in relation to commissioning and public engagement. For example:

- Local authorities (responsible for HWBs and for commissioning social care and public health services) have a duty to consult local communities and a responsibility to consider social value[8] in commissioning.
- CCGs (responsible for commissioning health services) have a duty to promote patient and public involvement and to reduce health inequalities.
- Health and wellbeing boards (responsible for producing JSNAs which underpin local authority and NHS commissioning plans) are required to engage local communities in the process.
- Local Healthwatch, will have responsibility for bringing the voice of local people to the HWB, providing signposting and support to service users and raising concerns where services are found to be poor.
- Both local authorities and the NHS also have duties under the Equalities Act 2010[9], to eliminate discrimination, advance equal opportunities and foster good relations between people.

> The Compact can help statutory partners engage communities and commission to meet their various responsibilities and do so in ways that also strengthen civil society and adds social value.

The VCS can help statutory partners to meet these duties and responsibilities <u>and</u> to shape and deliver solutions to the local priorities identified in JSNAs and joint health and wellbeing strategies. The sector is best placed to do this where the shared principles of the Compact are known, understood and adhered to by all those involved.

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[8] Additional community benefits that can be created through commissioning above and beyond the goods and services commissioned or procured. See the Public Services (Social Value) Act.

[9] Equalities Act 2010 www.homeoffice.gov.uk/equalities/equality-act/equality-duty/

Working with health and wellbeing boards

Health and wellbeing boards exist in shadow form in every area but are still in their early stages and may be subject to further change before they take on their full responsibilities in April 2013. HWBs vary greatly in their set up and their membership. The core membership for the boards is prescribed in legislation and includes:

- local elected members;
- Directors of Adult Social Services;
- Directors of Children's Services;
- Directors of Public Health;
- representatives from CCGs;
- local Healthwatch; and
- District Councils (in two tier areas).

Over and above this, local authorities and their partners can decide to involve others as they see fit. Many have included one or more VCS representatives in their core partnership in addition to the local Healthwatch representative. Some have plans for a wider stakeholder mechanism to feed into the core HWB and some reserve the right to co-opt specialist representatives onto the Board temporarily on specific issues.

The areas we spoke to had between 1-5 VCS representatives on their Health and Wellbeing Board, including the place reserved for local Healthwatch, currently held in most areas by the LINk.

'In Leeds the Chair of Healthy Lives Leeds represents the sector on the shadow board. We are pleased to have secured this arrangement following negotiations with the Council and NHS'
– David Smith, Voluntary Action Leeds

Healthy Lives Leeds is the health and wellbeing network for the local sector that feeds into the wider Third Sector Leeds which brings all VCS networks together.

Where the VCS has representation on the Board, it is good practice for this to be backed up with structures for wider sector engagement and feedback. In many cases a wider VCS Health and Social Care Forum (or similar network or reference group) provides the mechanism for selecting VCS representatives and exchanging input and feedback between representatives and the wider group. Local voluntary sector infrastructure organisations (such as Councils for Voluntary Service) are in many areas playing the primary representative role and/or hosting the wider mechanisms through which VCS representatives are selected. It is frequently through these organisations that the link to local Compact working groups is made. It is essential that the sector's approach to these Boards is a coordinated and strategic one and that, as a result, it clearly links to local Compact mechanisms.

One of the sector's commitments under the Compact is to be clear about who they are representing and who they have engaged with in that process.

'The Compact says quite a bit about representation and the processes that are gone through to hear the views of the community – ensuring that this happens in a robust, equitable and useful way'
- Mark Richardson, Cornwall Voluntary Sector Forum

Where there is no VCS representation on the HWB a co-ordinated approach from the sector is arguably even more important. A strong collective case will need to be made by the sector, articulating how it can support statutory partners to meet their duties and responsibilities and achieve better outcomes for local communities. Depending on the commitments in your local Compact, this may also help you argue for sector representation.

