VCSE Review
Investing in partnerships for health and wellbeing

# Progress on implementing the recommendations of the Joint VCSE Review

**Report from the implementation group, July 2017**

## Background

In November 2014, the Department of Health, Public Health England, and NHS England initiated a review of the role of the VCSE sector in improving health, wellbeing and care outcomes. The purpose of the review was to:

- Describe the role of the VCSE sector in contributing to improving health, well-being and care outcomes
- Identify and describe challenges and opportunities to realising the potential of the sector to contribute to these outcomes
- Consult on options for policy and practice changes to address challenges and maximise opportunities, then develop final recommendations

It had two elements:

- A review of wider funding and partnerships between health and care agencies and the VCSE sector across England which would focus on three areas: defining, achieving, and demonstrating impact; building capacity and staying sustainable; promoting equality and addressing health inequalities
- A review of the Voluntary Sector Investment Programme: The Strategic Partnership Programme; The Innovation, Excellence and Strategic Development Fund; The Health and Social Care Volunteering Fund

The review was produced in partnership through an advisory group of system partners (Department of Health, NHS England, and Public Health England) and voluntary sector representatives working together in an open process. Following an initial consultation in early 2015, the advisory group published an interim report in March 2015, and then, following a full consultation from August to November 2015, a final report in 2016 with 28 recommendations agreed between government, its partner agencies and the VCSE sector.

Some recommendations were for central government and its national partners, others for local government and NHS bodies, and some for the VCSE sector itself.

The implementation group, made up of representatives of DH, NHSE, PHE, OCS and the VCSE sector, has been charged with helping all the relevant partners turn the recommendations into tangible actions, as well as having an oversight and progress monitoring function. The final recommendations are in the appendix below, with the intended outcome of each and a suggestion from the implementation group about what 'good' would look like, in the right hand columns of the table, along with a note on progress to date.

Some of the actions are longer term and broad; others are shorter term and specific. During the first six months of the implementation period, the Implementation Group and officials have focused on getting the national partnership and grant giving programme up and running. The new Health and Wellbeing Alliance is up and running, based on the recommendations in the review. An announcement on the grant giving element of the national programme is due later in 2017. It is intended that the work of the organisations funded through the Alliance and those funded through grant giving will be aligned.

## Independent Chair's progress report

As expected, the early implementation activity has focused on co-designing and launching the Health and Wellbeing Alliance and the planned grant giving programme, which are intended to be integrated into a single programme of work which will support the statutory and VCSE sectors to work together to develop sustainable, cost-effective community-based interventions which reach and engage overlooked groups and build wellbeing and resilience.

There has been progress on a number of the other recommendations:

1. The *Think Local, Act Personal* partnership and the Coalition for Collaborative Care continue to role model and support policymaking approaches which draw on the expertise of people who make long term use of health and care services, and their families. The NHSE-led Integrated Personal Commissioning programme has developed tools and models for local co-production. However, there is a great deal further to go to embed coproduction across the health and care system and to build recognition of the role of the VCSE sector in supporting coproduction.
2. We welcome the launch of the Office for Civil Society's public services programme to support better commissioning and 'incubation' of small charities in particular, supporting their contribution to social value. We welcome the message that the Minister for Civil Society is keen to co-develop the programme as a collaborative effort between Government and the voluntary sector. The recent House Of Lords Select Committee On Charities Report, *Stronger Charities for a Stronger Society* highlighted similar pressure-points to our final report, such as the challenges facing smaller charities (and social enterprises) and made a number of useful recommendations on funding, including the case for using grants alongside contracts as the most efficient way to fund certain kinds of work, and the use of the Social Value Act. The Implementation Group remains keen to see the more active promotion of the principles of the Social Value Act and considers the Act an underused lever with great potential to help drive change. Academic partners are involved in exploration of how to build evidence of what works in commissioning, such as the relative cost-effectiveness of different approaches to funding VCSE organisations, including the relative merits of smaller and larger contracts.
3. We have had particularly productive conversations with CQC during its review of its Key Lines of Enquiry, which has actively engaged with the Review. There is a need to build the evidence base for embedding social action, community development and

personalisation within health and care services as a way of improving services' outcomes as well as creating better value for money.

