

VCSE Review

Investing in partnerships for
health and wellbeing

Discussion paper to gather views on the challenges and solutions to better investment in and partnership with the VCSE Review.

Overview

The Voluntary, Community and Social Enterprise (VCSE) sector is crucial to the sustainable delivery of health and wellbeing. VCSE organisations are an integral part of the wider health and care system, and they operate extensively within it. Just under a quarter of England's 171,000 voluntary and community organisations are involved in the provision of adult health and/or social care and support services.¹ Around a third of social enterprises operate in health and social care.² The statutory sector spends £3.39 billion on health services provided by voluntary and community organisations.³

The type of health and care work that VCSE organisations do is hugely varied, reflecting their broad range of technical and professional skills and expertise. The sector is known for its diversity and flexibility – ranging from large organisations with significant income and staffing to small community groups run largely by volunteers – and recognised for the added social value and impact they bring.

As resources continue to be scarce across the health and care system, collaboration and partnership is becoming ever more critical. The Department of Health, Public Health England and NHS England (the three 'system partners') agree that prevention, community building, addressing the wider determinants of health, co-production and engaging those at particular risk of poor experiences and poor outcomes are all vital to the new health and care model, and that these areas of

¹ Clark J, Kane D, Wilding K, Wilton J (2010). *UK Civil Society Almanac*. London: National Council for Voluntary Organisations.

² Social Enterprise UK (2014). *Impact report: 2013-2014*. Found at:

http://www.socialenterprise.org.uk/uploads/files/2014/12/seuk_social_impact_report_2013.pdf

³ Clark J, Kane D, Wilding K, Wilton J (2010). *UK Civil Society Almanac*. London: National Council for Voluntary Organisations.

work cannot be successful without a strong and thriving VCSE sector. The system partners are committed to building on the strong partnership that already exists with the sector and together work to ensure delivery of high quality health and care interventions. This Review has been established to make recommendations on how the sector can:

- Maximise and demonstrate its impact
- Build sustainability and capacity
- Promote equality and address health inequalities

The Review is being co-produced through an advisory group consisting of organisations within the statutory health and care system, VCSE sector and other funding organisations, working together in an open process and with wider public engagement. A full list of advisory group members can be found [here](#).

In January 2015, a period of engagement was launched through which we heard from the VCSE sector about the issues and challenges it faces and also some suggestions for change. In March 2015, we published an [interim report](#) setting out what we had heard and highlighting a number of areas for further consideration.

How to contribute your views to this Review

We now want to gather your views about the challenges identified and options suggested in the interim report. In this document, we set out our understanding of the issues and make some suggestions for improvement and provide an opportunity for you to give us your views. We are interested in hearing whether or not we have properly understood the issues, or if there's anything that we have missed. We would also like to hear about any relevant evidence or examples of good practice that you are aware of.

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Although we have noted the questions we would like you to consider in this paper, we would really appreciate it if you could complete any responses online through our website: [insert link once available]. As this Review covers such a broad subject, there are many different areas for us to consider but not all of these will be relevant to all organisations / individuals. Please therefore only complete the sections in this that are relevant to you and skip any that you wish to.

1: About You and Your Organisation

To ensure we have reached a wide range of types of organisation, it would be really helpful to know a little about you, your organisation, and the reasons for your interest in central government partnerships and funding of the VCSE sector.

Questions

1. Your Name:
2. Name of your organisation / group (if applicable):
3. Type of organisation/ group (if applicable): Drop down list of options to include:
 - Individual
 - Charity (frontline)
 - Charity (infrastructure)
 - Grassroots community group or microenterprise
 - Social enterprise
 - Other VCSE organisation
 - CCG
 - Local Authority
 - National Arm's Length Body (e.g. NHS England, CQC etc),
 - Central Government Department
 - Other (please specify)

If you selected a non-VCSE organisation, please move to Page 2

4. Which of these descriptions best describes the size of your group / organisation? Drop down list of options to include:
 - Micro (income less than £10K),
 - Small (£10K - £100K),
 - Medium (£100K – £1 million),
 - Large (£1 – 10 million) or
 - Major (over £10 million)
5. Which of these descriptions best describes the geographical reach of your group / organisation? Drop down list to include:
 - National
 - National with regional / local branches
 - Regional
 - Local

2: Recognising the value of the sector and making the most of local assets

A broad range of activities are provided by the sector, such as advocacy, volunteering, community engagement, complex service provision, infrastructure support. The sector's strength lies in its holistic, community-embedded and personalised approaches. VCSE organisations often generate and draw upon social action of those who experience the greatest health inequalities.