If neither approach results in direct representation on the core HWB then organising the sector to provide robust and relevant input to the Board via other means will be the most effective way to gain influence and access to these mechanisms.

Engaging with and influencing Clinical Commissioning Groups

Clinical Commissioning Groups are still at a relatively early stage in their development and are going through an extensive process of establishment and authorisation. Some of the mechanisms surrounding CCGs, such as clinical networks and senates, and the roles these parts of the system have in the authorisation process are still being defined. Ultimately the NHS Commissioning Board will decide if a CCG is 'fit for purpose' and therefore given authorisation to operate. CCG have a duty to engage patients and the public and will each have an independent member with responsibility for patient and public involvement (PPI).

In order to influence health commissioning, a relationship with local CCGs will be critical for the VCS. Unlike the PCT staff responsible for local health commissioning in the past CCGs, made up primarily of local GPs, may have had little prior involvement in local partnership mechanisms and often have very little knowledge of the local sector or its role. Many local infrastructure organisations have already made some contact with their emerging local CCGs on behalf of the sector and/or have arranged for them to meet with groups of relevant sector organisations with an interest in health and care. Although the sector may not be top of the CCG's list of priorities at present, there are some strong drivers for CCGs to build these relationships, including their duties around patient and public engagement and reducing health inequalities.

GPs are particularly interested in the things that will keep people out of their surgeries (such as improved public health and wellbeing) and the things that will help them to keep people out of hospital. The sector does much that can have an impact here (e.g. advice and counselling services, sports and social activities, self-help groups and community based support for older people and other vulnerable groups)[10]. Social prescription by GP (e.g. for exercise or counselling), co-location of advice services in surgeries or health centres and signposting to local support groups are all areas for potential collaboration where the sector has something to offer GPs. So there are good grounds for initiating these relationships early on.

> *'GPs are particularly interested in what will keep people out of their surgeries and what will help them to keep people out of hospital'* - Sally Young, Newcastle CVS
>
> Providing some targeted early and straightforward information for CCGs about the size and scope of the local sector, its roles in relation to health and care and the resources it currently has from the health sector could be useful in initiating this dialogue. Providing a single point of access to the sector or a relevant forum with which CCGs can engage is likely to be valued.

Where early engagement has been achieved, GPs have articulated concerns about CCGs being swamped by requests from different parts of the sector and about the quality of the information and services the sector provides. They may also have little prior understanding

[10] Voluntary Organisations' Network North East has produced a useful short guide for commissioners and policy makers in health and social care on working with the voluntary and community sector.

of how the sector is resourced. Providing some targeted early and straightforward information for CCGs about the size and scope of the local sector, its roles in relation to health and care and the resources it currently has from the health sector could be a useful in initiating this dialogue. Providing a single point of access to the sector or a relevant forum with which CCGs can engage is likely to be valued.

In St Helens, the local Council for Voluntary Service has had a PCT funded post in the past which has helped build relationships with the health sector. The post has supported work around engagement and created a quality mark for local organisations which has increased confidence amongst statutory commissioners. CCGs in both Halton and St Helens have shown an interest in this work.

The extent to which the outgoing PCTs remain a part of the local picture varies, as does the quality of relationships that these health bodies have had with the sector in the past. Where PCTs are still active players and have signed up to local Compacts they can be useful allies in gaining access to emerging CCGs and raising awareness of the sector and the purpose of the Compact. Where they are not so active or have had little commitment to the sector in the past then direct early engagement with CCGs will need to be established. Where the sector has had first-hand representation on the HWB, it has also helped to initiate relationships with CCGs. Establishing the channels of communication and raising awareness of the sector and the Compact is the groundwork on which future discussions can build once the priorities of establishment and authorisation become less pressing.

