

Co-designing local health and care systems

This guide has been developed to inform discussions between the voluntary community and social enterprise sector (VCSE) and local councils, Clinical Commissioning Groups (CCGs) and Health and Wellbeing Boards (HWBs). It is an entirely optional resource which we hope local areas will find useful and which you may edit or adapt as you wish.

What role can the VCSE play in public services during austerity?

A broad range of activities are provided by the VCSE sector, such as advocacy, community engagement, complex service provision, infrastructure support and volunteering. The sector's strength lies in its holistic, community-embedded and personalised approaches.

The diversity, flexibility and level of innovation within the VCSE sector enables it to meet the needs of communities that the statutory sector may find more difficult, many of which are experiencing the greatest health inequalities. However, this also means that the sector is different in each locality and that there is no one-size-fits-all approach.

Increasing budget pressures and rising demand are impacting on both the statutory and VCSE sectors. Statutory guidance on Joint Strategic Needs Assessments (JSNA) and joint health and wellbeing strategies, suggests commissioners and their partners will wish to:

- build a comprehensive understanding of all sections of the community, with particular focus on groups which are often overlooked or experience health and wellbeing inequalities
- develop an understanding of what solutions the local area has to offer to health and wellbeing challenges (the area's assets)
- develop an understanding of the VCSE sector in their area
- engage with and recognise value of VCSE organisations in developing strategic plans and when commissioning services.

Suggested discussion questions for local areas

Identifying local assets and needs

How can we build on our JSNA to develop a fuller picture of our community's resources and assets (including charities, social enterprises, community groups, volunteers etc.) as well as its needs?

Are there any local communities whose health and care needs are being overlooked? What could be done to address this and which organisations are well-placed to do so?

How can commissioners and VCSE organisations better work together in co-producing our health and social care plans for this area?

How could we actively engage a wider range of citizens and local communities?

Understanding your local market

What are the size, scope and capabilities of VCSE and other providers in the local market?

What currently works well in forming effective partnerships between the VCSE and statutory organisations?

Are certain kinds of VCSE activity currently being affected more by cuts and does anything need to be done to minimise the impact of any disparities?

Which funding approaches will best enable VCSE organisations to achieve desired outcomes?

Do statutory partners have a clear policy for selecting between different funding approaches? (e.g. grants, contracts, service level agreements, personal budgets, social impact bonds)

Procurement¹

Do your commissioning processes encourage the involvement of VCSE providers e.g. in designing tender specifications?

How could commissioning processes enable the involvement of a wider range of VCSE providers?

Are tender requirements clear and proportionate to the size of contract opportunity?

What use is made of the Social Value Act (2012) and what more use could be made of it?

Outcomes

What kinds of outcomes and impact do you currently require in monitoring and evaluation?

What resources might the VCSE sector need to measure and demonstrate outcomes?

What support is available to develop skills and capacity in this area?

How could learning from funded work and projects be better shared and disseminated?

¹ This NCVO resource provides more detailed questions for each stage of the procurement process – [“How to ensure a five-star commissioning process”](#))