4. There would be great value in further support to commissioners to co-commission with the VCSE sector as a way of reaching and engaging citizens, and to commission more VCSE interventions, particularly to achieve preventative outcomes (e.g. building individual, family and community resilience), to address the social determinants of health and to tackle inequalities.

5. There are a number of encouraging developments since publication of the recommendations, including the work of the People and Communities Board to identify high impact actions to achieve the aims of the Empowering People and Communities ambition of the Five Year Forward View and the programme of work to develop social prescribing, which the Review identified as a key driver for sustainable VCSE input into health and care systems.

   We are keen to see the further exploration and development of nationally recognised outcome measuring approaches, data collection approaches and evaluation and learning programmes, to improve the rigour of commissioning for wellbeing, resilience and prevention. There are discussions with relevant partners about the use of a 'data lab' model to enable VCSE providers and their commissioners to make better use of existing data to understand, monitor and challenge the achievement of outcomes.

6. Finally, it is welcome that roll-out of personal budget and Personal Health Budget approach is being accelerated. This work should include the development of diverse and sustainable local marketplaces of a broad range of different kinds and sizes of VCSE provider, which would offer greater choice to citizens and better value for money in the health and care system. Whilst many of the provider organisations involved would be small, their collective impact has the potential to be large and positively disruptive to moribund models of provision.

Alongside the significant and unevenly distributed impact of austerity upon the VCSE sector and the communities they support, the Local Sustainability and Transformation Plans (STPs) did not evidence consistent coproduction and it is important to understand the reasons for this and to address them as STPs are implemented and through the development of Accountable Care Systems (ACS). Without meaningful input from local citizens, local planners will struggle to develop genuinely transformative new approaches which move resources into the community and which are more clearly focused on wellbeing and resilience, alongside shorter term medical goals. For citizens' input to be meaningful it must be supported by their community groups and local charities, user-led and self-advocacy organisations.

*Next Steps On The NHS Five Year Forward View* mentioned co-production with the VCSE sector and included some positive specific plans such as supporting eight STPs with Building Health Partnerships to improve wellbeing, self-care, community engagement and VCSE engagement. Importantly, it restated ambitious targets for people to benefit from a personal health budget as part of the extension of Integrated Personalised Commissioning, delivered in partnership with social care and the voluntary sector, to reach over 300,000 people by the end of 2018/19. We identified Personal Health Budgets

alongside well-resourced social prescribing, as an important mechanism to create local provider marketplaces which included a range of large and small VCSE organisations. The recent ending of one successful and well-valued social prescribing programme, apparently due to an inability to identify ongoing funding, illustrated the gap between VCSE partnerships being effective and them being embedded and resourced as 'core business'.

It seems clear that there is still some way to go to persuade both the NHS and many councils that the VCSE sector is not just a 'nice to have', but a core partner in co-designing and co-delivering a new, more sustainable model of health and care, in closer partnership with citizens, families and communities. Recent events have demonstrated how communities and community groups are capable of responding rapidly and effectively, even in the most difficult circumstances. There is enough evidence from those areas which take a partnership approach, that the VCSE sector can be the key to both sustainability and transformation: that is what we heard from the sector during our wide consultation and it is the message of our final report.

Much has changed in the short time since our final report. Our messages were extremely warmly received by the sector and the changes we described remain necessary. We are keen to meet again with the system leaders who co-produced the recommendations with us, to adjust those recommendations which need updating in the light of recent changes and to renew our shared commitment to a new partnership between the state, citizens and civil society in the pursuit of health and wellbeing for all.

