

# Insight



The One East Midlands Magazine

Spring 2010

Issue 4

## INSIDE:

Perspectives on Health & Social Care  
Developing Markets for Person-Centred Care  
Taking an Outcomes Approach  
Report back on Volunteering

# Welcome

In this edition of Insight we take an in-depth look at the contribution of the voluntary and community sector in shaping the health and wellbeing of the region.

Good health and wellbeing has a direct impact on the East Midlands; with positive contributions to family and community life; on skills and aspirations and on the economy of the region as a whole.

By examining the role of the VCS in tackling health inequality we consider the wider role we play in the region's future development.

This edition of Insight also coincides with the anniversary of the One East Midlands' membership services scheme. In our celebratory brochure we highlight how some of our members are driving forward best practice in addressing inequality.



**Rachel Quinn,**  
Chief Executive

## First Anniversary

To celebrate the first year of One East Midlands' membership we have created a brochure which showcases four of our members' work. The case studies illustrate the kind of work that is carried out across the region by the voluntary and community sector. The brochure shows how these VCS organisations have a positive impact and benefit the communities and groups they serve. We hope the brochure will inspire you!

The case studies cover a wide geographic area and range of services. The Peak Rural Women's Network gives the socially excluded a route to debate and influence policy making. The Suicide Awareness Training Project delivers training in the work place across the East Midlands. Voice for the VCS gives the third sector a voice in order to participate fully in Local Authority partnerships. Cooperative Community Action is a social enterprise providing a range of services including training, outreach support and mental health services.

Visit our website to download the brochure  
[www.oneeastmidlands.org.uk](http://www.oneeastmidlands.org.uk)

**Hannah Luck,**  
Communications Manager



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### Credits:

**Editorial:** Hannah Luck, One EM; Lindsay Boyle, One EM.

**Contributors:** Sue Batty, DH East Midlands; Anastasia Mihailidou, Charities Evaluation Service; Jenny Hand, Leicestershire Aids Support Service; Emma Easton, Regional Voices; Sarah Collis, Self Help Nottingham; Terry Kirby, East Midlands Transport Activist Roundtable; Fiona White, Community Lincs

**Artwork:** Shout Design



# Policy Update: Health & Social Care Priorities



## JSNA Review

Joint Strategic Needs Assessments (JSNAs) identify current and future health and wellbeing needs of an area in light of existing services and inform future service delivery planning. JSNAs identify 'the big picture' in terms of health and wellbeing needs and inequalities of the local population.

JSNAs are a key part of the decision making process for local commissioning and strategic decision making. It is therefore critical that local third sector organisations and community 'voice' are engaged effectively in the process, ensuring that the JSNA produced is reflective of the needs of the local community.

However, in late 2009, feedback from local strategic partnerships (LSPs) indicated that effective engagement of the third sector and the community remained an aspiration in most areas, despite a strong emphasis in the original guidance that this was a crucial function of the JSNA.

As a result, the Department of Health are undergoing a review investigating what third sector organisations have to offer the JSNA process, what the barriers are that prevent engagement and how these barriers can be overcome. This review has highlighted that there is a large number of third sector organisations who are currently unaware of the JSNA or how to engage.

The Department of Health has designated a specific workstream to clarify and promote the role of third sector organisations in the JSNA process which should be completed by March 2010.

For further information about JSNAs, please go to [www.dhcarenetworks.org.uk/bettercommissioning](http://www.dhcarenetworks.org.uk/bettercommissioning)

## Delivering excellence and efficiency

At the Excellence Conference hosted by NHS East Midlands in September, chief executives of local NHS organisations and the region's clinical experts identified where the health system could make the biggest savings to meet the new financial challenge. The clinicians responded by identifying where improvements could be made.

They have agreed in principle the areas that the East Midlands health system should focus on over the next two years to deliver the savings needed to keep the local NHS sustainable (see below).

Work is now being undertaken to determine which aspects of each priority area would need to be coordinated at a regional level, what needs to happen collectively at a health community level and what changes need to be implemented by individual organisations. The outputs of this will form the basis of the 'Towards Excellence' programme along with other areas for improvement including reducing costs of primary care contracting and continuing care.