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 often no one-size-fits-all approach.

Increasing budget pressures and rising demand are impacting on both the statutory and VCSE sectors. Health and care commissioners are not always incentivised to see financial resources as just one part of the wider resources of their communities and, in many areas, are reducing funding to the sector. This is having a particular impact on the provision of advocacy work and equalities organisations are seeing significant reductions in funding. We have heard that the needs of smaller communities and those at particular risk of poor experiences and poor outcomes are often not fully understood and involvement with the groups affected by the issues in local planning and commissioning decisions is inconsistent.⁴

In line with the statutory guidance on joint strategic needs assessments and joint health and wellbeing strategies,⁵ commissioners should develop an understanding of the VCSE sector in their area. They should recognise the value of the VCSE's role in meeting population needs and 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, to develop an understanding of what the local area has to offer regarding solutions to health and wellbeing challenges (the area's assets). To achieve this, we believe co-production with communities and the groups which reach and represent them should be embedded into planning processes and be developed in partnership with local people, service users and the VCSE sector.

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Questions

6. How can Joint Strategic Needs Assessments (JSNAs) become more focused on VCSE assets locally?

7. How can commissioners and VCSE organisations at a local level be encouraged to better work together in co-producing local plans within health and social care?

⁴ <http://vcsereview.org.uk/2015/06/14/the-voluntary-and-community-sector-and-localised-health-commissioning/>

⁵ Department of Health (2012). *Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies*. London: Department of Health.

8. Do you know of any relevant evidence or examples of good practice locally of good partnership working between the VCSE and statutory organisations?

Yes / no

If yes, please provide details:

3: How the sector is funded

There is evidence that many charities are facing increased demand for services as well as decline in resources.⁶ Where work is continuing to receive funding it is on a reduced cost basis, with lower expectations and shorter-term goals. The use of short-term contracts and grants is increasing and such practice can hamper organisations' abilities to make long-term plans and exacerbates instability in the sector. Unlike commercial organisations, VCSE organisations often run with little reserves which they are increasingly having to use to cover operational costs, often whilst awaiting funding decisions. This is leaving the sector in a fragile position, and is creating uncertainty for the people they are supporting as they cannot be sure if the services they rely on will continue.⁷ As the Compact acknowledges, statutory bodies should commit to multi-year funding where appropriate and where it adds value for money.⁸ It has been suggested that the annualised nature of funding for both NHS and local authorities is a major barrier to commissioning multi-year contracts. However, good practice exists and even with a decrease in overall funding there are examples of multi-year contracts in local authorities.

Over recent years, there has been a shift away from grants towards contracts, which now account for around 80 per cent of statutory income.⁹ Many VCSE organisations are now predominantly funded through contracts, which are linked to service delivery, but the funding for these contracts is becoming increasingly squeezed. Many of the activities the VCSE sector specialises in – such as engaging overlooked groups, prevention and addressing the wider determinants of health - are often not funded through contracts as commissioners strive to achieve short-term goals. The use of grants as a payment mechanism still remains valuable, enabling commissioners to fund innovative projects and helping organisations to become established to fill gaps in statutory provision.¹⁰ It is important that the right funding mechanism is used for the right situation, and [guidance](#) has been developed to support commissioners to achieve this.

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Better use needs to be made of alternative funding models that deliver social good. Although any given funding model obviously needs to 'fit' with the purpose and structure of an organisation, alternatives to grants – such as loans and Social Impact Bonds – have been shown to work in some circumstances, for example, where a loan enables an organisation to develop a new service which can then be contracted on an ongoing basis.¹¹ Organisations should be able to draw on a well-thought through mix of grants, contracts, personal budgets and other local funding mechanisms as relevant to the type of activity they undertake.

