'*It's not just about seats at the table…*'

Local community and voluntary sector influence in the new health and social care structures

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1.   Purpose of this report

This report identifies and references barriers and makes recommendations as to the support required for effective engagement of the local VCOs [1] in the new health and social care structures; especially those experienced by smaller local voluntary and community organisations representing marginalised communities and communities of interest.

This piece of work was commissioned by Regional Voices and funded by the Department of Health.

The project focused on conducting research to identifying the needs of the local voluntary and community sector to:

- ensure that they can effectively influence relevant local structures
- identify existing examples of good practice, tools and resources available to support VCS engagement and influence in the new health and social care structures, including in JSNA and JHWS

In total 15 interviews were conducted - the majority of these were [Department of Health Voluntary Sector Strategic Partners](#).

In addition to these we conducted a web search on current tools and resources this involved:

- an initial search using broad search terms including key works such as voluntary sector/voluntary and community sector/influencing/commissioning/resources/tools/health and social care structures/decision making etc
- using the information generated to investigate a range of websites, reviews and resource lists
- Followed up areas identified in interviews with VCO representatives; adding more specific search terms including: commissioning/marketing strategies/ and tools/communications strategies and tools/audit criteria/needs assessment/evidence/audit/quality/governance/commissioning ready/consortia agreements

2.   Structure of Report

3.   What would help going forward
4.   Key Findings and Recommendations
5.   Current Context
6.   Current Tools and Resources
7.   Challenges and Barriers faced by the local VCS
8.   What has worked
9.   Themes for Success

Appendix A - Organisations and individuals interviewed

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[1] Terms used: Voluntary and Community Sector - VCS - a generic term for all voluntary and community sector organisations local and national. Community and Voluntary Sector Organisations - CVSO - local organisations operating at local authority level or below. Councils of Voluntary Service - CVS - local authority level infrastructure organisations

3.   What would help going forward

The current socio-economic and political environment is hugely challenging for the local voluntary and community sector. Small local voluntary and community organisations have an important role to play in helping improve health and wellbeing. Creating a supportive environment in which they survive and flourish cannot be achieved by them alone. It is the shared responsibility of those local organisations with support from local commissioners and national statutory and voluntary organisations.

Based on this work we make a number of explicit recommendations in section 4. We also think that there are some important themes. These are:

The unique contribution of the VCS is valued
For local Commissioners - there is a need to ensure that there is a clearer understanding of the benefits that strong representation by the local voluntary and community sector can bring. This includes an understanding of what infrastructure is required to make this happen - analytics, mechanisms for capturing impact, strategic capability etc. It is particularly important during this period of transition to establish structures and processes that facilitate open dialogue. This would include explicit and rational models that explain in a credible way the relationship of the HWB with the VCS - this could build on some of the thinking developed through processes like the VCS Compact.

Increase capability of individual VCS organisations
Training for local VCS leaders. The environment is complex and changing and local relationships are critical. Leadership training would be helpful - in particular the sort of training that policy leads in national organisations get in lobbying and negotiation (how to influence Whitehall) - this the sort of training that the local VCS leaders require.

In addition there are a number of practical skills where training would help such as data collection, management and analysis to support needs assessment, marketing and communication expertise including social media training.

Similarly one of the greatest assets that local voluntary and community organisations have are the trustees - local voluntary and community organisations need to make more use of these leaders to build relationships with local commissioners and politicians.

Increase competence of commissioners in commissioning local VCS organisations
Guidance for local commissioners. Procurement processes can be very intimidating and prohibitive for the voluntary and community sector - some of the criteria used can exclude local voluntary sector organisations.

There is a need for the NHSCB and DH to support the development of models that promote a balanced approach to commissioning - that recognise the importance of a balanced market of VCOs (local and national). This would include guidance setting out the different options that are available for local procurement that will enable smaller voluntary and community organisations to compete effectively.

<u>Training for those involved in commissioning and procurement.</u> There appears to be little support to help commissioners and those involved in procurement develop and implement whole system models that enable them to get the best value from a strong local voluntary and community sector. For example:

- Developing systems that make the link between Big Society aspirations and existing professional clusters through having explicit care pathways that utilise and value all assets - from statutory professionals through to community voluntary activity.
- More effective use of social clauses in contracts that value and give explicit recognition to the contribution that volunteering and other forms of active citizenship bring.

A resilient and diverse local voluntary and community sector
<u>Capability - strategies for the local VCS.</u> There is a real need for the VCS as a whole to develop a clearer view about effective models for local influence for example:

- In theory the JSNA is the key document - that determines commissioning decisions - in Oxfordshire MIND has done work to influence it and provide data. However, local commissioners are not sure how important the JSNA will be - some saying that it will be a high level summary and others that it will be a very detailed process that will help shape all decisions made.
- Strategies to influence and engage with the health and wellbeing board are required - many places will not have a VCS representative - and even when that exists this may not be the most important way to engage with Commissioners.

<u>Representation of VCS in the local system.</u> For the VCS - there is a need to work on better models - how to manage potential conflicts of interest and how representatives communicate outwards effectively. It's not always about having a seat at the table but instead knowing how best to intervene. For example, knowing the timescales of when to input. For instance is it better to put energy into the JSNA phase or will influencing JHWS prioritisation be more effective? Local and regional VCS infrastructure organisations have a key role to play with regard to supporting this and we address this in our recommendations.