### Clinical priorities for delivering excellence and efficiency

1. Transforming urgent care
2. Delivering performance in planned care
3. Preventing venous thromboembolism (VTE)
4. Managing long term conditions through best practice
5. Delivering best practice in end of life care
6. Delivering large scale prevention programmes
7. Reducing caesarean section rates
8. Reducing out-of-area placements for people with learning disabilities
9. Significantly reducing prescribing and drug procurement costs

*For more information on any of the policy areas outlined here please contact Lindsay Boyle, [lindsayboyle@one-em.org.uk](mailto:lindsayboyle@one-em.org.uk).*

# Personalisation: In the region



**Personalisation aims to support people who receive social care to make their own choices about the care services they access. It is also termed 'independent living', 'person-centred support' and 'self-directed support'. Government is committed to 'personalisation' in social care, aiming for increased choice and control for the people who use services. This is a move away from the traditional, 'one-size-fits-all' approach.**

## Personal budgets

Under the government's Putting People First programme to transform social care for older and disabled people in England, many of those who receive state support will, within the next three years, be offered personal budgets to enable them to choose their own services. Personal budgets are a step on from direct payments, the system now used by 54,000 people (including carers) to buy services with funds allocated to them by local authorities.

The **Lincolnshire Co-operative Development Agency** is working on a scheme that has identified a number of trends in personalisation happening locally.

In Lincolnshire there are 20,000 people in long term social care and of those 15,000 are elderly. A significant proportion of those in long term care have complex, multiple needs and individuals may find it difficult to understand the choices and make the right decision in order to buy in the services they need. Good quality, objective advice is needed and this pilot is developing Independent Living Advisors. Such advisors should be independent of Social Services and Social Care providers.

The work has identified that:

- Delivering services on a large scale does not work; there needs to be diversification on a small scale and at a local level.
- Personalisation is an opportunity for innovation and to improve efficiency.
- Social Care service providers often do not have robust business models in place and there is the added difficulty of not knowing the emerging market environment.
- More elderly people are staying longer in their own homes and there is likely to be a greater need for personal assistants.

LCDA works in partnership with the other members of the Individual Budgets Network Lincolnshire ([www.ibnl.org.uk](http://www.ibnl.org.uk)) which is made up of organisations in the public, voluntary, community and private sector who have an interest in health and social care. The network is looking at ways in which the services and support they provide can be more tailored towards the individual and is developing a database of support service providers.

## National Pilots on Direct Payments in Healthcare

A national pilot programme is also underway, building on experience with individual budgets in social care, to test personal health budgets as a way of giving people greater control over the services they use. Of the 75 primary care trusts (PCTs) across the country awarded provisional pilot status, the following are within the East Midlands:

- Northamptonshire Teaching – looking at carers, NHS continuing healthcare, mental health and stroke patients.
- Nottingham City – looking at carers, NHS continuing healthcare, dementia and long-term neurological conditions.

The pilot programme will run for 3 years until the end of 2012. For further information, please go to [www.dhcarenetworks.org.uk/PHBLN](http://www.dhcarenetworks.org.uk/PHBLN)

# Supporting Micro Market Development

**Sue Batty**, DH East Midlands,  
Transformation of Adult Social Care (TASC) Programme Manager

Micro providers run very small local enterprises that provide a range of social care services. They are a vital part of creating a diverse local market and providing flexible, personalised support to people.

Market development is a key part of transforming social care and the successful implementation of Putting People First. Local Authorities (LAs) have the role of shaping and building local markets to ensure that people have a good range of choice available, from which they can create innovative packages of individualised care and support.

On 28th January 2010 the East Midlands Joint Improvement Partnership (JIP), launched a project to support Local Authorities and their partners to develop more personalised local markets by increasing the number of micro providers in their area. The event enabled LAs to find out more about how micro providers can support social care transformation work and learn from the national development pilot, as well as find out what the regional project aims are and how to take part.

Every area has micro providers, but they are facing specific and growing pressures that make it harder for existing providers to survive and new ones to set up. Barriers include: difficulties accessing information, business support and advice, insufficient resources to meet new regulations/legislation and commissioning practices designed for larger organisations. Micro providers can be difficult to identify and engage with and over the past five years, in most areas, their numbers are falling.

The types of care and support services covered by micro providers are diverse, examples of those currently offered include:

- Supported tenancies;
- Support to people living in their own homes;
- Brokerage, advocacy and support planning services;
- Short breaks;
- Day time activities and support;
- Friendship and good neighbour support;
- Drop in centres and lunch clubs;
- Leisure and special interests services;
- Employment services.