**Alex Fox OBE, Independent Chair of the Implementation Group, July 2017.**

| Final recommendations | Intended outcomes | What would good look like? | Progress |
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| 1. Promoting wellbeing is already central to the goals of the health and care system, in line with the Five Year Forward View and the Care Act. The Department of Health, NHS England and Public Health England should explore opportunities to further embed this goal, including identifying, measuring and commissioning for key wellbeing outcomes for all. | Further embedding wellbeing as the shared goal of the health and care system. | A set of shared wellbeing measures and tools available to the VCSE sector and health/care commissioners | The system partners continue to work to embed the promotion of wellbeing across their work programmes. For example:<br>- Health and Wellbeing Programme was launched in December 2016<br>- NHS England's briefing note on STPs highlights the importance of having a coherent narrative for all STP partners of the different roles of the VCSE in contributing to improved health and wellbeing for local people<br>- The IPC programme has produced a suite of resources to support local areas |
| 2. There should be greater co-production with people who use services and their families at every level of the health and care system. NHS England should update its guidance on Sustainability and Transformation Plans | To make co-production with citizens the default design approach within health and care services, drawing on those VCSE organisations which demonstrate they can reach and engage citizens. | Co-production and the six principles become the standard ethos of health care planning locally and this is sustainably resources. | Concerns have been raised that STPs have mainly not been co-produced, and it will be important for the further guidance to address this. Further guidance in the delivery plan is currently being worked on as outlined in 1 above.<br><br>The Patient and Public Participation and Insight Division within NHS England is developing a co-ordinated support offer to provide support to STPs to fully embed the six principles through implementation. |

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| (STPs) to require local health and care systems to draw upon the six principles created to support the delivery of the Five Year Forward View, the principles contained in the Engaging and Empowering Communities memorandum of understanding, and Think Local Act Personal's definition of co-production. | | | The successful Building Health Partnerships project has been relaunched to provide funded support to enable STPs to engage with the VCSE sector and citizens on wellbeing and self care priorities. The programme combines relationship building with agreeing and implementing joint action. STP areas in the programme will be able to access a mixture of facilitated support, expert input, links to other networks and initiatives, and communications expertise.<br><br>NHS England, with the Coalition for Collaborative Care, has produced a Coproduction Model to outline the steps and values that will help to make coproduction a reality. |
| 3. NHS England should issue revised statutory Transforming Participation in Health and Care guidance in 2016 on working with the VCSE sector as a key way to meet CCGs' Health and Social Care Act duty to involve. | Ensure that the role of the VCSE in supporting commissioners to meet their legal duty on public involvement Review whether additional guidance around working with the VCSE should be part of this document and/or reflected in other guidance * Explore development and agreement of consistent metrics for measuring VCSE funding and | As 2 | Transforming Participation is being refreshed at present with a revised version utilising the NHS England Involvement Hub to ensure it is a live document. The VCS Strategic Partners have been involved in the refresh and NHS England has also invited comment from a wide range of other stakeholders in its refresh. |

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| | partnership working as part of development of wider dashboard. | | |
| 4. When preparing their joint strategic needs assessment (JSNA), Health and Wellbeing Boards should ensure that it is a comprehensive assessment of assets as well as needs based on thorough engagement with local VCSE organisations and all groups experiencing health inequalities. The Department of Health should consider including this when next updating the Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. | Service planners see, value and work with the whole range of assets and community resources in an area, including local VCSE organisations | JSNAs become Joint Strategic Assessments of areas' assets as well as their needs. | There are no immediate plans to next update the Statutory Guidance on JSNAs and health and wellbeing boards (HWBs).<br>Local areas are free to include asset mapping in their JSNAs and we recommend that they should do so. |

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| 5. The government, led by the Cabinet Office, should demonstrate its support for the Compact principles as a framework for effective collaboration between VCSE and statutory sectors. | Open, fair and collaborative relationships between the statutory and VCSE sector | Compact used routinely and effectively. | The Compact continues to be an important guide for effective engagement and collaboration between public bodies and voluntary, charitable and social enterprise sector organisations. DH remains committed to the principles of the Compact. |
| 6. Any future transformation programmes (e.g. Integrated Personal Commissioning) should only be approved if proposals are included for involving the full range of local VCSE sector, taking its views into account in strategic decisions and utilising its delivery expertise. Existing transformation programmes should also be issued guidance to support better involvement of the VCSE sector. | Current aspirations for co-designing with citizens and the VCSE sector are put into practice. | Inclusive governance and planning structures in place, citizens clearly involved, self-advocacy and ULO organisations resourced | NHS England has established a VCSE working group to develop new proposals on better partnership working with the VCSE sector. Membership includes representation from across the organisation and delivery teams for major transformation programmes to ensure that the VCSE is integral to future programme design. |