 Access to information
<u>Many resources already exist around the commissioning cycle and the VCS, aimed at Commissioners and/or VCOs (see Appendix B). These need to be signposted to improve usage and any gaps in information need to be filled (section 3). Information needs to be summarised too, to prevent overload.</u>

<u>Information could be better managed with the development of</u> simple and coherent portals at a national level for example:
- Linking and summarising all the relevant information on the commissioning cycle for the VCS
- Information for commissioners about the VCS.
- promoting and advertising what Strategic Partners do - this would also help local Commissioners better understand the Strategic Partner offer.
- Linking all the relevant public sector health information portals such as the Public Health England portal and with key ones in local government such as the Community of Practice LARIA Group - <u>Local Area Research and Intelligence Association</u>.

4. Key Findings and recommendations

Desired outcome	Suggested Actions	Suggested organisation to adopt action
The unique contribution of the VCS is valued by commissioners and members of the Health and Wellbeing Board (shared vision)	• Develop a shared vision on the unique role of the VCS within health and social care through a system-wide voluntary sector strategic partner programme	• Department of Health with Strategic Partners

Increased capacity and capability of individual VCS organisations to influence commissioning cycle	• Guidance, tools, case studies and training on:
	
	  • Local leadership
	  • Data collection, management, and analysis
	  • Developing consortia and collaborations for smaller VCSOs
	  • Needs assessment
	  • Marketing and communication expertise including social media training
	  • Measuring impact and proving value
	  • Peer review and auditVCO
		• Strategic Partners to consider approach in partnership with key national organisations such as ACEVO, NCVO, Locality and NAVCA.
		• Linking national, regional and local training and resources through strategic partners and their networks

Desired outcome	Suggested Actions	Suggested organisation to adopt action
Increased competence of Commissioners with regard to commissioning local voluntary and community organisations	• Named statutory sector champions to promote VCS agenda in key national organisations - NHSCB, PHE, DH, LGA, NICE etc.	• Department of Health
	• Clarify roles and responsibilities differentiating Healthwatch from the wider role of VCS orgs	• Department of Health with the Strategic Partners
	• Good practice standards on how to develop strategic relationships with local voluntary and community sector which captures and utilises their knowledge and expertise. Including data collection models, input to JSNA/JHWS.	• Regional Voices in conjunction with LGA/SOLACE/DH/ADASS
	• Establishing guidelines and mechanisms for peer review, audit and challenge on the commissioning of local voluntary and community organisations	• Regional Voices?
	• Training programme for local commissioners as part of their ongoing training and development programmes on how to make best use of local VCSO and build a resilient and diverse sector as part of their market development function	• NHS Commissioning Board
	• Business case further developed demonstrating the value of VCS in improving health and reducing health inequalities to promote to Commissioners (linked with training programme above)	
	• In the next iteration of the NHS commissioning and procurement guide, include a section on the diversity of the VCS and proportionality of tendering and monitoring requirements to support commissioners work with small VCS organisations	• NHS Commissioning Board
	• More formal opportunities to share learning, joint training, cross sector placements and visits	• Department of Health, NHSCB and LGA to consider cross government opportunities to strengthen this. Regional infrastructure VCOs can coordinate sharing between commissioning areas

Desired outcome	Suggested Actions	Suggested organisation to adopt action
A resilient and diverse local voluntary and community sector	• Guidelines and good practice models on contribution of local infrastructure organisations, what good practice looks like and importance of shared approach to commissioning it. • Guidelines, case studies and development support on establishment of consortia of smaller CVSO - including bidding for contracts and resources.	• Regional Voices in partnership with others as above (as part of the same publication?) • DH Strategic Partners to consider implications in partnership with key national voluntary sector infrastructure organisations such as NCVO, Locality and ACEVO.
Improved access to information, resources and tools around commissioning	• Clear signposting to key national portals for commissioners and VCSO – e.g. LGA, NHSCB, PHE, NCVO, ACEVO, NAVCA, Regional Voices	• Regional Voices

5. Current Context

Economic crisis and cuts to the public sector mean that there will be fewer Commissioners and a focus on efficiencies. This means that:

- There is a drive to fewer larger contracts - these are more cost effective to administer.
- Desire for providers who can promise reduced risk through strong corporate governance.
- Payment focused on achievement of measurable outcomes
- A narrower policy context that drives Commissioners towards taking people off benefits and take people out of services.
- Severe cuts elsewhere in the system are dramatically increasing demand for and pressure on local, front line VCS services.

Changing Landscape – the voluntary sector is in the middle of a maelstrom - shift of public health, increased emphasis on JSNA, emerging CCGs, closing down of Primary Care Trusts; this creates challenges that include:

- Lack of permanence to maintain partnership working- longevity of funding and a shared cultural history of what organisations do. There has been a loss of corporate memory particularly in the NHS.
- Staff turnover - existing long term relationships that are required to address complex issues are being lost and new ones are hard to establish as people apply for jobs or leave.
- CCGs cannot commit to commissioning contracts beyond next 12 months in many cases as they are not yet authorised. This is a real problem for many VCS organisations who have no ability to plan beyond the short-term. It should be noted that whilst 12 months within the NHS is a short timescale in which to establish behaviour change, to the VCS these timescales can be extremely problematic.
- New relationships have to be built, particularly with local authorities - now that they are responsible for health and wellbeing boards and lead on public health.