The number of people with personal budgets is increasing. Personal budgets mean that people know how much is available to spend on their care and support. They can then use that money to choose personalised support and care to meet their individual needs. If they wish they can take the money as a Direct Payment to purchase the support themselves, or the Local Authority can arrange this on their behalf.

For this to work properly people need a range of local support and services to choose from, that reflect the full diversity of their lives, needs and aspirations. Micro enterprises established and run by local people are in a good position to deliver individualised services to people in their local community.

Shaping and building local markets will be more complex than in the past, as increasing numbers of individuals will pay providers directly, rather than the Local Authority holding the contract.

Developing the market for personalised social care will require major changes in relationships, methods and approaches. This new role is not yet well developed and learning about what works is still in its early stages.

In order to identify the most successful ways to support the development of micro markets, the Department of Health (DH) has funded a three-year project, managed by NAAPS UK. They have published a report on early learning available from:

**[www.dhcarenetworks.org.uk/Personalisation/Topics/Browse/Commissionersandproviders/?parent=2735&child=5784](http://www.dhcarenetworks.org.uk/Personalisation/Topics/Browse/Commissionersandproviders/?parent=2735&child=5784)**

The East Midlands DH Social Care and Partnerships Team will work with Community Catalysts, (a social enterprise arm of NAAPS) to deliver the regional project; building on learning from the national pilot to inform the development of micro markets in the region. This will include the establishment of micro provider co-ordinators posts in each locality taking part in the project, exploration of cost effective options to meet specific needs (such as supporting people with learning disabilities and mental ill-health into employment and settled accommodation), as well as a kite marking system proportionate and appropriate for small providers.

For more information visit  
**[www.naaps.co.uk/en/community-catalysts-ltd](http://www.naaps.co.uk/en/community-catalysts-ltd)**



# Evaluating Impact

**Anastasia Mihailidou**

Performance Consultant

National Performance Programme, CES



Outcomes are the effects or changes brought about by the activities undertaken by an organisation. Measuring outcomes shows the degree of its effectiveness, rather than its size, efficiency or productivity. Focusing on outcomes allows an organisation to concentrate on its aims and to make changes that will help it to better achieve those aims. It can be all too easy to lose sight of our purpose amid the demands of everyday work. An outcomes focus helps place your purposes at the very heart of what you do.

The concept of attempting to identify the changes brought about by an organisation or project has been around for many years. However, more recently, both VCOs and funding bodies are becoming increasingly aware of the value and benefit of focusing on the outcomes of their work.

## **The benefits of an outcomes approach**

An outcomes approach helps services and organisations deliver more effectively for their client group. In particular, it helps make services more client-focused and needs-led, by identifying what works well and what could be improved.

Other benefits include:

- Improved and shared clarity of what the organisation is trying to achieve, resulting in a greater sense of purpose and teamwork;
- Adding structure and focus to client-worker interaction through regular reviews within outcomes areas;
- Encouraging staff and clients, by providing evidence of progress;
- Increasing success in fundraising or improving relationships with funders.

## **The current environment**

With increasing pressures on all organisations to prove their worth, and with more limited funding available, it is even more necessary for organisations to be able to demonstrate their outcomes. Funders are looking for organisations that can actually make a real difference with the available resources.

At the same time, although research shows that the majority of public service delivery contracts are still based on output targets, there are an increasing number of public sector commissioners that are focusing on outcome targets. Contracts based on outcomes can prove either a real challenge or a unique opportunity for voluntary sector organisations. Ensuring that you are able to accurately demonstrate how you achieve your outcomes, or even that the outcomes set for a programme are realistic, is a fundamental part of any successful contracting relationship.

## **Learning more**

CES run specialised training sessions across the country, as part of the National Performance Programme, focusing on how development workers and other support providers can help their frontline organisations in their efforts to adopt an outcomes focus. CES will be at the One East Midlands conference on the 25th of February 2010, running a workshop looking specifically at how health and social care organisations can use outcomes to improve their services.



# Perspectives on Health and Social Care

## LOCAL: Leicestershire AIDS Support Services

Jenny Hand, CEO

The economic climate for health and social care has been changing over the past few years. Funders are looking for cheaper and more innovative ways to deliver services and achieve outcomes related to targets rather than grant funding. Mergers, consortia, social enterprises and partnerships are all forms of modernisation being tested by the Government as potential delivery models for the future.

Adult Care Services are undergoing one of the biggest changes as Self-Directed Support is introduced. We will see people not as 'service users' but as purchasers, while service providers will be facilitating change on behalf of individuals.