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| 7. Consideration should be given to how the VCSE sector is represented on health and wellbeing boards so that the health and wellbeing board has access to the full range of local VCSE sector, particularly those least often engaged. | To be discussed with Strategy Team during Q3. | Consistent VCSE engagement in meaningful coproduction. | The LGA's CHIP work with HWBs focuses on their systems leadership role, mentoring Chairs (where appropriate) or providing bespoke support. Potential discussion at HWB leadership events about engaging the VCS may include their engagement/relationship with the VCS. |
| 8. Social value should be better embedded in the commissioning approaches of local authorities and NHS commissioners. The NHS Sustainable Development Unit and Cabinet office should explore the benefits of using social value within the NHS and how to identify and incentivise its creation through their regulatory frameworks and good practice models, building an evidence base to address the gaps identified by Lord | Procurement of public services aims for wellbeing, personalisation and social value, resulting in services becoming more preventative and cost effective, and a level playing field for the VCSE sector. | Most NHS and council social care contracts involve an element of social value. Government more actively promotes this. Grant giving (including by central government) starts to experiment with using social value principles. | The minister for Civil Society has announced new measures to address the challenges of getting smaller charities in to the public sector supply chain. These include developing a Public Service Incubator; developing a commissioning kitemark to set a best practice standard; and recruiting a voluntary, community and social enterprise crown representative. An implementation group is being set up.<br><br>The Social Value Steering Group, chaired by Professor Sir Michael Marmot has met. The intention is to use the group to support a mapping exercise of Social Value implementation across partner organisations. The WHO inequalities group will be updating the meeting on their work on reducing health inequalities across Europe and Cabinet Office will be updating on the part two Lord Young Review. |

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| Young's review of the Public Services (Social Value) Act, which should inform a further review by 2018. NHS England and the Cabinet Office should work in partnership to ensure that training and resources provided to NHS and local authority commissioner and procurement teams support and encourage them to commission for social value. | | | |
| 9. CQC should review its Key Lines of Enquiry and ratings characteristics across all sectors to include the value of personalisation, social action and the use of volunteers, based on the evidence of their efficacy in achieving improved quality of care. | Promoting social value via inspections; care services motivated to link with communities more actively. | CQC inspections consider social value, personalisation, community connections | CQC has consulted on its Key Lines of Enquiry. Feedback from the consultation and other internal and external stakeholders has informed the development of updated Assessment Frameworks for ASC and Health which incorporates changes informed by this recommendation, ensuring the strengthening of personalisation and social action in the language of the KLOEs and prompts as well as adding a new prompt on volunteering in the Health Assessment Framework. CQC will over ensure sector-specific guidance also incorporate these points and liaised with Alex Fox during the development of the frameworks. |

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| 10. We recommend that NHS England, working with key partners such as the Department of Health and NICE, should publish good practice guidance on social prescribing which includes advice on different models and recognition that prescriptions should be appropriately and sustainably funded. NHS England should promote this guidance, provide implementation support to health commissioners and evaluate uptake and impact on outcomes, including for those people experiencing inequalities. | High quality social prescribing approaches drive greater and more sustainable use of high impact VCSE work. | Social prescribing is widely embedded and properly funded via variety of approaches which take an outcomes focused approach. | Funding has recently been provided to the National Social Prescribing Network to begin to develop a suite of tools and resources for social prescribing. In addition, we continue to explore the potential for the theme for the VCSE Health and Wellbeing Fund to be focused on social prescribing (subject to ministerial confirmation)<br><br>NHS England has commissioned some resources to support the spread of social prescribing, including an evidence summary for local commissioners, a national social prescribing toolkit, mapping of existing social prescribing and STP aspirations, together with supporting the development of regional social prescribing networks. In addition, Healthy London Partnerships has produced a social prescribing guide for London. We are talking to DH and DCMS about the potential use of Social Impact Bonds for local social prescribing programmes |

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| 11. Government should consider how they can support and encourage health and care commissioning bodies to access skills development training for their workforces, including from the Commissioning Academy, particularly on the co-commissioning of services. | To promote coproduction and citizen voice in commissioning processes particularly from overlooked groups. | The voice of citizens, particularly from overlooked groups, is evident in health and care commissioning. | CCS are looking at work to develop skills on the Social Value Act.<br><br>NHS England has recently launched a new commissioner development programme. The programme leads will meet with the VCSE oversight group to discuss how this recommendation could be implemented. |
| 12. The Cabinet Office and the Department of Health should consider providing support to build the capacity of VCSE organisations to compete for and win health and care contracts, particularly where infrastructure is limited, and coordinate this support with the Commissioning Academy and the commissioning plans of local health and care systems. | To help the VCSE sector to compete more effectively for health and care contracts | New support programmes and resources which demonstrably increase and improve VCSE commissioning. | This is being explored further. |