Currently the focus is on the public health transition rather managing new relationships.

- Localism - responses to the economic and policy environment vary - as different places respond to the agenda according to local circumstances and history. This means that there is variation - particularly with regard to ambition and investment in enabling relationships with the local VCS. For example in the South West there are some areas such as Cornwall, Somerset and Bristol where there are strong comparatively well resourced VCS networks were the sector is better able to respond to and engage with change - than other areas.

6. Current tools and resources

There are a range of high quality and current resources and tools for VCS organisations relating to several of our recommendations, including:

- measuring impact and outcomes
- influencing public sector organisations - strategy and tactics for VCOs
- tools and resources around JSNA, commissioning, policy and procedures and VCO readiness for commissioning

A summary of a range of these, that have surfaced readily in our rapid internet search, are listed in the 'Examples of current tools and resources' table below. These are organised under 5 headings:

· Commissioning and tendering
· Influencing and engagement
· JSNA and Health and Well-Being strategies
· Impact and Outcomes
· Communication

There appear to be fewer easily accessible and up to date tools and resources in the following areas:

- developing effective VCO engagement - targeted at public sector organisations
- assessing needs and generating evidence for commissioning
- developing consortia and collaborations - for smaller VCOs or partnerships between smaller and larger VCOs in tending or bidding for contracts
- marketing and communications - this appears to be a big gap for smaller local VCS organisations, in particular, who do not have the resources to employ specialist marketing and communications staff that the larger VCS organisations are able to employ. There are also a lot of new opportunities relating to the use of new social media that can be very powerful tools and yet could be relatively inexpensive for smaller VCOs who can get to grips with these new technologies.

Our research suggests that more specific tools and resources setting audit criteria, benchmarks and model specifications, including for consortia/partnership agreements would also be useful to smaller, local VCOs in particular.

Examples of current tools and resources

Tool/Resource	Brief Overview	Web Link	Source
COMMISSIONING AND TENDERING			
Commissioning toolkit for stat sector commissioners and VCS orgs	Set of practical actions and resources tools to increase the involvement of voluntary sector providers in delivering commissioned health and social care services.	http://www.raise-learning.org.uk/	RAISE 2012
Commissioning and tendering guide	Guide providing information, advice and signposting to charity trustees about commissioning and tendering for public services; especially for smaller charities	http://issuu.com/voscur/docs/navca-at-your-bidding-nov2011	Navca and LGg 2011
Directory of VCS orgs providing public health services	On the Radar' is an innovative database of public health services delivered by voluntary and community sector (VCS) organisations	http://www.lvsc.org.uk/policy-areas/health/on-the-radar.aspx	LVSC
Getting funding and planning successful projects – Big's guide to outcomes	Guidance document covering: · Needs assessment and evidence · Aims and outcomes · Tracking progress · Activities	http://www.biglotteryfund.org.uk/getting_funding_planning_projects.pdf http://www.biglearningzone.org.uk/	BIG Lottery Fund
Commissioning from the VCS: step by step - NCVO guidance to commissioners.	Introduces commissioning and procurement, explaining the processes, purpose and terminology of commissioning public services from the voluntary and community sector (VCS)	http://www.ncvo-vol.org.uk/commissioningandprocurement	
A guide to the voluntary sector	A guide for Commissioners and decision makers in health and social care- why it is important to work with the voluntary sector- what they can bring to the table.	http://www.vonne.org.uk/policy/healthandwellbeing/health_inequalities.php	Regional Voices and VONNE
At Your Bidding	Guide for charity trustees to help improve understanding of commissioning. Also includes a useful list of other guidance/resources relevant to our recommendations for Statutory orgs and VCOs. The following look particularly relevant and up to date: · *A Beginner's Guide to Commissioning: A Guide for Development Workers Supporting Local Organisations With Commissioning*, NAVCA, 2011. · *Building a Stronger Civil Society: A Strategy for Voluntary and Community Groups, Charities and Social Enterprises*, Office for Civil Society, Cabinet Office, 2010. · *Commissioning and the Big Society: The Role of the Community Sector*, Kindle Partnership, 2011. · *Commissioning and the Community Sector: How Community Sector Organisations Can Be Ready for Commissioning*, Kindle Partnership, 2010. · *Consortia for the Delivery of Public Services: The Issue for Small and Medium-Sized Charities*, Charity Commission, 2011. · *Improved Bidding Practice*, Local Government Group and Acevo, 2011. · *Modernising Commissioning: Increasing the Role of Charities, Social Enterprises, Mutuals and Cooperatives in Public Service Delivery*, Office for Civil Society, Cabinet Office, 2010.	http://www.navca.org.uk/publications/atyourbidding	NAVCA