'The PCT representative on Southend's Compact Steering Group is supporting development of the local CCG and aiming to get the Compact written into the CCG's constitution. The Compact steering group will agree a list of top ten undertakings to inform this'
- Alison Semmence, Southend Association of Voluntary Services

Informing JSNA and resulting strategies and commissioning plans

There is a requirement to involve local people, as well as local Healthwatch, in the preparation of JSNAs and joint health and well-being strategies. JSNA guidance makes clear that this involvement of local people should be continuous throughout and not just at the end of the process[11]. The guidance also makes the case for engaging with the voluntary and community sector (including local user and carer led organisations) in these processes: because of the insight they can bring in relation to community needs and assets, gaps in services and for the expertise they have in reaching different parts of the community. Evidence from community engagement should be used to supplement other sources of evidence to make sure the JSNA reflects local experience - which is needed to inform judgements about priorities within the joint health and wellbeing strategy.

VCS engagement in JSNA processes to date has varied. The new legislation strengthens the role of the JSNA in informing joint strategies and commissioning plans. There is no requirement on local authorities to set up a new community engagement mechanism for this purpose and it is likely that most will build on what is already in place. Compact commitments around early, meaningful and timely engagement of the sector and provision

[11] Department of Health (2012) JSNAs and joint health and wellbeing strategies – draft guidance

of feedback will be important here and should be promoted early and as necessary, if it is not already the norm. The draft JSNA guidance makes clear that commitment to local Compacts should be recognised in JSNAs and joint health and wellbeing strategies. This could include all local partners signing up to local Compacts, as encouraged by the Secretary of State for Health in correspondence with Compact Voice[12].

It has taken time for the full importance of JSNAs to be realised. The role of JSNA, in relation to local decision making, has also been considerably enhanced over time. The creation of health and wellbeing boards make the JSNA process increasingly significant to the whole sector and not just those organisations involved directly in areas of health and social care. In some areas HWBs are becoming the hub of local partnership and commissioning mechanisms[13] in recognition of the role other locally commissioned services (for example, housing, education, and crime reduction) have as wider determinants of health and wellbeing. The responsibilities that local authorities and CCGs have to address health inequalities should make community engagement and the Compact commitments relating to consultation and engagement higher priority for both voluntary and statutory partners.

Creating an effective local Healthwatch

Every upper tier local authority has responsibility for commissioning local Healthwatch for their area. Local Healthwatch will have a community engagement function and responsibility for advice and signposting to local health and care services as well as providing complaints advocacy for those who have experienced poor services. Local Healthwatch will be part of the core membership of HWBs where its role will be to represent community views and experience of health and care services.

Local Healthwatch will also feed into Healthwatch England, which will advise the NHS Commissioning Board, local authorities, Monitor[14] and the Secretary of State and recommend action by the Care Quality Commission (CQC) when there are concerns about health and social care services.

Local authorities have a great deal of freedom in how they commission local Healthwatch. It is intended that local Healthwatch should build on the existing Local Involvement Networks (LINks) and have lay leadership, or the engagement of local people, as a defining feature of the way they work and are governed. Local authorities across the country are taking very different approaches to the co-production and commissioning of local Healthwatch[15]. The extent of VCS engagement in the creation of local Healthwatch varies as a result of this and the prior involvement of the sector in the LINk.

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[12] "I would encourage all NHS organisations in England to have signed up to a local Compact and use this to guide local arrangements for partnership working." http://www.compactvoice.org.uk/news/2011/12/15/secretary-state-health-encourages-all-nhs-organisations-sign-local-compacts

[13] Local Government Association and Department of Health (2011) *New partnerships, new opportunities*
A resource to assist setting up and running health and wellbeing boards

[14] Monitor is the sector regulator for heath www.monitor-nhsft.gov.uk/monitors-new-role with responsibility for overseeing foundation trust and licensing providers of NHS services.

[15] Local Government Association (2012*) Building successful Healthwatch organisations - 15 case studies*.