Already in 2009/10 LASS dealt with cuts of £20,000 in funding and we have competed in tendering processes for contracts for work previously grant aided. We have also been successful in gaining additional funding for new short term projects and we started letting out our training rooms to bring in additional income.

The government is interested in achieving long term cost savings. The Health Protection Agency and the National AIDS Trust state that 'preliminary estimates of the HIV-related life-time costs for diagnosed individuals range from between £280,000 and £360,000 in the UK. Preventing

infections acquired in the UK, and subsequently diagnosed during 2008, would therefore have reduced future HIV-related costs by £1.1 billion'. For LASS this is a powerful argument to support community based HIV testing. We can demonstrate potential savings for every positive person we identify. Last March we designed a new database to help evidence how our work leads to specific outcomes for individuals and makes a difference to their lives. The database will allow us to cost the time taken to achieve each outcome.

### Future Strategy

There is no guarantee that contracts and tenders will be available to sustain our current provision. However, we believe that we have the experience and expertise to offer a wider range of health and well being services with the prevention and awareness of HIV and sexual health remaining as our core service. LASS needs to be in a position to help funders recognise our transferable skills and buy or contract more work from us.

We are now working to have a social enterprise arm of our service ready to deliver new contracts and services from April 2010. Profits from the social enterprise will be returned to LASS to fulfil the charitable aims of HIV/AIDS awareness and well-being support in Leicester, Leicestershire and Rutland, where these are not funded by other sources.

*Find out how LASS is developing via their website [www.lass.org.uk](http://www.lass.org.uk) or contact them to share your experiences [jenny@lass.org.uk](mailto:jenny@lass.org.uk)*

## REGIONAL: Health and Social Care Network

One East Midlands is working closely with Health and Social Care partners to improve engagement with the third sector and support them to influence and shape policy. In November 2009, the first meeting of the third sector Health and Social Care Network took place in Nottingham.

At the meeting participants' views and proposals on the direction, focus and emphasis for the network were explored. This initial meeting was followed by a meeting of health commissioners from across the region and third sector representatives to explore barriers to commissioning from both perspectives and to discuss health and social care commissioning priorities. A number of priorities were identified for the network which centred on integrating health and social care considerations into:

- commissioning priorities;
- developing collaborative commissioning models;
- the personalisation agenda and responding to diverse needs;
- sharing and disseminating good practice in relation to addressing health and social care issues.

The network has already received recognition as a key regional forum and as a result, important opportunities to play a strategic role on partnership boards have been identified. These include the Joint Improvement Partnership's Commissioning and



Market Development Programme Board and the Personalisation and Contracting partnership.

A steering group was formed from key members of the health network. The purpose of this group is to identify priorities for the network, guide the strategic relationship with health and social care partners, identify and share best practice and support the wider network. Their first meeting was held in January and currently the terms of reference and priorities are being completed.

*If you would like further information or to get involved in the East Midlands Regional Health and Social Care Network or Steering Group please contact Lindsay Boyle by email: [lindsayboyle@one-em.org.uk](mailto:lindsayboyle@one-em.org.uk).*

## NATIONAL: Regional Voices

**Emma Easton,**  
Project Manager

One East Midlands, together with regional VCS networks throughout England, is a national strategic partner to the Department of Health. The regional dimension to public policy and strategy in health has become increasingly important in recent years; the establishment of regional strategic health authorities, the joint improvement partnerships, and the creation of Department of Health sponsored deputy director positions in government offices are evidence of this. On a national level, Regional Voices, the national forum for the regional networks in England, connects each of the regional networks, enabling the critical connection between national, regional and local infrastructure. Engagement in the strategic partners programme enables each regional network to campaign at both a regional and national level for the value of their members to improve health and wellbeing.

The programme is initially focusing on:

- Improving the third sector's understanding of commissioning processes.
- The role for the sector in the personalisation agenda.
- Increasing understanding of health inequalities across the sector.
- Raising awareness of how emergencies such as a pandemic flu outbreak may affect the sector.
- Equality issues - including work to improve assessments of how policies affect minority groups.
- Improving the way the sector works at a regional level.

On 9th March 2010, all 11 strategic partners are coming together to deliver 'Marmot and the Third Sector: Addressing Health Inequalities Together,' a large scale national conference to discuss the findings of the Marmot review into the social determinants of health.

