Health & Wellbeing Boards and the Third Sector: Models of engagement

This document has been prepared by One East Midlands on behalf of the East Midlands Third Sector Health and Social Care Network as a think-piece for NHS East Midlands

The purpose of the document is to:

- Clarify the role of the Third Sector in health commissioning
- Propose models of engagement between Health & Wellbeing Boards and the VCS / Third Sector
- Consider how learning can be shared between individual Boards in the future

The Third Sector will be a key partner in delivering key principles embedded in the health white paper. Engagement at the H&WBB level will ensure consistency and early understanding of the opportunities for involvement and ultimately savings, both time and money, during implementation.

About One EM and the Health & Social Care Network

One East Midlands is the regional network for the VCS. Our role is to ensure that communities, VCS groups and wider Third Sector organisations (such as social enterprises and faith groups) have a voice in decision making and policy development at local, regional and national level. We bring experience, knowledge of and reach across the VCS and wider civil society / third sector through our extensive membership and network of partners and stakeholders. We are the recognised point of contact for the public sector into the VCS and we have effective and credible mechanisms in place for disseminating information and bringing agencies together.

One East Midlands coordinates the Third Sector Health & Social Care Network for the East Midlands. This network plays a key role in ensuring that the role of community groups in addressing health inequality issues are embedded in regional and local NHS thinking. The network is a critical voice for shaping sector working in health and social care and robust engagement practice.

The network has a membership of over 200 third sector organisations that support, shape and deliver health and social care services.

The Network exists to:

- Influence Health strategy and programmes
- Provide a direct mechanism for dialogue with Department of Health

- Engage in and improve commissioning and engagement processes
- Improve knowledge on future Health initiatives
- Participate in specific areas of Health Inequalities work

The Role of the Third Sector in Health Commissioning

Third sector engagement in commissioning is often restrained to a role in service delivery. However the Third Sector can offer invaluable intelligence and expertise to all aspects of the commissioning cycle.

The diagram overleaf, currently under development by the network, clearly identifies the different roles played in the commissioning cycle. However, these roles can be summarised as:

1. **Delivery:** As both deliverer and co-deliverer of direct and support services reaching deep into communities for effective targeting
2. **Intelligence:** In providing data and information to inform the provision of better/more targeted services
3. **Market transformation:** working with communities to support change and shift demand for service provision
4. **Supporting commissioners:** working with commissioners to better understand third sector commissioning and how processes can be improved to achieve better outcomes for beneficiaries

(see diagram on pg3 overleaf)

Benefits of Engagement

Meaningful engagement of the H&WBBs with the Third Sector brings huge potential for addressing deep inequality in health outcomes. However the diversity, complexity and sheer size of the third sector all pose significant challenges to ensuring that engagement is meaningful and inclusive, whilst remaining manageable and avoiding allegations of tokenism.

On pages 4-5 we propose a number of models that may be considered in the development of the H&WBBs. Each model will require the existence of a robust and inclusive third sector network behind it. Models 1-3 all look purely at local arrangements. We have also considered the problem of lack inter-board learning and sharing, as this will be difficult to achieve once NHS EM have closed. Model 4 considers how this may be achieved using an existing mechanism operating over several localities.

The Role of the Third Sector in the Health Commissioning Cycle

<table>
<tr><th>Analysis of need</th><th>Shaping services</th><th colspan="2">Delivering services</th></tr>
<tr><td>Source of intelligence on local population and communities of interest (JSNA and more local needs assessment or wider community of interest assessment)</td><td rowspan="6">Creative, partnership approaches to sticky/persistent problems

Supply chain development-shaping services/market stimulation

Developing/defining/specifying patient pathways

Advice on accessibility of services

Enabling patients, public and communities of interest to influence service design

Sharing best practice</td><td>Prevention</td><td>Health promotion activity to local populations / communities of interest
Wider determinants of health – holistic, person-centred, support improving overall wellbeing e.g. combating social isolation, debt advice, supporting people into work, housing advice, creative and cultural projects</td></tr>
<tr><td>Supporting marginalised people to express their voices in the needs assessment process (public patient involvement)</td><td>Early intervention</td><td>Targeted interventions with specific groups e.g. young families, carers, homeless people, asylum seekers and people with mental ill health.</td></tr>
<tr><td rowspan="4">Signposting, collating and presenting diverse views</td><td>Self care</td><td>Support people to live and manage their health independently</td></tr>
<tr><td>Ongoing community care-providing services and self-directed support</td><td>Targeted service delivery - both locality and community of interest – commissioned and grant funded
Personalised services
Mainstream delivery across wider area (e.g. social care)</td></tr>
<tr><td>Support for primary and secondary care and specialised hospital services</td><td>e.g. delivering NHS services in community venues, community transport, reablement services, befriending services, self care advice in hospital</td></tr>
<tr><td>Reaching people</td><td>Targeted services to single need or community
Breaking down barriers to mainstream services
- Care navigation
- Advocacy
- Brokerage</td></tr>
</table>

Models for Third Sector engagement in Health and Wellbeing Boards

This section offers 4 scenarios based on developing examples across the country and identifies the advantages and disadvantages of each. Our overriding principle is that a tokenistic place offered on a Board is of little value to either statutory health providers or Third Sector organisations. Any engagement must be meaningful and be underpinned by the existence and accountability to a much wider and recognised Third Sector network which will inform and support any direct representation.

Model	Advantages	Disadvantages
1. Single voice Elected or appointed single representative supported by a wider network	- Easiest to support - Develop continuity of relationship - Obvious point of contact for sector - Sector 'Champion' role	- Lacking ability to adequately represent diverse views - Lack of specialist expertise - Requires development of an extensive open and transparent recruitment process - Not responsive or dynamic to emerging agenda items. - Risk of continuity through illness, change in personnel etc.
2. Multiple voice Appointment of 2 or more static representatives supported by a wider network	- Relatively easy to support and maintain - Develop continuity of relationships - Obvious points of contact for sector - Wider breadth of experience - Greater continuity than option 1	- Restricted ability to adequately represent diverse views - May still lack specialist expertise in many areas - Not responsive or dynamic to emerging agenda items. - Complexity to develop an open and transparent recruitment process

3. Flexible voice 2 or more places with 1 being available for flexible use by the underlying network based on specialist knowledge of current issues.	- Some continuity of relationships - Dynamic and responsive to emerging agenda items - Provides potential access to a wider network of expertise. - Opportunity to develop an approach to harness benefits of static places or subgroup models.	- Outstanding questions to resolve on who takes responsibility for the maintenance and access to the network. - Requires early knowledge of agenda issues - Complex nomination process required - Greater support required for individuals
4. Advisory panel Subgroup with advisory function drawn form network – has the right to submit advice to Board and send an observer with advisory capacity	- Dynamic and responsive to emerging agenda items - Potentially could engage a diverse range of VCS organisations.	- Could be perceived as 'tokenistic' - Restricted ability to contribute to discussions and draw out partnership opportunities - Success would depend on the quality of the feedback received from HWB meetings. - Clear governance procedures required - Highest level of support required