In many cases a local infrastructure organisation (such as a CVS) or another voluntary organisation (e.g. local Age UK member, Shaw Trust of Carers Federation) has been the host for the LINk. These hosts have been financially accountable for their LINk and have supported the network of LINk members and volunteers to fulfil their role in scrutinising local health services and representing community views. LINks themselves vary in the degree to which they engage with the wider sector. Some have voluntary organisations represented on their board, others involve voluntary groups as members in the same way as members of the public, and some have worked very closely with the sector to try to broaden their reach into the local community.

Compact commitments relating to engagement, consultation and commissioning are very pertinent to this aspect of reform. The transition from LINk to local Healthwatch will require early notice of changes to funding for host organisations. There is an expectation that the local VCS will be involved in the development plans for local Healthwatch. And, in line with Best Value Guidance, the commissioning process should be transparent and 'fit for purpose' (whether it results in grant funding or contractual arrangements or a combination of the two), have regard to local Compact commitments and take into account social value.

Once commissioned by the local authority, the resulting local Healthwatch body will need to be independent to ensure that it can: prioritise based on community needs and concerns; challenge the local authority, as any other provider, if services are found to be poor; and remain politically neutral[16]. The primary principle of the Compact, that of independence to pursue mission irrespective of financial or other relationship with the public sector, is particularly important in relation to local Healthwatch if is to be trusted as by the public in its consumer champion role.

The primary principle of the Compact: that of independence to pursue mission irrespective of financial or other relationship with the public sector, is particularly important in relation to local Healthwatch if it is to be trusted by the public in its consumer champion role.

Linking in to Public Health

The transfer of responsibility for public health from the NHS to local authorities is strategically significant for the VCS. It brings public health much closer to the heart of local service commissioning both in health and social care but also beyond, where other services have an impact on public health and well-being. Many areas already have joint NHS/local authority Directors of Public Health and many of the staff involved in public health may transfer to the council. However, in other places the post of Director of Public Health will be new or at least taken on by someone new.

As well as highlighting the many roles the sector can play in relation to public health - promoting public health messages, supporting healthy lifestyle and contributing to the wider determinants of health e.g. education, housing, social capital etc. - it may be necessary to bring a new DPH up to speed on the council's commitments under the local Compact.

[16] Local Government Association, NHS Institute for Innovation and Improvement and Regional Voices (2012) *Healthwatch Pathfinder National Learning Network – final report*

Like the health and wellbeing board, the Director of Public health could have an increasingly significant role in the wider local commissioning landscape. Establishing a dialogue between the DPH and the sector will be important, if this is not already happening or if the individual concerned is new to the area. As well as highlighting the many roles the sector can play in relation to public health - promoting public health messages, supporting healthy lifestyle and contributing to the wider determinants of health such as education, housing, social capital - it may be necessary to bring a new DPH up to speed on the Council's commitments under the local Compact.

Challenges and barriers

There are, of course, many challenges to engaging and influencing this complex and changing environment. The most frequent challenges identified by those we spoke to in developing this guide were:

- Extent of policy and structural change.
- Changes in personnel – maintaining levels of awareness.
- Lack of dedicated capacity in both sectors.
- Multiple CCGs operating in some areas – more people to engage with/influence.
- Competing priorities – sector/Compact is a small part of what people are dealing with.
- Sector's own ability to respond to a new environment – needing to be more strategic, collaborative, outcome-focused and commissionable.
- The continually changing commissioning environment.

There are three types of challenge here. Some, like the extent of change and the competing priorities created by this, are an unavoidable part of the current landscape to which all local partners must adapt. Some, such as changes to the commissioning environment and the sectors ability to respond to this, are very much ones that local Compacts can and should be used to address. The remaining challenges, which include changes in personnel and lack of dedicated capacity, will take persistence and creativity to overcome. Compact working groups, in their collaboration with partners from all sectors, have a significant role to play in this.

What next? Who should local Compact partners be communicating with and how?