⁶ Clark J, Kane D, Wilding K, Wilton J (2010). *UK Civil Society Almanac*. London: National Council for Voluntary Organisations.

⁷ NCVO (2015). *A financial sustainability review: change and adaptation in the voluntary sector as the economy recovers*. London: NCVO.

⁸ HM Government (2010). *The Compact: the Coalition Government and civil society organisations working effectively in partnership for the benefit of communities and citizens in England*. London: Cabinet Office.

⁹ Clark J, Kane D, Wilding K, Wilton J (2010). *UK Civil Society Almanac*. London: National Council for Voluntary Organisations.

¹⁰ The King's Fund (2011). *The voluntary and community sector in health: implications of the proposed NHS reforms*. London: The King's Fund.

¹¹ Alcock, P., Millar, R., Hall, K., Lyon, F., Nicholls, A. & Gabriel, M. (2012) *Start-up and Growth: National Evaluation of the Social Enterprise Investment Fund (SEIF)*. University of Birmingham

One example of an effective model is social prescribing, where people are linked up to activities in the community that they may benefit from. This model offers an opportunity to respond effectively to needs at an early stage. There is increasing evidence to support the use of social interventions for people experiencing a range of common health problems.¹² Schemes such as the Rotherham Social Prescribing Scheme are examples of the wider health benefits of more social care focused services, which also provide a coordinated local route to referring patients to the VCSE sector. It demonstrates how charities are able to deliver real health outcomes and how commissioners are able to achieve better results both socially and financially, where a local, integrated approach is taken.

The diversity of the market also needs to be better recognised. Personal budgets, including those taken as direct payments, have the potential to be an effective form of funding for certain types of VCSE organisation and activity, where VCSE organisations are genuinely co-produced, have strong community relationships and have access to local marketplaces.¹³ Local Compacts and partnerships managed by local infrastructure bodies can help personalised and small-scale approaches to become widespread. More work is needed to establish and evaluate what works in creating diverse local provider marketplaces and reducing unmet choices.

Questions

9. How might grant processes be strengthened to enable greater sustainability within the VCSE sector?
10. Do you think the VCSE sector need additional support to enable it to respond to alternative funding models e.g. social impact bonds?
If yes, what type of support do you think would be beneficial?
11. How could commissioners make better use of social prescribing?
12. What support would be beneficial for commissioners in recognising and working with the diversity of the market?
13. If you know of any relevant evidence or examples of good practice in how the VCSE sector is funded or have any suggestions for other ways of supporting the sector please provide details.

¹² <http://www.wellbeingenterprises.org.uk/what-we-do/our-work/social-prescribing/>

¹³ Forder, J., Jones, K., Glendinning, C., Caiels, J., Welch, E., Baxter, K., Davidson, J., Windle, K., Irvine, A., King, D. and Dolan, P. (2012). *Evaluation of the personal health budget pilot programme*. London: PSSRU.

4: Commissioning

In recent years, there has been a drive to reduce both the transaction and unit costs of services. This has led to increased investment in large-scale provision, through fewer, larger contracts as the procurement costs of contracting with lots of small organisations can be prohibitive. This pulls against the drive towards personalised care because, as a result, many small local organisations, which are well connected to their communities, can find it difficult to secure contracts. Power is being shifted away from communities.¹⁴ This is a particular issue for equalities organisations, or those working with specific communities of interest. A shift in thinking is needed to move commissioning from an understanding of value, based on lowest cost, to one centred on quality and social value and its relationship to health and wellbeing. One way to achieve this might be by training all levels of commissioning and procurement staff to understand the value of VCSE organisations and how to engage with them effectively. It could also involve helping procurement staff to identify and change systems and processes which exclude smaller VCSE organisations.

In addition, many smaller VCSE organisations do not feel equipped to engage effectively and compete with larger providers in tender processes and do not have the resources to invest in lengthy procurement exercises. Processes, for both grants and contracts, need to better reflect the amount of money being applied for, with paperwork being made proportionate to the size of the tender.