Tool/Resource	Brief Overview	Web Link	Source
Example of many local resources - Lewisham	**Lewisham Commissioning Guidelines** - comprehensive information about commissioning principles, the process, identifying needs, strong relationships.	http://www.compactvoice.org.uk/resources/publications/lewisham-compact-code-practice-commissioning-guidelines	
Hearts and Minds: Commissioning from the voluntary sector	Audit Commission report from 2007, but which still has very relevant key findings and recommendations that resonate with the current position for VCS in relation to the new health and social care structures	http://www.audit-commission.gov.uk/SiteCollectionDocuments/AuditCommissionReports/NationalStudies/WorkingeffecivelyvoluntarysectorfinalproofREP.pdf	
INFLUENCING and ENGAGEMENT			
Examples of national organsations providing resources · Regional Voices	Regional voices is a a national collaboration connecting voluntary and community organisations to decision-makers, throughout England, in order to improve health and social care for communities.	www.regionalvoices.net.	Regional voices
· Urban Forum	Urban Forum is a national charity and a membership organisation that supports communities to have a greater say over decisions that affect them. Work with over 900 members to influence government policy and by supporting them to influence decision-making locally. Provides utd policy briefing and gathers evidence and feedback from members and act as a bridge between policy-makers and community groups operating at on the ground.	http://www.urbanforum.org.uk/about-us/	
· Philanthropy Capital (registered charity)	New Philanthropy Capital (NPC) is a consultancy and think tank and consultancy dedicated to helping funders and charities make the greatest possible difference; incuding dealing with strategic challenges, thinking about opportunities for merger or collaboration, assessing governance, or upgrading measurement processes.	www.philanthropycapital.org	Philanthropy Capital
Examples of local organisations providing resources: · Voluntary Action Leicestershire	A good example of a local CVS and how it structures its engagement and influencing strategy and mechanisms. Works with individuals and organisations to help them to influence local policy decisions and create positive change in their communities. Has structure of Forums and Representatives (includes protocol for representatives and directory of feedback). Enables representatives to feedback to the sector via their website and at forum events. · Helps to design representation roles and run elections. Has produced VCS Representatives Protocols · Summarises latest feedback and publishes feedback forms in a representatives directory	http://www.valonline.org.uk/health-and-social-care	Current
· Third Sector Assembly Children & Young People Network (**formerly VCS Matters and is part of Birmingham CVS**)	A good example of a local client group focussed network with a good web presence. The network is for any and all voluntary and community organisations and individuals whose work or interests are impacted by issues on children & young people. It works to increase the involvement and influence of the voluntary and community sector (VCS) in the new Children's Trust arrangement which is about delivering better outcomes for children and young people and offer. Members of this network benefit from networking opportunities, policy and research and communication with the public and private sectors.	http://www.bvsc.org/network/children-young-people-network	
Specific tools:			

Tool/Resource	Brief Overview	Web Link	Source
Urban Forum and BASSAC	Local Action: The Handy Guide, Local Action - a handy guide for communities working with councillors. The guide includes a series of case studies and top tips to help community groups collaborate with their local councillors	http://www.urbanforum.org.uk/handy-guides/local-action-a-handy-guide-for-communities-working-with-councillors	Urban Forum (2010)
Smart Guide to Engagement Series	Engagement for Commissioning Success for CCGs	http://www.networks.nhs.uk/nhs-networks/smart-guides/	NHS Networks
JSNA and HEALTH AND WELLBEING STRATEGIES			
VODG resources list *as example of the huge range of briefings for VCS orgs on JSNA*	Voluntary Organisations Disability Group (VODG) website hosts a series of 'JSNA tools and good practice' produced by a wide range of VCS organsiations on their website focussed on the contribution the voluntary sector can make to JSNA, and Health and Wellbeing Strategies. This includes a good list and sub lists of JSNA resources produced by a range of VCS organsiations	http://www.vodg.org.uk/JSNA-Resources/tools-and-good-practice.html	
Joint Strategic Needs Assessment: A springboard for action, .	A design tool to help emerging health and wellbeing boards lead a new generation of JSNA. A very accessible resource, but not written specifically for VCOs. Also not particularly strong on promoting VCSO engagement, but does include a review question amongst a long list which is: 'The views of service users and the community and voluntary sector have been absent from our JSNA'	http://www.local.gov.uk/c/document_library/get_file?uuid=83c91c20-3f1b-4c43-8ca7-b2b9b5c0ad16&groupId=10171	Local Government Group (April 2011)
JSNAs and joint health and wellbeing strategies – draft guidance	Voluntary and community sector mentioned in sections 5.4 'Who can contribute' and 5.5 'Involving the community'. Section 5.4 states:*'There should also be wider engagement, for instance with other agencies such as ……….., as well as the voluntary and community sector who also have a vital role to play'.*	http://healthandcare.dh.gov.uk/files/2012/01/JSNAs-and-joint-health-and-wellbeing-strategies-draft-strats.pdf	DH (Jan 2012)
IMPACT AND OUTCOMES			
Resources section of: Getting funding and planning successful projects – Big's guide to outcomes	This has an excellent summary of respected organisations providing and tools and support in this area: Charities Evaluation Services; Triangle Consulting; Evaluation Support Scotland; Community Evaluation Northern Ireland; NEF; New Philanthropy Capital; NCVO; NAVCA; Locality; The Guild; Your Value(Community Matters); Views (Substance and BT) *('Views' is highlighted below as looks like a particularly relevant tool to our recommendations. Some of the others on the BIG resources list which have emerged independently in the search are also highlighted below)*	http://www.biglearningzone.org.uk/resources.html	BIG - listing
VIEWS - a web-based service supporting a whole range of impact reporting tasks.	'It is designed to be simple to use, highly flexible and affordable for small as well as large organisations. Includes: - Storage of data about the people you work with; - Recording of details about the projects and programmes you deliver; - Upload of media files and documents; - Generation of reports for different audiences; - Creation of bespoke questionnaires and surveys; - Statistical processing and generation of charts to visualise your data; - Linking of outputs to outcomes, to evidence your impact contribution; - Calculation of the cost of achieving specific outcomes; - Comparisons of the performance of different services. - Views 2.0 ? launched in January 2012	http://www.views.coop/	Substance and BT