Those areas where the VCS has achieved a level of engagement in the processes of health and social care reform are very likely to say that their local Compact is well known and supported locally. The Compact, in many areas, has helped to create an environment in which the sector does not have to push too hard to gain a place at the table. The health reforms provide further impetus for promoting the sector's role, and the role of the Compact in maximising the sector's contribution, in relation to the health and wellbeing of local communities.

Many areas have reviewed their local Compact since 2010 or have plans to do so shortly. Local Compacts have been used extensively in the process of funding reviews over the last

few years[17] and although not always preventing losses of funding to the sector, they have influenced the processes and timescales for change and the information and input the sector has had in this. One area where the need for review has frequently been recognised is commissioning, where the landscape continues to change (with more prime/sub contracts, fragmentation resulting from personalisation in social care and increased statutory sector interest in social investment approaches and payment by results).

In a climate where all sectors face financial constraints and challenges and where there is increasing emphasis on public engagement, prevention, integration, public health and inequalities, there is an increasingly strong argument for the sectors to work better together. If the VCS wants to play its part in this, it too will need to work differently to respond to what will be a more competitive and outcome focused environment. Greater collaboration within the sector is increasingly important both to strategic influence and delivery.

The following advice, for all those involved in local Compacts, builds on the experience of those who are already actively engaged in the evolving health partnerships and structures in their local area.

1. **Work strategically within the VCS -** Fragmented approaches in what is already a complex and rapidly evolving system will have far less impact. The Compact needs to be closely linked in to the processes for representation of the VCS in relation to health and social care issues. In many areas there is a forum, network or chief officers' group that selects representatives and/or provides a reference group for those engaged in new structures. The way the VCS organises and positions itself to respond to the changing agenda will be critical to its ability to engage and influence. If you don't already know, find out what mechanisms exist locally and who leads them. Make sure your Compact work is linked into this.

2. **Foster relationships with key people in health and social care -** Identify the people with power and responsibility in the statutory sector and work collectively (with VCS partners) to open channels of communication and foster good relationships with them. Many of these connections may already have been made but there may also be changes in personnel. Important people in respect of the health reforms include:

    - local authority Chief Executive, Council Leader and Councillor with lead responsibility for health and social care;
    - Chair of the local health and wellbeing board (may be one of the above);
    - key local authority Directors for Adult Social Services, Directors of Children's Services and the (new) Director of Public Health plus commissioning leads within these departments and local authority staff leading on JSNA;
    - development leads or Chief Operating Officers within Clinical Commissioning Groups plus patient and public involvement leads once identified; and
    - PCT staff supporting CCG development and/or moving into the provision of commissioning support services for these groups.

[17]Some useful Case Studies are available on the Compact Voice website

Prioritise between these and identify those you want to nurture as champions for the Compact. The Chair of the health and wellbeing board will be at the heart of the new structures. As a starting point, find out who this is and who the other health and wellbeing board members are. Local authorities, Directors of Public Health, Clinical Commissioning Groups involved in these boards all become increasingly influential as a result of the health reforms.

In Wiltshire, the Compact Board, which has 50/50 representation from both the voluntary and statutory sectors, has considered the changing roles created by the Health reforms and plans to revise its membership to reflect this.

'*The Board is very much aware of these developments, and two seats currently held by the PCT are being reserved for the health and wellbeing board and the CCG. A third seat is reserved for the VCS, a forum or group specialising in health - probably local Healthwatch - but we are waiting for the dust to settle on structures before making proposals/invitations'* – Peter Baxter, Chair of Wiltshire's Compact Board.

3. **Use these contacts to establish recognition of the sector's multiple roles in relation to health and wellbeing**:

   - As providers, with links to different part of the community.
   - As sources of information about current, emerging and unmet needs.
   - In relation to prevention and early intervention, public health issues and the wider determinants of health and wellbeing.
   - As advocates on behalf of marginalised communities and vulnerable people, families, carers and service users.
   - As local employers and organisations with the ability to leverage additional resources into the system (e.g. external funding and volunteers).