*For more information, please go to [www.regionalvoices.net/events](http://www.regionalvoices.net/events)*

*For more information about the work contact*

*Rachel Quinn,  
[rachelquinn@one-em.org.uk](mailto:rachelquinn@one-em.org.uk)  
or Emma Easton,  
[emma.easton@regionalforum.org.uk](mailto:emma.easton@regionalforum.org.uk).*

# Shaping the Agenda

## **What do Self Help Nottingham do?**

Self Help Nottingham has been running since 1982 and we're currently supporting over 200 groups in Nottingham and Nottinghamshire. The organisation was one of the first in the country and was at the forefront of the mutual aid movement.

Our organisation supports people to meet other people who have the same issues in health, mental health, well being and social care.

We are now one of a very small number of organisations that were created to support self help and peer led groups (groups of peers who have come together with the same issues; not where a professional runs the group).

We have a directory of self help organisations which PCTs are able to use on their intranet and every GP in the PCT can have access to it. The Department of Health found out about us and are very interested, mainly because of the personalisation and self care agenda.

## **The organisation is quite unique in the country? Are you trying to expand your support to other areas?**

We are looking at developing products and services that we can market outside of the East Midlands. It's seen as a very innovative project and we've received funding from the Department of Health to do a pilot in the West Midlands, working with a range of partners including RAWM, which is the regional infrastructure organisation in

the West Midlands, PCT partners, social care partners and the strategic health authority. The project looks at how information about support networks can be put at the heart of social care and health.

The Department of Work and Pensions is another market that we can open up as information about peer support can support their work. We can signpost people to groups where they can access peer support in stress and anxiety self help groups, among others.

## **What challenges and opportunities do you see?**

There is a whole raft of very interesting work being done around the personalisation agenda and personal budgets, like micro-businesses that are being set up, looking at how people can start to support people in a community. That could be through peer support identifying peer led services that the people want and how they want to spend their money. There are opportunities for our organisation to shape the development of the agenda.

Currently personalisation is very much within the hands of social services and there is a disconnect between social services and health. There is a problem when people transition between social services and health. People are empowered through personalisation but during this transition they often lose their ability to make their own decisions.

There is also an opportunity for infrastructure organisations to shape commissioning. I think there is a

misconception that the voluntary sector and the third sector are only involved in service delivery. Whereas we are talking about helping shape services, making them better and responsive to people's needs and I think as infrastructure organisations that's where we need to position ourselves more and let people know that is what we are here for. There is a huge opportunity for us, as a sector, to tell commissioners what we have to offer.

I see this as an exciting time to be involved in shaping the agenda. It is about helping people to have the opportunity to shape the policy and making sure we get it right.

## **What relationship do you have with your funders?**

The PCT in Nottingham and Nottinghamshire have a lot to be proud of in the support they have given to this organisation. I am not just saying that because they give us funding but they recognised the positive outcomes for health and well being if you supply self help groups with really good quality infrastructure.

This has been proven, the Joseph Rowntree Foundation did research that proved if you gave people good quality infrastructure support then peer support groups thrived and actually had better outcomes than if they didn't have good quality infrastructure support.

Research has proven that by being involved in support groups you reduce hospital admissions, reduce the number of visits to GPs and use medication better because they have

**Interview with Sarah Collis,**  
Director – Self Help Nottingham



somewhere to ask 'what did you do about this' and they encourage each other and they support each other. There is real quantitative evidence that it saves money.

PCT relationships have been key to the success of this organisation. It has given us a solid foundation. As with everything we can't expect that forever and I think that we need to move towards a different relationship which is about supporting other PCTs around the country.

There is a lot to be learnt from our experience here in terms of building the relationship with the PCT and I think marrying it with social care and having County Council involvement. Independently they didn't necessarily see the linkages but we have really pulled that together and you can now see that you add value if you do both.

**What would you like to get out of the Health & Social Care Forum?**

We are very interested in what is happening at One East Midlands and the Regional Health and Social Care forum. It is very much about where we see ourselves positioned as an expert in this particular field. I am keen to be involved in this particular forum at a regional level because I come with the attitude: we've got something on offer here and we have a very unique position.





# SPOTLIGHT

## Member: EMTAR

Terry Kirby

### 1. Briefly describe your organisation and your members

East Midlands Transport Activist Roundtable (EMTAR) is a regional coalition of voluntary sector organisations who all promote sustainable transport facilities and practices.