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| 13. Moving away from short-term pilot funding, NHS commissioners, local authorities, charitable funders and National Lottery distributors should provide core and long term funding with capacity building support, particularly to smaller and/ or specialist VCSE organisations. | Increase the average length of funding periods to enable more effective work.<br>Commissioning systems, and aligned policies, within the NHS do not promote or enable the use of multi year funding arrangements. This is a complex recommendation and requires input from a range of NHS England colleagues. | Fewer one year or ad hoc funding arrangements; more 3+ year funding. Cost-benefit of short/long term funding understood. | Cabinet Office work on implementing a kitemark for commissioners who work well with the sector relates to this recommendation. OCS establishing an implementation group that will establish the terms, content and delivery model for the kitemark. |
| 14. Health and care commissioners should, by default, use the simplest possible funding mechanism (that which best balances impact and transaction costs). The Department of Health, with support from NHS England and the Cabinet Office, should continue to develop shorter model contracts and grant agreements, and consider commissioning | Reducing red tape in funding processes to decrease transaction and back office costs. To encourage commissioners to use the most cost-effective investment approaches to the kinds of work they are planning.<br><br>Continued work to review and improve the short form standard contract for 2017/18 including engagement with VCS Strategic Partners and | Principle of simplest by default is well defined and understood. Local areas' strategic plans include understanding of how to use the full range of VCSE investment approaches to achieve their goals. | The DH Research Directorate has agreed to fund research to explore different ways of commissioning the VCSE sector to work in partnership with the statutory health and care sector to deliver services and understand the transaction costs of different types of contractual arrangements. The King's Fund is taking forward this research work in consultation with the implementation group.<br><br>The UK Government has set up a Showcase and Learning Project with the Open Contracting Partnership to implement the Open Contracting Data Standard in the CCS's operations. CCS data from Contracts Finder will be published in the OCDS format covering the procurement process from alerting the market to future CCS opportunities, to early engagement, advertisement and award including publication of the associated contract and tender documents. It is intended that the HS2 project will be able to directly output all contract information without manual entry from its chosen E-sourcing platform to Contracts Finder and this |

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| research on the transaction costs and relative impact of different funding mechanisms for a variety of services and circumstances. This should include but not be limited to grants, fee for service contracts, payment by results contracts, social impact bonds, social prescribing models, personal budgets and personal health budgets. | consultation survey * Publication of case studies demonstrating the value of grant funding *Improved grant funding policy and process for NHS England * Consider further activity with Strategic Partners | | will be in an OCDS compliant format. This is a significant process improvement.<br><br>NHS England has enhanced and republished the Short Form Standard Contract for 2017/18 alongside a new shorter form contract user guide to support commissioners to use it effectively. This followed engagement with Strategic Partners and substantial engagement activity. |
| 15. Government should consider fully implementing the Open Contracting Partnership's Global Principles and Data Standard, and introducing a public contracting disclosure baseline, so that full details of contracts, including awards, amendments, termination and | Openness and fairness in contracting. | Sector and public are able to access information about public contracts, increasing transparency and trust. | The UK Government has set up a Showcase and Learning Project with the Open Contracting Partnership to implement the Open Contracting Data Standard in the CCS's operations. CCS data from Contracts Finder will be published in the OCDS format covering the procurement process from alerting the market to future CCS opportunities, to early engagement, advertisement and award including publication of the associated contract and tender documents. Subject to successful completion of testing this will be implemented in early November. October will see the end to the current manual data entry and replaced by automatic output of data to Contracts Finder. The HS2 project will be able to directly output all contract information without manual entry from its chosen E-sourcing platform to Contracts Finder and this will be in an OCDS compliant format. This is a significant process |

