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Health & Social Care and the Big Society

Context

The VCS has a long history of providing health services and social care to people and communities, particularly the most vulnerable in society, for a period pre-dating the creation of the NHS. A recent national survey shows that 22% of all volunteering is directly related to health with a further 22% being sport-related. The main beneficiaries of VCS activity are children and young people (47%), elderly people (23%), people with disabilities (22%) and people of a particular ethnic or racial origin (7%).[1]

In addition to services and support that are directly considered to be health and social care, many other activities have a positive benefit on individual and community health and well-being (including educational work, training, housing and community development). VCS organisations are commissioned by the state to provide services as well as operating independently of the public sector. In many cases these organisations have the skills and expertise necessary to provide services for particular client groups and those with specific health and social care needs.

1 The UK Civil Society Almanac 2010, ncvo

Case study

Self Help Nottingham

For nearly 30 years a small team of specialist workers at Self Help Nottingham have supported self help and mutual aid groups to thrive in Nottingham and Nottinghamshire.
The service offers new and emerging groups free support to get started and advice, training and information to ensure groups provide a quality mutual support service for people living with a range of health and social care related issues.

Their services include an information enquiry service, practical support, training and development, outreach and development work, and an annual Directory of Self Help Support Groups. The charity also offers the opportunity for service user and carer involvement work at strategic and operational levels within local NHS organisations.

Self Help Nottingham is also developing a social enterprise model of sustainable support for groups across Nottinghamshire and the East Midlands. They have been recognised by the Department of Health as a best practice support organisation and are being sponsored to pilot a replication model for the delivery of local self help support and information across England.

The charity has also received funding from the National Treatment Agency to supply media and communications starter kits to new and emerging drug and alcohol recovery self help groups across the East Midlands.

For more information visit www.selfhelp.org.uk

Case study

LhivE

LhivE, run by a group of people from Leicester, Leicestershire and Rutland living with HIV, empowers others living with the condition to lead fulfilling and safe lives.

The group aims to realise the rights and responsibilities of individuals living with HIV, representing their needs and wishes in decision making processes that will affect their lives and the services provided to them.

Based at LASS (Leicestershire AIDS Support Services), the group offers peer led support, counselling, group discussions, volunteering and training opportunities, retreat weekends and positive speakers to people living with HIV by those who are best placed to understand and have had similar personal experiences.

The group has also generated some of its own income which means they can expand the services they provide.

For more information visit www.lass.org.uk/lhive.

East Midlands Dimension

The East Midlands Health & Social Care Network was launched in January 2010 as a result of research carried out in autumn 2009 (Skyers-Poorman report). The Network has a membership of over 160 third sector organisations that support and deliver health and social care services. The network comprises a diverse range of organisations that can be categorised as follows:

69 Health specialists e.g. Leicestershire Aids Support Services
35 Social care specialists e.g. Nottinghamshire YMCA
24 Local support services e.g. Erewash Voluntary Action CVS Ltd
38 Local Health and Social Care networks e.g. nvda Health & Social Care Forum

The Network exists to:
- Influence health strategy and programmes
- Have direct dialogue with Department of Health
- Engage and inform commissioning processes
- Improve VCS knowledge on future health initiatives
- Participate in specific areas of Health Inequalities work

The network is led by an independent Steering Group. Work to date includes:
- action research and report published winter 09,
- network launch and conference February 2010,
- White paper Department of Health consultation event September 2010,
- Big Society survey October 2010.

The network is an effective mechanism for sharing good practice between third sector organisations and provides a single point of contact for central and regional DH, NHS and local authority leads in social care.

Challenges and opportunities

Equity and Excellence: Liberating the NHS White Paper and the whole raft of accompanying consultation documents outlines the government's proposals to reform the NHS so it is more locally controlled and patients have more choice and control. This reflects Big Society principles and the localism agenda.

However, there is a tension between the traditional notion of a National Health Service which provides universal services that are free at the point of use for all members of society and the government's Big Society agenda of rolling back the state and expecting civil society to step in and take on more responsibility.[2]

There is real concern that the erosion of the NHS and other health and social care services will spell the end to a health service that is free for all dependent on need not ability to pay. Could more choice and local decision-making in fact increase the likelihood of a postcode lottery health service? On the other hand, could this be a real opportunity for the charitable sector to expand and do what it does best - meet the health and social care needs of the most vulnerable in society?