Some contracting approaches, such as Payment by Results, can lead to cash flow risks being unequally shared by commissioners and providers. This can deter smaller organisations from applying and does not take account of innovation. By using alternative contracting models, such as alliance contracting, the risk and reward associated with all elements of a contract can be shared between all those involved. The use of such approaches could improve joined-up working and, consequently, joined-up care.¹⁵

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A particular challenge that has been highlighted through this Review is the length of time tendering processes take and the complexity of procurement processes often do not feel like they reflect the amount being applied for. Consequently, small organisations are at a disadvantage. In recognition that this is a problem with the NHS Standard Contract, NHS England are already working on a [shortened contract](#) for small providers. The use of framework agreements can also reduce the administrative burden compared to full procurement procedures.¹⁶

The Social Value Act (2012) is an important lever for improving investment and partnerships with the VCSE sector. The Act requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. The Act is a tool to help commissioners get more value for money out of procurement and encourages them to talk to the local provider market

¹⁴ The Centre for Social Justice (2013). *Something's Got to Give: The state of Britain's voluntary and community sector*. London: The Centre for Social Justice

¹⁵ ACEVO (February 2015). *Alliance contracting: building new collaborations to deliver better healthcare*. Found at: <https://www.acevo.org.uk/sites/default/files/ACEVO%20alliance%20contracting%20report%202015%20web.pdf>

¹⁶

http://webarchive.nationalarchives.gov.uk/20110601212617/http://www.ogc.gov.uk/policy_and_standards_framework_the_case_for_using_framework_agreements.asp

or community to design better services. There are a growing number of examples of good practice of commissioning for social value in local authorities, housing associations, and clinical commissioning groups and a review of the Social Value Act found that commissioning for social value is having a positive impact on local communities. However, the review also found that the majority of local healthcare commissioners are still not familiar with the Act, and there is no baseline evidence on how many CCGs have a social value policy or strategy.¹⁷ More must be done to promote the principle of social value.

Questions

14. How can we ensure that social value principles are included in commissioning processes?

15. If you have any examples of social value being demonstrated in commissioning, please share these here:

16. Are you aware of any local areas where a level playing field has been achieved for smaller VCSE organisations?

Yes/ no

If yes, please provide details of where this currently happens:

17. What more do you think could be done through commissioning to ensure that risks are effectively shared between commissioners and providers?

18. If you have any other suggestions to help improve commissioning of the VCSE sector please provide details.

¹⁷ Cabinet Office (2015). *Social Value Act Review*. London: Cabinet Office.

5: VCSE Infrastructure/networks

VCSE infrastructure organisations play a vital, but often hidden role, in our country's civic life by connecting VCSE organisations, strengthening their capability and capacity and ensuring effective two-way communication between the statutory and the VCSE sectors. However, one of the challenges facing VCSE organisations is the loss of infrastructure organisations due to reductions in funding. Infrastructure organisations typically enable others to deliver frontline services rather than doing so themselves, which means that they often lose out on funding that requires the demonstration of how their work impacts directly on outcomes. Income of infrastructure bodies fell from £538m in 2009/10 to £475m in 2011/12.¹⁸

There is a need for investment in infrastructure organisations in order to ensure that the sector is involved in shaping and delivering services and that small organisations do not waste resources on managing multiple relationships. However, this investment needs to be targeted to deliver capacity by unlocking social capital and leverage.¹⁹ Infrastructure organisations could be a key partner in the health and care economy if effectively supported and their operating principles co-designed with the wider sector.

We also recognise that there is a need for national infrastructure; we talk about this on page 11.

Questions

19. What support could be given to the local VCSE infrastructure sector (e.g. Council for Voluntary Service) to enable it to demonstrate the impact of its work and achieve sustainability?
20. What, if anything, needs to change about local VCSE infrastructure organisations?
21. How could commissioners be incentivised to support VCSE infrastructure?

¹⁸ NCVO (2014) Civil Society Almanac

¹⁹ Independent Commission on the Future of Local Infrastructure (2015) *Change for Good*. Sheffield: National Association for Voluntary and Community Action.