Our members come from a number of different organisations including local Friends of the Earth, Campaign to Protect Rural England, Campaign for Better Transport groups, cycling and walking groups among others. Our members come from every city and county in the East Midlands which helps us to speak with a good knowledge of local conditions around the region.

### 2. How do you support your members?

We coordinate their activities on a regional basis and provide formal and informal networking opportunities. We have regular formal meetings and extra business meetings as required. We also reimburse expenses in attending relevant meetings.

### 3. What are the organisation's aims?

We aim to promote sustainable transport in the East Midlands by coordinating the activities of our constituent groups and lobbying effectively. This means a lot of background work, including being represented on powerful regional bodies.

### 4. What work are you involved with at a regional level?

We are involved in a wide range of regional work including attending the East Midlands Regional Assembly (EMRA), being part of EMRA's Transport Task Group and being involved with One East Midlands. We've contributed to the reviews of the Regional Plan, the Regional Spatial Strategy, Network Rail's East Midlands Rail Utilisation Strategy for starters.

### 5. What benefits of membership to One EM do you see?

We've thought for some time that we need to broaden our approach and network more effectively with other VCS organisations in the region. Active membership of One East Midlands is very helpful in making these new links.

### 6. What work are you doing in health and social care? What impact does health have on transport or vice versa

There has for some years been strong and increasing evidence of a link between health and transport. For example, it is generally accepted that walking, cycling and using public transport are much healthier than using cars. So it makes sense for health as well as environmental reasons to improve facilities for walkers, cyclists and public transport users. This could mean improving or providing new footpaths, cycleways, bus lanes as well as linking these to rail stations.

It is also important for the NHS to consider transport with their increasing tendency to centralise facilities in 'out of town' larger hospitals which may be poorly served by conventional public transport.

Evidence shows that people living in areas dominated by traffic are more prone to such things as respiratory diseases due in part to pollution from traffic. And vulnerable members of the community, children and the elderly, are more likely to be victims of traffic accidents. Local traffic issues have also been proven to divide communities and can lead to social isolation. Addressing some of these issues will lead to better health outcomes in the community.

### 7. Is there anything else that you would like to add?

EMTAR always welcomes new members. If you would like further information contact Terry Kirby at [trry\\_krby@yahoo.co.uk](mailto:trry_krby@yahoo.co.uk)

# SPOTLIGHT

## Trustee: Fiona White

Chief Executive,  
Community Lincs

### 1. How did you get involved in One East Midlands?

I had been aware of the emergence of One East Midlands from the Single Platform and could see that there was a need for a regional body to engage on the sector's behalf but I had not had any direct involvement with it until Rachel came into post. This coincided with a decision by my board for me to look more at regional issues to see how we could maximize support for Lincolnshire's rural communities. By reading One East Midlands publications and attending their events I learned more about what they could offer and was impressed by the quality of their services. Rachel approached me to join the board as I had skills that were relevant to the organisation and I was co-opted earlier in 2009.

### 2. What role do you have within the Board?

I have just been elected as Chair of the Board, which means that as well as attending board meetings and supporting the work of One EM generally, I will help to support Rachel as CEO.

### 3. What skills do you bring to this role?

As a CEO of my own organisation I can empathise with Rachel and One EM's staff and bring my own insights into how to run a charity and strategic body. As well as being an infrastructure body and community development charity, Community Lincs, has been contracted by DEFRA to undertake strategic influencing on behalf of rural communities in Lincolnshire. This range of activities has led me to develop business planning, bid writing, staff management, financial management and networking skills.

### 4. What do you see are the benefits of One EM and how can it support the VCS in the region?

One EM is ideally placed to facilitate an effective voice for the VCS at a regional level. We are quite clear that our role is not to usurp VCS organisations in delivering at a local level but to help them become stronger and more effective through networking, lobbying and the sharing of best practice. We are also able to provide a link between regional and national organisations and sub-regional VCS groups, in the process disseminating and interpreting policy so that we can all make sense of it and get the most from the opportunities that surround us.

### 5. How would you like to see One EM grow / change in the future?

I would like One EM to develop its membership and for those members to feel that they have been helped as a result of the association. It would also be great to see our ambition of the VCS as an equal partner being realised, leading to better informed decisions that ultimately help to improve the quality of life for those that our organisations support.

# Report ba on



Edition 3 of Insight focussed on the coordination and impact of volunteering across the East Midlands and shaped the programme for the September 09 Volunteering Partnership Conference.