   Be aware that CCGs in particular may have little prior knowledge of the sector and its role so use clear and simple communication. Statutory partners will be interested in health and wellbeing outcomes for the local population not the sector per se, so use examples and evidence and demonstrate how the sector can help them do what they need to do better. Be clear what the benefits of engaging with the sector are, who you are representing and what those you are representing are able to bring to the table.

4. **Introduce the Compact to those who don't already know it -** promote the Compact as a two way process that sets the tone for respectful and positive relationships. Encourage statutory partners to engage with the Compact as the bedrock for constructive ways of working locally and encourage as many local partners as possible (including new CCGS) to sign up to the local Compact.

5. **Continue to use the Compact where there is poor or damaging practice -** Respond swiftly and constructively when issues arise. Be clear what you want or why a particular approach won't work or will be damaging. Try to suggest alternative ways of dealing with an issue.

'The Compact is a bit like public health. If you get the ground rules right there is no need to treat and cure'
– Jason Stamp, North Bank Forum in Hull

'In Cornwall, the general principles of the Compact are known. The rest of the challenge is about strategic placement and mediation work' – Mark Richardson, Cornwall Voluntary Sector Forum.

Cornwall Voluntary Sector Forum has worked with partners to resolve issues and through this has increased its credibility and clout. They are considering extending mediation beyond the Compact.

6. **Reassert the Compact principles as the basis for good practice in engagement and commissioning -** Use the Compact proactively whenever new commissioning and engagement activities are being discussed or introduced by health and wellbeing boards, local authorities or CCGs. Promote the commitments and principles of the Compact as the ground rules for constructive partnership working, which results in better outcomes.

7. **Consider reviewing the Compact or the processes surrounding it locally -** It may be that your local Compact has already been reviewed and is fit for purpose, in which case the key challenge will be making sure it is known, understood and used by those who matter (including strategic leaders and commissioners in health, public health and social care). It may be that you need to reaffirm commitment to the existing Compact with new personnel and structures in place or it may be that a refreshed Compact or element of the Compact is required for which new public sector representative may be needed. It may be hard to get people to engage with this at a time when there are so many other pressing priorities (e.g. CCG authorisation). So judge when the time is right. You may need to open the channels of communication now and wait until some of the dust has settled before finding the right people to engage in more in depth discussions.

Norfolk refreshed its approach to the Compact throughout 2010 and 2011. In effect they now work with the national Compact and have concentrated on the refreshing process rather than the document in order to develop a "Compact way of working". They have worked to nurture Compact Champions in all sectors, including in 2 PCTs, county and district councils, other public agencies and the VCS. This inclusive process has helped promote and build on existing relationships, including with colleagues with a range of health and social care roles and responsibilities.

Gateshead revised its Compact in 2010. The new Compact takes the form of a shared partnership agreement for those involved in Gateshead Strategic Partnership which has responsibility for delivering Gateshead Vision 2030. Local authority and health partners (currently in the guise of the PCT) are signed up to this. CCGs, once established in their new role, will need to be aware of what Gateshead statutory partners have signed up to.

Lewisham developed a Compact Code of Practice on Commissioning a couple of years ago which includes a description of the commissioning cycle from early discussion with potential providers onwards. This has broadly been complied with in relation to work on Healthwatch so far. It is what has come to be expected locally. Developing the Commissioning Code was an opportunity to get Council procurement people involved (starting from low base of understanding of the sector).

Wiltshire refreshed its Compact and re-launched it in December 2011, and is looking to reconfigure its board to reflect the health reforms once the right people are in place.

8. **Work with partners within the VCS to improve their offer to statutory partners -** Ensure that the sector's representation is backed up with appropriate mechanisms to give it credibility and provide a valued forum for statutory partners to engage with. Beyond this, the sector's ability to influence will depend on its ability to demonstrate the quality and impact of its work.

Conclusion

These are times of unprecedented change in the mechanisms of health and social care decision making and commissioning. Added to the current financial climate, this presents considerable challenges for all sectors involved in local health and care reform and in local Compacts. Never has the Compact strapline *'better together'* been more pertinent.