6: Demonstrating impact

Defining, measuring and capturing long-term outcomes and social value are crucial to making the most of the VCSE sector's contribution. Contributing to social impact is the 'bread and butter' of the sector; it is its own unique currency which should be being promoted as widely as possible. Yet as has been acknowledged time and again, measurement of social value and improving long-term outcomes needs development.^{20,21}

Commissioners do not consistently employ a holistic and long-term notion of value when designing contracts, nor do they consistently co-design the goals of local health and care systems with citizens. It is difficult to demonstrate impact in projects which are only funded for short periods, so the way that organisations are receiving funding means that the system is chasing short-term outcomes and lacks capacity to understand and achieve long-term outcomes. Furthermore, the VCSE sector is not currently consistently effective at demonstrating its social value outcomes. Some VCSE organisations regard outcome measurement as unaffordable and the type of work that many VCSE organisations do is extremely difficult to demonstrate within the short-term funding cycles. Where the sector does invest in demonstrating evidence of outcomes, this is not necessarily valued by commissioners. Some VCSE organisations feel there is not a level playing between the VCSE and other sectors when it comes to the challenge to demonstrate impact.

VCSE organisations, especially the smallest, need support to demonstrate social impact in ways that are consistently understood and valued by commissioners. Equally, commissioners need support to capture, measure and value the outcomes and impact of VCSE organisations. The concept of added value and social value should be fundamental to all contracts and grants.²² Some outcomes and social impact tools, such as the Inspiring Impact Hub, already exist to do this. More, and better, use needs to be made of these.

VCSE organisations often struggle to access and use the data they need. Many organisations are not aware of the Health and Social Care Information Centre (HSCIC), which is a national provider of data for health and social care. Those that are aware of the HSCIC find it difficult to navigate and make use of available data sets. More needs to be done to promote this as a source of data.

Questions

22. What more can be done to increase the availability of outcomes/ social value/ impact data?

23. What kinds of outcomes and impact does the VCSE sector need support to measure and demonstrate?

²⁰ Cabinet Office (2015). *Social Value Act Review*. London: Cabinet Office.

²¹ The King's Fund (2011). *The voluntary and community sector in health: implications of the proposed NHS reforms*. London: The King's Fund.

²² Cabinet Office (2015). *Social Value Act Review*. London: Cabinet Office.

24. How could learning from funded grants and projects be better shared and disseminated?

7: Promoting equality and addressing health inequalities

Many VCSE organisations see their key function as promoting equality and tackling health inequalities through facilitating greater access to services for marginalised groups and people with complex needs.²³ The sector is recognised as having particular strengths in reaching parts of the community that the statutory sector finds difficult to access and, therefore, plays a crucial role in tackling health inequalities.

It appears that parts of the sector with equalities functions are particularly challenged by current approaches, and have experienced a disproportionate loss of funding. The number of charities specifically focusing on progressing equality in health and social care has seen a dramatic decline in the past five years, along with the resources available to them. For example, women's organisations, specifically those led by black and minority ethnic communities, LGBT, or women with disabilities, have experienced a significant level of funding cuts and have had to resort to their reserves to continue delivering services.²⁴

There appears to be significant change in the availability of grants for local delivery. Local authorities are cutting back, Big Lottery funding is becoming more difficult to obtain and there appears to be little use of social investment to progress equality and health inequalities.

Questions

25. How can we best prioritise progressing equality and addressing health inequalities?

26. Please provide any evidence of good practice in promoting equality / addressing health inequality through funding that you are aware of:

²³ The King's Fund and the Richmond Group of Charities (2010). *How to Deliver High-Quality, Patient-Centred, Cost-Effective Care: Consensus solutions from the voluntary sector*. London: The King's Fund.

²⁴ Women's Resource Centre, 2013, *The Impact of Public Spending Cuts on women's voluntary and community organisation in London*. [Online] Available at <http://thewomensresourcecentre.org.uk/wp-content/uploads/London-report-FINAL-for-website.pdf>.

8: National investment in the VCSE sector

National VCSE organisations need adequate investment in order to continue to support the communities that they serve. It is estimated that, at present, the system partners invest £150million in the VCSE sector each year in addition to the £22million that is invested through the Voluntary Sector Investment Programme of central grants. However, little information is captured on the effectiveness of this investment.

Although it represents a relatively small proportion of the grant funding to the VCSE organisations working in health and care, the current Voluntary Sector Investment Programme operated by the system partners plays a valuable role. It has funded important and impactful work and is a tangible way that the system partners demonstrate they value the sector and provides a route for strategic engagement and input into the development of policy.