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| financial flows to subcontractors are available through the Contracts Finder website. | | | improvement. |
| 16. The Department of Health should consider commissioning NICE to develop an indicator of VCSE engagement for NHS and other public health and social care commissioners. | The VCSE is routinely and effectively involved in co-commissioning. | This principle is embedded in NICE guidelines. | There have been discussions with NICE around the resources and capacity to take forward this piece of work. |
| 17. All NHS settings, with strategic leadership from NHS England through the Active Communities and Health as a Social Movement programmes, should develop more high-quality, inclusive opportunities for volunteering, particularly for young people and those from disadvantaged communities. All NHS settings, not just trusts, should also comply with | More volunteering in health and care, with volunteering better planned and resourced, maximising social value and creating better value for money.<br><br>Produce guidance on volunteer recruitment and management across health and care settings (by Feb 2017)<br>*Promote Investing in Volunteers – production of paper on role of Investing in Volunteers | Greater uptake of the Lampard recommendations and more organisations seek accreditation under Investing in Volunteers. | NHS England is working closely with DCMS and other partners on the development of the new Q Volunteering programme to develop and spread quality volunteering opportunities in the NHS.<br>Volunteering recruitment and management guidance will be published Spring 2017.<br>Through a grant we supported training and the development of new resources in youth social action. Q volunteering is underway and includes support for impact volunteering and Investing in Volunteers. We are working closely with other partners to support new initiatives such as Helpforce and the #iwill fund (which supports youth social action). |

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| the second and third recommendations made by the Lampard Review on volunteer recruitment, training, management and supervision. This should include consideration of whether to apply for accreditation under the Investing in Volunteers scheme. | (IiV) in Trusts and funding/hosting an event on IiV for Trusts and vanguard sites<br>*Support volunteering opportunities around patient activation and self-care and work in partnership on grant programme (TBC) to enhance opportunities to support more quality and impact volunteering in STP areas<br>*Develop learning and training and networking opportunities for clinicians and volunteer managers including Active Communities Alliance events<br>*Provide training seminars on youth volunteering in health and care, produce case studies and new guidance on inclusive approaches. | | |

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| 18. NHS Charities (including their linked and/or successor charities) with support from the relevant sector bodies, should develop links with their local Community Foundations and the wider VCSE sector in the area, to explore the possibility of using funds for the benefit of the NHS and to achieve broader health outcomes within the wider community, and share learning and good practice in this area. | Maximise flexible use of funds.<br><br>Association of NHS Charities | Guidance from sector body. | The Oversight Group agreed to park this recommendation as NHS Charities believe that it was mis-directed. |
| 19. Service objectives should be developed in partnership with funded organisations and service users and include a focus on the health, wellbeing and experience of service users. Standard tools to support credible outcome measurement | To support rec 1 and improve outcome measuring by VCSE organisations and inform commissioning.<br><br>This is a complex recommendation and requires input from a range of NHS England colleagues. We are | VCSE organisations of different sizes are able to access and use effective tools to understand and demonstrate the outcomes of their work, | This will be part of the Implementation Plan being developed by NHS England's VCSE Working Group. |

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| should be adopted. Providers should be supported to effectively undertake evaluations, measurement of social value and cost-benefit analysis of savings. For NHS commissioners, this may include giving providers full access to anonymised patient data in order to aid impact assessment. | currently recommending that the Empowering People and Communities Taskforce, chaired by Lord Victor Adebowale, establishes a Task and Finish Group to further progress this and other actions on behalf of NHS England. | | |
| 20. Government should consider funding the What Works Centre for Wellbeing to set up a wellbeing data lab service for all sectors. This could be modelled on the existing Justice Data Lab. | To support rec 1 | A wellbeing data lab (cf Justice Data Lab) is explored or developed. | NPC and the What Works Centre for Wellbeing had devised proposals on a data lab which could address the VCSE Review recommendation on this subject. The data lab would help VCSE organisations to support and demonstrate impact. |
| 21. NHS commissioners, local authorities and independent funders should publish the evaluation methodology and results for all grant and funded projects where an evaluation is undertaken, in line with | To support rec 15 and increase learning from funded work.<br><br>NHS England is producing an internal grants policy which will include a clear outline of how grants are awarded | A growing library of useful evaluations which informs future programmes. | Further discussion is required on this recommendation. |