Tool/Resource	Brief Overview	Web Link	Source
A guide to choosing how to measure social impact by The Guild.	Getting Started in Social Impact Measurement	http://www.the-guild.co.uk/feature_detail.php?recordID=27	The Guild
NCVO's - Value of Infrastructure Programme	Create a Case study to demonstrate your impact	http://www.ncvo-vol.org.uk/networking-discussions/blogs/23540/11/11/22/create-case-study-show-your-impact	NVCO
Proving and Improving; NEF and the CES National Performance Programme	A quality and impact toolkit for charities, voluntary & community sector organisations and social enterprise.	http://www.proveandimprove.org.uk/	NEF and CES
Evaluation Support Scotland	Provides a range of evaluation tools, toolkits, and guides on every aspect of evaluation. Also provides an Evaluation Pathway for people/orgs who do not know where to start	http://evaluationsupportscotland.org.uk/resources.asp	ESS
Toynbee Hall	has produced a range of tools and sign posts to other resources to help groups monitor and measure outcomes	http://www.toynbeehall.org.uk/page.asp?section=000100010001000800060002&sect	Toynbee
Foundation Centre	A data base of evaluation and impact tools, including for assessing social impact	http://trasi.foundationcenter.org/	Foundation Center
Social Enterprise London	A SIMPLE Approach to Assessing Social Impact in Third Sector Organisations	http://www.sel.org.uk/uploads/simplesocialimpactassessment.pdf	SEL
Triangle's Outcomes Star:	A tool for supporting and measuring change when working with vulnerable people	http://www.outcomesstar.org.uk/	Triangle
A Journey to Greater Impact:	Six charities that learned to measure better; covering wider issues/barriers including staff development, storage of data etc	http://www.philanthropycapital.org/publications/improving_the_sector/improving_charities/journey_to_impact.aspx	Philanthopy CApital
Managing Soft Outcomes:	A resource for Helping Organisations to Develop an Evidence Based Approach to Managing Outcomes	http://www.jimsimpsonconsultancy.co.uk/resources-library/management/managing-soft-outcomes/	Jim Simpson Consultancy
Institute for Voluntary Action Research (IVAR). Assessing the Impact of Multi-Purpose community orgs	Report looking at barriers and opportunities in assessing impact in VCS orgs	http://www.ivar.org.uk/publications/impact-quality/assessing-impact-multi-purpose-community-organisations	IVAR
The Charity Evaluation Services produced a number of resources:	• Making Connections- using a theory of change to develop planning and evaluation • Assessing Change: developing & using outcomes monitoring tools • Accountability & Learning research report • Outcome and outcome Indicator Banks and Availability & Use • www.ces-vol.org.uk/yourproject - Your Project and its Outcomes • www.ces-vol.org.uk/shoestring - Monitoring & Evaluation on a Shoestring • Monitoring & Evaluation: resource guide	http://www.ces-vol.org.uk/	CES

Tool/Resource	Brief Overview	Web Link	Source
COMMUNICATION			
Communications good practice	(also governance +++)	http://www.thirdsector.co.uk/go/communications_good_practice/	Third Sector
NGO media (Ltd)	ngo.media is a limited company which offers training for charities in how to make easy, low-cost or free improvements to their communications	http://www.ngomedia.org.uk/2012/01/avoiding-communications-drift/#	NGO media letd
Social media	Interesting blog raising issues of opportunities in use of social media	http://www.guardian.co.uk/voluntary-sector-network/2012/feb/28/social-media-powerful-tool-use	Guardian voluntary Sector network

7.   Challenges and Barriers for the Voluntary and Community Sector

Engagement and Power

> *'…they (statutory sector) say 'let's talk …' and could they talk! ...but I am not sure anyone is listening'*

   Most local voluntary and community organisations are too small to matter in the terms of JSNA, and/or too diverse for it to be feasible for statutory organisations to engage with them all. The majority are below Commissioners' radars and struggle to provide the evidence base that commissioners often require or even get into JSNA.

Stories we have heard include in this piece of research:

- A local rape crisis centre struggling to engage commissioners' interest and hence influence procurement.
- A blindness group established a small service which centred around having blind people available in clinics to support peers - the funding ran out in March 2012 and was not mainstreamed.
- Carers are the biggest provider of health and social care services and a legal client group, but the perception of one carers' support organization, who has recently had their local authority funding cut, is that commissioners attitude is that 'they just do the nice fluffy stuff…'.
- Many hospitals rely on community transport schemes - but their contribution does not appear in JSNA or in commissioning plans

One of the messages we have heard consistently is that a large part of the local voluntary and community sector feel that they are outside the new structures and that what is needed is a change of culture within the statutory sector in relation to valuing and working with the VCS; and a view that this needs strong leadership from the top.

While it is probable that this was an issue that existed prior to the current re-organisation it is more concerning now - for three reasons:

- The restructuring of the local health and social care system is meant to strengthen localism and decentralisation - therefore the degree of engagement with the local VCS should be expected to improve.