The Voluntary Sector Investment Programme is a competitive grants programme, which annually invests £20-25m in the VCSE sector. It focuses on allowing VCSE organisations to realise their potential, build capacity and capability, develop services and provide innovative solutions that can be rolled out nationally. In its current form, there are three main funding schemes within the overall programme:

- the Innovation, Excellence and Strategic Development Fund;
- the Health and Social Care Volunteering Fund; and
- the Health and Care Voluntary Sector Strategic Partners Programme.

All Government department budgets are being reviewed as part of the Spending Review. Assuming a programme continues following the Spending Review, we are seeking to find ways to maximise the investment and ensure it is targeted in the most effective way.

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In order to prioritise the national investment in the VCSE sector from the Department of Health, Public Health England and NHS England, we propose simplifying the programme to have two main aims:

- promoting equality and addressing health inequalities
- contributing to health and well-being outcomes for all communities in England.

This would re-focus the programme and seek to fund projects capable of being evaluated individually and collectively to demonstrate impact.

As a national source of funding, this programme is relevant to fewer organisations and we are, therefore, seeking views on this through a separate survey. The survey is open to anyone who wishes to participate but is particularly relevant to VCSE organisations that have applied for this funding previously, national organisations, or policy staff working in the system partner organisations. If you would like to be involved in this discussion, please complete the Voluntary Sector Improvement Programme [survey](#).

Questions

27. Do you agree with the new aims?

Yes/ no If no, please let us know how you would change these

9: Developing services and policies together

VCSE organisations that are rooted in their community have networks of relationships and understand the needs and capabilities of the community that they serve. The VCSE sector has the potential to provide expert, niche advice that is firmly grounded in the needs of patients, service users and carers and is often better at looking at the assets of people and support them to achieve holistic goals for a good life.²⁵ Through working flexibly, looking to where organisations are effectively funded and working collaboratively, the statutory and VCSE sectors have opportunities to maximise the benefits they bring to communities.

Within the new health and care system, many small organisations are struggling to find the capacity to gain traction and awareness among local commissioners and GPs. As a result, the numbers of referrals to their services are reducing, which risks reducing patient choice and minimises the ability to provide people with access to the most appropriate services for their needs.

There is a need for much deeper collaboration between the statutory and VCSE sectors, one in which risks, rewards, and resources are shared in pursuit of co-designed goals. For health and care to be community-based and collaborative, statutory systems need to learn to work with community groups and the charities and social enterprises born out of them. The system needs to have co-design and collaboration as its core values and recognise all of the resources available to it, including community resources, social action, peer leadership and volunteering. Commissioners need to understand the principles of social prescribing and make better use of it.

Questions

28. Do you think the VCSE is better placed than the statutory sector to achieve improved health and care outcomes in some areas?

Yes/ no

If yes, please let us know which outcomes and why you think the VCSE sector is better placed to achieve these

29. How can social prescribing (or similar mechanisms) be used in building better partnerships and strengthening collaborative working?

30. We are looking for examples of good practice of co-production in the development of plans or strategies either in localities or in particular specialisms. Please provide examples of any such plans that you have come across.

²⁵ Holder, H (2013). *Voluntary sector in providing commissioning support*. London: Nuffield Trust.

10: Local partnerships

Often the contribution of the voluntary sector is narrowly focused on support for engagement. While this is a key area, the sector offers expertise in terms of its knowledge and legitimacy through its close relationships with service users.²⁶

The VCSE sector can help facilitate statutory agencies to co-design services and systems with their communities and may represent the ‘voice’ of the communities it serves, often marginalised, harder to hear views and experiences.²⁷ There are some areas of commissioning support where the VCSE sector offers particular expertise, including needs assessments, service re-design and public and patient engagement. However, some commissioners lack awareness of what the sector can offer and where the gaps in provision are.

The system needs to value all of the resources available to it, not just money and the staff and equipment that it can buy, but also community resources, social action, peer leadership and volunteering. By co-producing services with the VCSE sector, the system will have a much stronger focus on building personal family and community resilience, to delay, reduce, or avoid the need for more formal kinds of support.