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| the government's open data principles. | during 16/17 *NHS England will explore with the grants hub whether there is a consistent means by which we could publish grant evaluations where they are available. | | |
| 22. The National Institute for Health Research (NIHR) should use existing research to identify and develop tools to help measure preventative outcomes, using suitable proxies as necessary and having regard to what works for different communities. | To develop clearer measures of e.g. resilience and community connection, to promote commissioning of preventative work. | Credible and evidenced proxy measures developed and available to the sector. | PHE held a research workshop and will report back on possible next steps. |
| 23. VCSE organisations should engage further with the evidence base, contributing to and drawing on resources such as the What Works Centre for Wellbeing, Social Care Institute for Excellence, Think Local Act Personal and guidance on 'Community-centred | To increase the use of good quality evidence by VCSE organisations in service design and co-commissioning. | The PHE model is put into practice by the TLAP BCC network and disseminated nationally. | NPC is taking work forward in support of this recommendation. |

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| approaches for health and wellbeing' developed by Public Health England. Strategic partners and national infrastructure bodies should promote greater engagement with this evidence base. | | | |
| 24. Government, local infrastructure and independent funders should consider the recommendations set out in Change for Good and subsequent work from the Independent Commission on the Future of Local Infrastructure. | To build effectiveness and sustainability of local infrastructure and equalities organisations. | Modernised local infrastructure models established and demonstrated. | This has been raised with the Crown Commercial Service. |
| 25. NHS commissioners and local authorities should consider providing funding and guidance for suitable infrastructure to better connect personal budget and personal health budget holders with a range of providers, including | A growing and sustainable social enterprise sector is established to widen choice in health and care services<br><br>Investment in local VCSE sector through the support and development of regional networks for | Enterprise support programmes developed, resourced and evaluated. | Integrated Personalised Commissioning programme is addressing this recommendation partnership between the NHS, local government and the voluntary sector. The programme recently expanded 9 new areas, with 18 sites in total now covering 32 CCGs and 18 local authorities. |

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| small and start-up organisations, and facilitate the development of a more diverse range of services accessible by and co-designed with local communities. | VCSE organisations to develop capacity, skills and expertise to support the delivery of PHBs and develop stronger partnerships with CCGs. | | |
| 26. The VCSE sector plays a vital role in amplifying the voices of marginalised communities and helping them to engage with the health and care system. NHS commissioners and local authorities should work with the VCSE sector to enable those experiencing inequalities to co-produce better health and care outcomes. Guidance should be provided to commissioners to improve access, experiences and outcomes for all communities in order to | Through the EHI Units "Offer" to CCGs, support local commissioners to meet their legal duties to advance equality and have regard to reduce health inequalities to improve access to and outcomes from commissioned services. The offer includes the provision of tools and resources as well as access to the NHS England's capability training programme and associated EHIA tools and guidance. | Guidance and programmes coproduced with equalities organisations to grow a sustainable equalities sector. | The work to develop social prescribing with the VCSE sector will support addressing this recommendation. The Transforming Participation refresh will also provide additional guidance to commissioners around equalities and health inequalities.<br><br>Two one day capability training days happened in March for CCG commissioners and colleagues. Data tools developed and shared with CCGs on Challenging Health Inequalities through bespoke webinars and can also be found on the EHIUs Resource Hub. Further tools being developed. |

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| ensure equality is promoted and health inequalities are reduced. | | | |
| 27. Government should consider extending the market diversity duty, which currently applies to local authorities, to NHS commissioners. | Increasing choice and innovation in healthcare and promoting Personal Health Budget uptake. | Duty developed through legislation or regulation and put into practice locally. | The Institute of Public Care at Oxford Brookes University worked with DH, LGA, ADASS and the Care Provider Alliance in 2016 to undertake a Market Shaping Review to help local authorities and their partners discharge their Care Act market shaping duty. One of the 'products' that came out of that work was updated guidance on what is market shaping - website at http://ipc.brookes.ac.uk/what-we-do/market-shaping.html<br>The IPC also wrote a discussion paper for health and social care commissioners looking to work together to develop a co-ordinated or place-based approach to market shaping - http://ipc.brookes.ac.uk/what-we-do/market-shaping/joint-market-shaping.html.<br>The government has no current plans to legislate. |
| 28. We recommend that the three current strands of the VSIP (central grant funds [IESD and HSCVF] and strategic partner programme) are unified into one health and wellbeing programme, with project funding and strategic partner elements. | To establish a high impact VCSE partnership programme which helps the shift towards wellbeing. | An integrated partnership and grant funding programme is in place. | Health and Wellbeing Alliance has been launched with its new members. |