- The economic crisis and government policy responses to it has decreased the amount of funding that is available for all sectors including the VCS - it is therefore particularly important to be connected in order to contribute to effective priority setting and resource allocation.
The fast changing and competitive nature of the current environment can mean that large organisations may not be too interested in going into collaborative partnerships - in part because of concerns about quality and risk. Some larger organisations may feel that it is more practical to take over small organisations. The government's targets around commissioning more services from small and medium enterprises and increasing provision from the independent sector (including the VCS) expressed in the Open Public Services White Paper

Establishing Health and Wellbeing Boards

"HWB are now grappling with wading their way through the guidance they have not raised their heads above to consider engagement with the voluntary sector"

The process of establishing health and wellbeing boards has contributed to feelings of exclusion and anxiety. In part this is because initially some HWB meetings were being held in private. However, this is increasingly not the case – many shadow boards are now publishing their agendas and minutes.

It is still the case that most health and wellbeing boards do not have formal representation from the voluntary and community sector in their own right. In some cases there is confusion with local Commissioners mistakenly assuming that Healthwatch is responsible for representing voluntary sector voice when its focus is actually to promote and support the involvement of the public in the commissioning and provision of local services.

There is a lack of consistency within the voluntary and statutory sector about what representation means and how it should be managed. On the VCS side there are issues to do with competition between organisations and the need to ensure that representatives are accountable, understand and have the skills/access to the resources to communicate with the sector.

'There are a small number of organisations and individuals…
'them again' …who always seem to get the ear of the people that matter…
to be the ones always invited to the table and listened to….
but they are not the ones providing the services'

'…but the difficulty is that we can also be seen as 'the awkward squad'

Some new CCGs seem to be getting things right. We heard about some good practice examples of new pathfinder CCGs running very open, clear and honest engagement events; clear about the demands on then and difficulties they face in their commissioning role.

Also, in the past, VCOs have often struggled to engage with GPs and some new CCG structures are now facilitating wider GP engagement with the CVS.

<u>Procurement Environment</u>

'God help us after the Olympics…we are all now expected to do things for nothing'

The changing procurement environment presents real challenges to small local voluntary organisations, these include:

- Payment only on completion of outcomes - for example a PCT contract was let on the basis that if drug/alcohol users stay out of NHS services for 15 months then the provider gets paid - this makes it much harder for small organisations to compete. VCOs do not usually have the levels of reserves to enter into such contracts
- The Peterborough Prison Service offered a Social Impact Bond that is worth £6m but £5m of insurance is required to back the bond.
- Collaborative work is more difficult - because organisations have to share intellectual property with partners.
- Many VCOs also need to secure full cost recovery and longer term funding arrangements to remain viable. This is especially important for smaller VCOs who often find their costs challenged and/or are asked to input, provide training etc at no cost.

<u>Infrastructure</u>

There is considerable variation across the country with regard to funding support for VCS infrastructure at local authority level. This makes it very hard to meet policy ambitions for holistic high quality commissioning at place level.

<u>Information</u>

This transition period has led to large amounts ofof information - it is very hard for VCOs to keep track. Some support has been offered with navigating the changes, for example Regional Voices' briefings and events. However change has been so massive there is an ongoing need to summarise and explain the changes.

<u>Capability</u>

There is a real concern at the level of expertise that Commissioners generally and Clinical Commissioners particularly have - with regard to commissioning services for the whole population and in areas of specialism such as mental health.

8. **What has worked**

<u>Big National Voluntary Organisations</u>

- <u>National Influence</u> - using national position to shape the local environment.

  - Developing strategic alliances at a national level - in order to facilitate local relationships. Macmillan has developed a strategic partnership with the Society of Local Authority Chief Executives (SOLACE)

- National Collaborations driving local partnerships - Macmillan, Age UK, the British Heart Foundation and others are increasingly using mechanisms such as the Richmond Group to take forward practical collaborations on the ground - for example joint approaches to volunteering in Nottingham.

- The Department of Health Strategic Partners programme - while it does not include all VCS is nonetheless an important and useful part of the national infrastructure. The continued support for Regional Voices - in the face of a move away from regions by CLG has been particularly helpful.

- Building local members capabilities. Either through providing generic simple briefings for local managers - ebulletins, top tips, jargon busters etc (MIND & Age UK) or through offering tailored support to specific local organisations. Tailored support is important because local circumstances do vary a great deal.

- Influencing local Commissioners - Macmillan work from the assumption that they are the topic experts and will assume that CCGs and Local Authority Commissioners knowledge of the Macmillan offer is zero - it is for Macmillan to brief and engage with them.

    - Pump priming new services. Using pump priming to shape the local commissioners behaviour. This is the case with Macmillan who use their independent funding to accelerate local improvements and embed change through taper arrangements

    - Recruiting leaders from within the commissioners sector to promote the VCS agenda. For example Macmillan are recruiting GPs on a part time basis to promote their cancer agenda with commissioners.

    - Engaging with existing professional and commissioning structures. For example Macmillan have structured their service network development teams to link across and work closely with the 28 Cancer Networks - contributing to their work as well as monitoring their information and plans.