Much of the commissioning support currently provided by the sector is on a *pro-bono* basis and partnerships are not being invested in properly.²⁸ By being able to work in equal partnership with statutory bodies, VCSE organisations can overcome barriers based on institutional and departmental budget and service silos, through their focus on working co-productively with people, families and communities to identify needs, strengths and capabilities and develop holistic solutions that meet those needs. The potential of the sector to act independently and ensure the voice and influence of service users and communities needs to be maximised and used to shape public services in ways that improve outcomes.

Questions

31. How can we ensure voluntary organisations are able to work in equal partnership with statutory sector in the design of services or local plans?

32. What kinds of infrastructure or organisations are needed to support better partnership working?

The remainder of the questions on this page are only relevant to organisations that work locally. If you do not work for a local organisation, please skip to the next page.

33. Is there a VCSE representative on your local Health and Wellbeing Board?
Yes/ no

²⁶ Holder, H (2013). *Voluntary sector in providing commissioning support*. London: Nuffield Trust.

²⁷ Regional Voices. *Working with the voluntary and community sector: a guide for health and wellbeing boards*. Found at: http://www.regionalvoices.org/sites/default/files/library/Briefing_on_VCS_for_healthwelbeingboards.pdf

²⁸ Holder, H (2013). *Voluntary sector in providing commissioning support*. London: Nuffield Trust.

34. Do you think VCSE organisations in your area have a good and effective route to the Health and Wellbeing Board?

Yes/ no

35. Do you think there is a good relationship in your area between the statutory sector working in health and care and the VCSE sector?

Yes/ no

- If yes, what do you think makes this successful?
- If no, how do you think this could be improved?

11: Improving national relationships with the sector

Stable and successful partnerships are required at a national level in order for the VCSE sector to be effectively involved in delivering better outcomes for people and communities. In recognition of the importance of this, the Health and Care Voluntary Sector Strategic Partnership Programme was developed as a strategic relationship and funding programme to maintain close engagement between central government and the health and care VCSE sector and to provide central government funding for VCSE projects aligned to system partner priorities.

The programme was designed as a mechanism for the Department of Health before the 2012 health reforms. The separate discussion paper is seeking to explore what the key features of a new programme might be within the current health and care landscape. If you would like to be involved in this discussion, please complete the Voluntary Sector Investment Programme [survey](#).

Given the diversity of the sector, it is not possible to have a relationship with all organisations at a national level. VCSE infrastructure organisations play a vital role in supporting this and should be a key partner in the health and care economy, but need to be effectively supported in order to do this. Infrastructure organisations typically enable others to deliver frontline services rather than doing so themselves, which means that they often lose out on funding that requires the demonstration of how their work impacts directly on outcomes. The Strategic Partnership Programme resources national infrastructure organisations to enable local voice to be amplified and to provide a conduit to the sector.

Questions

36. How best can national VCSE infrastructure organisations be supported?
37. What, if anything, needs to change about national VCSE infrastructure organisations to enable them to better support the wider VCSE sector?

12: Promoting equality and addressing health inequalities

The voluntary and community sector is a key partner in addressing the wider determinants of health and achieving better public health outcomes for local populations. A fundamental problem is that the present health and care system does not appear to be good at identifying the needs of a range of groups. The sector is recognised as having particular strengths in reaching parts of the community that the statutory sector finds difficult to access and, therefore, plays a crucial role in tackling health inequalities. Voluntary and community organisations are often formed in response to needs that are not being met by statutory services and, in this way, they enable community members to exercise choice and voice.²⁹ It is important that VCSE organisations are involved throughout the whole commissioning process if these issues are going to be addressed.

Questions

38. What is needed to support better co-production with organisations focusing on progressing equality and tackling health inequalities?

Next steps

The closing date for submissions to this survey and the separate paper on the Voluntary Sector Investment Programme is 6th November. We will then analyse the responses and intend to publish the findings from the work early in 2016.

All information relating to the Review will be available via the [VCSE Review website](#).

²⁹ Office of the Third Sector, 2010. *Thriving Third Sector: creating an environment in which charities, voluntary and community groups and social enterprises can thrive. A user guide for the National Survey of Third Sector Organisations*. London: The Cabinet Office.