

Sustainable and effective voluntary, community and social enterprise organisations in health and care: an action plan

Supportive and positive communities keep us well. There is wide agreement that community organisations, charities and social enterprises are key to establishing a more community-based health, care and public health system which will help people live well, longer and at home, rather than spending long periods within health and care services. They are particularly vital to groups and communities which experience health inequalities and are currently less well reached and supported.

Achieving the goal of equal, early access to enabling community-based support, looks increasingly central to the sustainability of our NHS and councils. Yet, despite this consensus, the voluntary, community and social enterprise (VCSE) organisations who responded to the [Joint VCSE Review](#) (2016) consultation described a constant battle between their missions set by their communities, and their need to chase funding priorities set elsewhere.

This gap between the agreed national vision and the local reality remains the biggest challenge facing VCSE organisations, and a key challenge to implementing the Care Act, the Public Health Framework and the Five Year Forward View. It is the challenge the Joint VCSE Review recommendations were designed to bridge.

In the Joint VCSE Review we described two system shifts, both of which received wide sector support:

1. The shift towards co-designing health and care systems with citizens and communities, through working with community-rooted organisations which can reach and engage citizens from all parts of local communities.

That first shift would lead us to redesign health and care services to be more personalised and to focus on building wellbeing and resilience. This would lead to the second shift:

2. A bigger, strategically-resourced role for those VCSE services which demonstrate they can provide support which thinks and acts whole-person, whole-family and whole-community.

The 28 recommendations of the Joint VCSE Review described how to make those two shifts, through defining, measuring, inspecting for and paying for positive impacts upon people's wellbeing and resilience. The [Health and Wellbeing Alliance](#) (HW Alliance) was established to give NHS England, Public Health England and the Department of Health and Social Care access to VCSE co-design partners which collectively reach thousands of local groups.

Since the Review was published, a great deal has already been achieved. The Health and Wellbeing Fund launched in the summer of 2017 with the first year themed on social prescribing. The Care Quality Commission have redesigned their Key Lines of Enquiry to look for personalised care and the generation of social value. The Kings Fund carried out research into commissioners' approaches to the VCSE sector. The What Works Centre for Wellbeing has explored evidence-building proposals.

However, progress on some key recommendations, such as those concerning a shift towards coproduction of local systems, has been slower. Two years after our original report, we want to relaunch with a focus on those actions which feel most relevant and most impactful.

Given the rapidly changing health, care and political landscape, the Joint VCSE Review's oversight group (comprised of government and VCSE sector representatives) has proposed three sets of three recommendations for local and national health and care systems and their VCSE partners.

These nine recommendations, which re-frame the Joint VCSE Review's original 28, and draw on the extensive consultation undertaken by the review, are intended to prompt local and national action. They will form an action plan for the HW Alliance to champion with the wider sector and with government. The recommendations will also link in with work across Government on the social care Green Paper and the Office for Civil Society's Civil Society Review.

We are launching these nine recommendations and inviting contributions from the VCSE sector, local government, the NHS and citizens, through responses to the questions below.

Nine Recommendations

Our recommended actions are that government, its partners and VCSE organisations work together to:

1. Define and measure wellbeing, building on existing work to embed it as a core outcome for both health and social care systems:
 - a. Identify and promote cross-system measures which capture wellbeing and resilience, and which demonstrate their impact on clinical outcomes, efficiencies and savings.
 - b. Identify and publicise a universally-available set of wellbeing measuring tools (or standards for such tools), including free online portal for data input, collection and sharing with academia.
 - c. Explore (with the What Works Centre for Wellbeing and NICE) ways to make health and wellbeing outcomes data usable by VCSE providers and their commissioners to demonstrate outcomes and tackle inequalities.

2. Co-design health, care and public health systems with local people:
 - a. Place clearer expectations upon local leaders to demonstrate co-design in system changes such as the move to integrated and locally accountable care, with a focus on co-designing with poorly-served groups and communities.
 - b. Roll out and support to use the coproduction tools already produced by Think Local, Act Personal; NHS England and the Coalition for Collaborative Care.
 - c. Explore models for resourcing user-led and self-advocacy groups to play a meaningful role in service co-design, and a greater role for citizen scrutiny of health and care commissioning and its success in tackling inequalities.

3. Develop and test new models which enable commissioners to invest in and reward the successful creation of wellbeing and resilience:
 - a. Explore how best to coordinate local VCSE organisations, making them a recognised core part of delivering wellbeing and resilience at a local level, using social prescribing, local infrastructure organisations, innovative contracting models, commercial capacity building and 'simplest by default' funding for small organisations.
 - b. Explore the national leadership and support programme needed to make use of Social Value Act powers routine across council and NHS commissioning, in order to embed volunteering, peer support and social action into services.
 - c. Develop local markets of small and innovative providers, alongside the roll-out of Personal Health Budgets and increased Direct Payment uptake.

Questions

1. *Where should the VCSE sector and other partners focus their efforts to make these changes happen?*

2. *What examples do you have of VCSE organisations and their statutory partners demonstrating:*
 - *that they have helped people and communities to achieve wellbeing and build resilience?*

 - *that they enable local people, including overlooked or minority groups, to co-design and coproduce health and care services?*

3. *What examples do you have of commissioners taking sustainable and cost-effective approaches to investing in and rewarding organisations which create wellbeing and resilience?*

Please submit your responses through [this survey](#) or to publicservices@ncvo.org.uk by 5pm on 29 June 2018.

Tweet about the action plan using #VCSEReview

Notes

The Joint VCSE Review Report, recommendations and the independent Chair's update from July 2017 are available at www.vcsereview.org.uk

NCVO is providing the VCSE Review Oversight Group with secretariat support as part of the action plan launch.