    - The British Heart Foundation use the Obesity Learning Centre to influence local commissioners and to provide information for local organisations. Similarly a consortium of voluntary sector organisations have established the Neurological Commissioning Support (NCS) a not-for-profit, voluntary sector organisation that aims to improve neurology commissioning and thus secure better care and services for people living with a long-term neurological condition. Through practical support for commissioners that is closely informed by service users' and carers' experiences. NCS was set up by the MS Society, Motor Neurone Disease Association and Parkinson's UK. The Epilepsy Society has also been an affiliate partner since 2011.

    - Sending experts or national leaders around the country to talk to local commissioners using their language and context - evidence, data, QIPP etc – Parkinson's UK.

    - Influencing JHWS - Macmillan are considering commissioning a piece of work to develop a model JSNA for cancer.

<u>Regional Solutions</u>

As this piece of work demonstrates there are many examples of succesful local innovation. One of the challenges is to ensure that emerging good practice is shared quickly and effectively. One of the key mechanisms for achieving this is the network of regional voluntary sector infrastructure organisations.

For example:

- RAISE the South East of England voluntary sector member of Regional Voices led on a project called 'Healthier Perspective'. This project took advantage of the opportunity the current transformation of the health service in England offered to change the relationship between care commissioners and the voluntary sector. The project aimed to strengthen and transform the relationship between the voluntary sector and health and social care commissioners.

  A key outcome from the project was the **Healthier Perspective Toolkit**[2] which offers a suite of practical actions that commissioners (in local authorities – public health and adult social care – as well as in CCGs), providers and others can take to make a difference at a local level.

  These actions can be viewed by user group or by each of the four themes that emerged from the project:
  - Understanding market opportunities
  - Building effective relationships
  - Getting the commissioning process right
  - Using outcomes to best effect

  One of the most important aspects of the toolkit is that it identifies actions that need to be taken by **all** parties involved in the commissioning process - local commissioners, local providers and the voluntary and community sector.

- NHS South of England, SWF and the Care Forum (Bristol based) a specialist infrastructure organisation working in the health and social care sector - led to a joint report

- SW Forum organised an action learning workshop in partnership with ADASS which brought together 12 commissioners and 12 VCS organisations from across the South West to discuss the implications of "think local, act personal" and the challenges around commissioning for social value. The workshop heard about the positive and negative experiences of commissioning around social value and personalisation and the challenges and opportunities. A number of key themes emerged and a report is currently being produced

- Regional Action West Midlands is working with CCG PPE leads and local voluntary sector organisations to offer good practice examples to CCGs.

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[2] The Healthier Perspective Toolkit can be accessed at http://www.raise-learning.org.uk

- London Voluntary Services Council has been running *'The Big Squeeze'* campaign since 2009, driven by an annual survey which provides a snapshot of the impact the economic and policy climate is having on the voluntary and community sector in London and the people that use their services. The annual report summarises the survey results and includes recommendations for policy makers, commissioners and the VCs itself. Reports also include other research used by funders, policymakers and the VCS. These surveys have successfully led to changes in policy, revision of funding decisions and increased awareness of London's VCS's work**.**

- London Voluntary Services Council has also established an extensive database of local VCOs, which includes information on their outcomes, impacts and quality marks and communicates regularly with these organisations through a series of newsletters, briefings and events.

Local Solutions

- Commissioners - East Sussex (East Sussex Commissioning Grants Prospectus) have a model that they have used for a number of years - they have developed a pot of money that underpins a prospectus. This works across a number of directorates. When they save money they put this back into the pot - rather than reducing the pot. They then go out to the voluntary sector and tender for this through a grants process - they have a meet the commissioners day - commissioners encourage collaboration across services. This process has been evaluated and and been developed from feedback from the VCS

- Strategic Partners - Successful local VCS organisations have established themselves as the 'go to' either for a topic area or for the sector - rather than just representing their organisations interests.

    - Oxfordshire MIND has a strong relationship with commissioners and the Local Authority previously they represented the VCS on the HWB Partnership Board - now succeeded by the HWB - which is now statutory dominated. They have a strong relationship with their commissioners which allows them to advocate strongly for protecting investment in mental health services - not just MIND - but also housing and other areas.

    - In the north west of England a number of local organisations have developed ways of working with local commissioning systems where they offer their specialist expertise to help commissioners design services. The approach taken by organisations like Unlimited Potential, the Lesbian and Gay Foundation and Self Help Services is described in the report 'Tell us what the problem is and we will try to help[3]' produced by Voluntary Sector NorthWest in 2011

    - In Nottingham voluntary sector organisations (Nottingham) are being funded to design the new Healthwatch Services. - 5 vol orgs involved - in specifying this - Self Help Nottingham, the Hostels Liaison Group, AWAAZ, Independent Voices England and Nottingham CVS.

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[3] Tell us what the problem is .. Towards more effective commissioning of local voluntary sector organisations Voluntary Sector NorthWest 2011

- The South Cheshire Clinical Commissioning Group is one of a small number of social enterprise pilots sponsored by DH. They included the CVS as a partner in their successful bid. One of the initial areas they are contributing to is commissioning and decommissioning of services - and how the voluntary and community sector is engaged in this.

- The East Cheshire Clinical Commissioning Group - have got a project called 'Talking Health' similar to South Cheshire Pilot - how they can involve the voluntary and community sector.