Here we take a look at some of the findings of that conference, actions taken to date and next steps:

## **England Volunteering Development Council (EVDC)**

The primary focus of the Volunteering Conference was to identify regional priorities for EVDC in the East Midlands. Following the conference a proposal for the development of EVDC was produced and consulted on and East Midlands EVDC re-launched in December 2009. East Midlands EVDC will perform two key functions:

- Strategic advocate for the role and impact of volunteering.
- Direct coordination of volunteering issues of regional significance.

Below we examine how each of those priorities will be shaped

### **1. Coordination of National Indicator 6**

NI 6: 'participation in regular volunteering'  
At the conference we learned that members and delegates think it is important that EVDC takes a lead in the regional coordination of approaches to NI 6. This coordination should help local organisations campaign for the inclusion of NI 6 as a Local Area Agreement target and share best practice in how to measure and achieve successfully against the target for the benefit of both the VCS and local authority partners. EVDC is now working with Government Office for the East Midlands to identify how this can be achieved.

### **2. Preparing for the 2012 Olympic Games**

The 2012 Olympics in London provides a once-in-a-lifetime opportunity for Great Britain to place its sport, culture, people and places firmly on the world map. Underpinning the games will be a national strategy for volunteering which extends beyond the games into activity leading up to the Olympics and legacy beyond.

The East Midlands strategy will focus on the contribution that volunteering can play and in achieving maximum legacy impact. A dedicated working group of EVDC will work with the Volunteering England 2012 Coordinator to ensure that East Midlands volunteers in sport, culture, wellbeing and equality strands all benefit from this unique and exciting opportunity.

### **3. Economic impact of volunteering**

Feedback from the Volunteering Conference identified that volunteering has a significant impact on the economy, on communities, to skills and on the health and wellbeing of the region. However, measuring and analysing that contribution is difficult and demonstrating the long term impact is even harder. EVDC will be working with key stakeholders to identify better ways to demonstrate the role that volunteering



# ck volunteering

plays across the East Midlands and its overall impact. As a starting point we are undertaking a mapping exercise of all volunteering support organisations so we can begin to view the size, shape and reach of volunteering across the region.

EVDC will meet again in March 2010. The group is formed from a mixture of key strategic stakeholders, volunteer support services and specialist volunteer involving organisations.

*If you are interested in helping EVDC drive forward the value of volunteering or would like to find out more about EVDC or any of the programmes detailed above then please contact Lindsay Boyle: [lindsayboyle@one-em.org.uk](mailto:lindsayboyle@one-em.org.uk).*



**One East Midlands** is a registered charity, working with the voluntary and community and wider third sector.

One East Midlands brings together organisations that support voluntary and community groups across the region to influence and shape policy, improve services and provide a single point of contact at a regional level for all stakeholders.

One East Midlands is accountable to its members: voluntary and community organisations, frontline groups, public and private sector agencies. Through its membership, the sector is able to influence One East Midlands' work and ensure that the organisation does what it sets out to do.

For more information on our membership scheme visit the website: **[www.oneeastmidlands.org.uk](http://www.oneeastmidlands.org.uk)**

## Contact Details

### Chief Executive Officer

Rachel Quinn  
0115 934 9530  
[rachelquinn@one-em.org.uk](mailto:rachelquinn@one-em.org.uk)

### Communications Manager

Hannah Luck  
0115 934 9535  
[hannahluck@one-em.org.uk](mailto:hannahluck@one-em.org.uk)

### Development Manager

Michele Payne  
0115 934 8419  
[michelepayne@one-em.org.uk](mailto:michelepayne@one-em.org.uk)

### Policy Analyst

Henry Muchiyani  
0115 934 8494  
[henrymuchiyani@one-em.org.uk](mailto:henrymuchiyani@one-em.org.uk)

### Information & Membership Officer

Lindsay Boyle  
0115 934 8468  
[lindsayboyle@one-em.org.uk](mailto:lindsayboyle@one-em.org.uk)

### HR & Finance Administrator

Leann Leverton  
0115 934 9545  
[leannleverton@one-em.org.uk](mailto:leannleverton@one-em.org.uk)

### Administrative Assistant

Sandra Casey  
0115 934 8471  
[sandracasey@one-em.org.uk](mailto:sandracasey@one-em.org.uk)



Nottingham Voluntary Action Centre  
7 Mansfield Road Nottingham NG1 3FB  
0115 934 8471

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