VCS activity in Health and Social Care includes paid work carried out by professionals in the voluntary sector and unpaid voluntary activity. This covers more formal, coordinated volunteering activity and also care and support carried out by friends and neighbours that may not be formally recorded or recognised. The most popular forms of volunteering activity (after education and religion) are sports & exercise, health & disability, working with elderly people and children & young people. There is evidence that the level of informal, unrecognised volunteer activity (such as providing care for a family or friend) is significantly higher than formal volunteering.[3]

2 Source: Matt Leach's speech to the King's Fund, October 2010
3 3The UK Civil Society Almanac 2010, ncvo

The backdrop to the Big Society in the East Midlands is the Comprehensive Spending Review and the government's commitment to reducing the deficit. It has not yet been announced by all local authorities in this region where they are making cuts and what the impact will be on the VCS. However, Nottinghamshire County Council has announced 66% reduction in grant funding for Adult Social Care. This represents a massive blow to voluntary work and community action in this County. It is hard to reconcile the local authority decision with the government's espousal of local communities shaping and delivering local services. Chris Cutland, Chief Executive of Women's Aid Integrated Services (Nottinghamshire) warned that really valuable support services for women and children experiencing domestic violence are likely to be severely reduced or lost.

Health Inequalities

The overall picture of people's health in the East Midlands is close to the England average. However, levels of physical activity in adults, children in Reception year classified as obese and hospital stays for alcohol related harm are all better than the average for England, whilst levels of smoking in pregnancy, breast feeding initiation and infant deaths are all worse.

There are also geographic inequalities in health within the East Midlands which are closely associated with deprivation. For example, the health of people in the relatively affluent districts of Harborough, Rushcliffe and South Northamptonshire is generally better than both the England average and the East Midlands average, while the health of people in Nottingham, Mansfield and Derby is generally worse, reflecting their low economic status and high relative disadvantage.

As highlighted in the Marmot Review (published 2010), the main contributor to the gap in life expectancy is material deprivation (income and poor educational achievement). Educational attainment in the East Midlands, while improving, remains consistently worse than the England average, and is worst in the most deprived communities.[4]

To ensure that the Third Sector Health & Social Care Network is representative of the diversity of the region in terms of age, disability, race, gender, migration, and so forth, it is important to continue to map and target health and social care organisations that represent diverse communities across the broad health and social care arena. These organisations do exist across the region at smaller spatial scales but are nevertheless regional in their reach and/or focus, and have a critical role to play in terms of addressing health and social care priorities from diverse perspectives. These organisations if supported well to input into the work of the Network, have the added advantage of providing rich insights into the needs of communities which are often unaccounted for in health and social care policies and strategies.[5]

Impact of National Policy

Health and Social Care reform

The VCS has a long experience of working in partnership with the NHS and other health and social care services through both grant-aided and commissioned work. Within this relationship the VCS has the ability to fulfil 3 distinct roles: 1) provision of information and intelligence to inform the type and format of appropriate public services; including the facilitation of direct service user input; 2) delivering or co-producing services; often as the most appropriate or closest organisations to those service users most wary of the state or excluded by other means such as language, culture, disability, poverty or isolation; 3) enabling market transformation; working with communities over time to shift need and demand for services.[6]

4 Source: APHO and Department of Health. © Crown Copyright 2010
5 Health and Social Care Network Development Report, Skyers-Poorman February 2010
6 East Midlands consultation response to Department of Health on 'Equity & Excellence: Transforming the NHS'

Personalisation
Social care and health services are being transformed to give people more choice, flexibility and control over their own lives. **Think Local, Act Personal: Next Steps for Transforming Adult Social Care** sets out how councils, health bodies, providers and other community organisations will need to work more closely so individuals, their families and carers have greater choice and control over their care and support.

Adult Social Care and Welfare Reform
The ageing population, increasing unemployment during the recession and reform of welfare are likely to put more pressure on civil society organisations to support those in short term crisis and long term need.