- Birmingham – the Third Sector Assembly a network of networks - worked with public health to develop a joint outcomes framework - social care for older people and mental health services

- Surrey Action for Carers has worked hard at relationships with local strategic statutory organisations and have successfully raised the profile of the needs of and importance of engagement with carers. They gather evidence on the needs of carers on an ongoing basis and through a range of mechanisms. Through this work they successfully made the case for a county wide review of access to 'carers assessments' which has resulted in 'task and finish' group being established and new systems and processes being put in place and closely monitored

- Newcastle Carers' Centre ran its own consultation to engage carers specifically and make sure their voice was heard in a bigger City wide consultation exercise.

- Joint work in Worcestershire - public health and voluntary sector PH funded infrastructure support - Community First - joint training with health and the voluntary sector - to develop community leadership for health - Councillors involved. Developing social enterprise models that place an emphasis on the social model of health improvement and development of community assessment.

- When they work well local infrastructure organisations such as CVS are tremendously important. Oxfordshire Community and Voluntary Action (OCVA) is the key organisation for the VCS - providing local information and crucially providing an holistic place based overview which is essential for single issue organisations such as MIND.

- Croydon MIND has established strong links with CCG - the change has been helpful - in the past they have had to engage with 40/50 GPs now having one CCG feels much better.

- Brighton - Foundation Trust and GP surgeries and a couple of local voluntary organisations have formed a mental health partnership delivering primary health care.

- Lambeth - Living Well Collaborative - steering group for the HWB on mental health - users, GPs, providers, looking at collaborative

commissioning for the partners - lots of information on their website. http://lambethcollaborative.org.uk/

- The <u>Sheffield Health and Wellbeing Consortium</u> is an organisation of over 60 not-for-profit member organisations who are all located or work in Sheffield delivering health and wellbeing services and activities in their communities. Their primary goal is to meet the needs of local people, particularly those who are disadvantaged or have poor health. The consortium approach enables single larger contracts to be secured centrally and subcontracted out to local providers (their members) for delivery. This hub and spoke approach achieves the economies of scale of larger contracts but maintains local delivery and service design through member organisations rooted in their communities.

<u>Infrastructure organisations</u>

"you can speak to hundreds of organisations just by speaking to me. I will do the legwork, send me an email and we will contact people for you"

When they work well local infrastructure organisations such as CVS have a key role in helping to co-ordinate engagement at a local level. Infrastructure organisations can be the best mechanism for engaging and connecting with what is a wide and disparate sector - using networking events, meetings and ebulletins - producing information that is accessible and relevant to the sector. If used well this has the potential to reduce information overload and ensure consistency of message.

For example Cheshire East CVS used a very small (£2k) amount of funding from the PCT to to strengthen VCS engagement with the JSNA. The CVS were originally going to target 30 organisations but ended up with over 70 organisations who provided examples of data. They sent out a questionnaire which included questions on:

- what services do they offer
- who do they support
- what difference did service make
- current health needs that beneficiaries have
- what evidence
- future needs
- barriers
- service gaps and evidence

The CVS did not have the capacity to analyse the data but provided the PCT with the returns and presented on key findings at the Strategy Steering Group. This has led to a request from the PCT for a proposal for a more comprehensive piece of work - and to subsequent funding for a 12 month programme (£35k) to develop a process which will enable the voluntary and community sector to feed into the JSNA/JHWS process.

9. **Themes for success**

<u>Building relationships</u>

Knowing who to talk to and building personal and organisational relationships is key. Relationships need to more than transactional ones focused on delivery of contracts - but instead built around using the VCS as topic experts. This was confirmed in work commissioned by Voluntary Sector North West in 2011 - "Tell us what the problem is and we will try to help" and summarised in the VONNE paper "A guide to the voluntary sector's role in reducing health inequalities for Commissioners"

Councils of Voluntary Service are in a prime place to facilitate and support the voluntary sector to engage with Commissioners. They understand their membership well. CVS could offer more of a brokerage role, marketing, tendering process, focusing on outcomes rather than outputs. It is also important to share between commissioning areas, to share resources and best practice.

Collaboration

Collaborations between VCS organisations through consortia arrangements can help in bidding for contracts and champion particular issues. There is evidence of successful consortia at a local and national level.

A local voluntary and community sector offer

Commissioners need to have a clear understanding for what the local voluntary and community sector can offer. There needs to be clear ambition by senior local commissioners to ensure that they create a mixed health and social care economy that allows different sectors to play to their strengths. An approach that is led by purely by procurement of services is likely to weaken the local voluntary and community sector in the long term.

APPENDIX A: Organisations and individuals interviewed

Organisation	Contributor
Age UK	Helen Ramsbottom
Voluntary Organisations' Network North East	Joanne Smithson
Regional Action West Midlands	Polly Goodwin and Karen Garry
Community and Voluntary Forum Eastern Region	Andrew Cogan
Regional Action and Involvement South East	Jo Cookes
South West Forum	Jane Smallcombe
National Heart Forum	Helena Korjonnen
Macmillan	Audrey Bradford and David Crosby
Oxfordshire MIND	Paul Cogan
Cheshire East CVS	Caroline O'Brien
National Association of Voluntary and Community Associations	Jon Burke
MIND	Amy Whitelock
London Voluntary Service Council	Sandra Van der Feen
Carers' Centre Newcastle	Katie Dodd
Action for Carers, Surrey	Jane Thornton