There are clear reasons why the VCS should be fully engaged in the process of local health and social care reform – because of the many positive ways in which this sector can and does support the health and wellbeing of local people. This is reflected in the new legislation, Government's commitment to the Compact and Best Value and draft JSNA guidance.

Now is the time for local voluntary and statutory partners to work even more closely together to achieve positive outcomes for their communities and to create the virtuous cycle of effective engagement, quality services, increased social value and community capacity, without which health inequalities and gaps in services and support will widen. Local Compacts are the tool that can help local partners to achieve this.

Where the VCS is already well networked and engaged in the changing health and care landscape, local Compact mechanisms should be closely linked in to this to ensure the Compact continues to adapt to change and be known, understood, respected and used by all local partners. Where the VCS is struggling to gain the necessary traction with key people within the statutory sector then local Compact working groups will need to take the lead, working with partners in all sectors to turn this around. We hope this guide will prove helpful to you in doing so.

Resources and information

The Compact:
www.compactvoice.org.uk/about-compact

Government policy and legislation

- Health and Care White Paper - 'Equity and Excellence: Liberating the NHS'
- Public Health White Paper - 'Healthy Lives, Healthy People: our strategy for public health in England'.
- Health and Social Care Act 2012
- Public Services (Social Value) Act 2012
- Department of Health (2012) - 'Local Healthwatch: A strong voice for people – the policy explained'.

Government Guidance

- Best Value Statutory Guidance
- JSNAs and joint health and wellbeing strategies – draft guidance

Other useful documents

- Local Government Association and Department of Health (2011): 'New partnerships, new opportunities - A resource to assist setting up and running health and wellbeing boards'.
  Kings Fund and NCVO (2011): 'The voluntary and community sector in health - Implications of the proposed NHS reforms'.
- Local Government Association, NHS Institute for Innovation and Improvement and Regional Voices (2012) 'Healthwatch Pathfinder National Learning Network – final report' (to be published shortly)
- Local Government Association (2012): 'Building successful Healthwatch organisations - 15 case studies'.
- Reports and information from the NHS Future Forum: www.healthandcare.dh.gov.uk/about-the-nhs-future-forum/ and www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127443/
- Voluntary Organisations' Network North East: 'Support for Commissioners and Policy Makers in Health and Social Care for working with the Voluntary and Community Sector'.

Glossary of useful acronyms

CCG – clinical commissioning group

CVS – Council for Voluntary Service (a local infrastructure organisation for the VCS)

DASS – Director of Adult Social Services

DCS – Director of Children's Services

DPH – Director of Public Health

HWB – health and wellbeing board

HWE – Healthwatch England

JHWS – joint health and wellbeing strategy

JSNA – joint strategic needs assessment

LHW – local Healthwatch

LINks – Local Involvement Networks

NHS – National Health Service

NHSCB – NHS Commissioning Board

PCT – Primary Care Trust

PHE – Public Health England

PPI – patient and public involvement

VCOs – voluntary and community organisations

VCS – voluntary and community sector (also known as the third sector)

About Compact Voice

Compact Voice represents the voluntary and community sector on the Compact. We are co-signatories on the national Compact, and negotiated its content on behalf of the sector, based on its views.

We have a membership of 2500 and our board contains all the main infrastructure organisations in the voluntary and community sector as well as others. A full list of our board members is available on our website.

We provide training, support, advice and information about better partnership working to both sectors both nationally and locally, representing the voluntary and community sector's interests and views to government, and championing the Compact.

Become a member of Compact Voice's network - it's free

Membership is open to anyone from the voluntary and public sector with an interest in Compact working. It entitles you to free tailored advice and training to make your Compact stronger, regular e-bulletins, and a speaker service for your events.

We also provide resources including publications, toolkits, case studies, regular policy briefings and updates. To join, simply fill out this short form or contact us via the details below.

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