

Background

The Joint VCSE Review launched an action plan for the sector, government and the NHS in May this year. The action plan drew on a full public consultation and an extensive report, co-produced by the sector, the Dept. of Health and Social Care, Public Health England and NHS England, in 2016. Since 2016, the Review's implementation group, working alongside the Health and Wellbeing Alliance (a group of VCSE organisations which provide a link between government and the sector) has focused on bringing about two fundamental shifts in the relationship between the VCSE and statutory sectors, which the sector and government believes will result in more effective and sustainable health and care services, which help people to stay well and independent for longer, and provide more personally tailored responses when people and families need support or care. The first shift is 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. The second is towards 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 new action plan

Last year, we asked the sector and its partners to assess the effectiveness and likely impact of a new action plan. The actions we proposed 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.

What did you tell us?

100 organisations provided written responses. We also consulted with the Health and Wellbeing Alliance which collectively reaches and represents thousands of VCSE organisations and we held a well-attended webinar with support from NCVO. Respondents included a small number of NHS organisations.

The sector was strongly supportive of all three sets of actions. On the first set of actions (measuring wellbeing), there was a belief in the need to equalise the relationship between VCSE and statutory sector partners, with VCSE organisations being able to inform commissioning, not just to respond to commissioners. It was felt that good local infrastructure organisations, such as Councils for Voluntary Service (CVS) can play an invaluable role in brokering and supporting effective relationships and design processes.

It was felt that many VCSE organisations already demonstrate successful outcomes for people whose health is impacted by socio-economic factors (loneliness, housing, debt, anxiety) but lack the capacity and expertise to effectively measure the difference this work makes to patients' lives and the financial savings it makes the NHS. Widely-available and recognised outcomes tools were felt to be a good way of addressing this and the sector also wanted both the NHS and the VCSE sector itself to do more to measure outcomes and show links between wellbeing and clinical outcomes. The voices of people who use services, particularly those from excluded groups were felt to be vital to constructing meaningful measures which reflect what matters to people as well as to services.

On the second set of actions (co-designing local systems with citizens), the sector felt that enough tools are now available to support good co-production but what can be lacking is senior buy-in to having difficult conversations with a wider group and recognition that community groups need resourcing in order to reach and engage people in those conversations. Despite current legal duties, co-production is often seen as optional or 'too difficult'. Respondents called CCGs and councils to be

The Joint VCSE Review Action Plan

Response from the sector, September 2018.

held accountable for co-design of services and for identifying and tackling inequalities across all services. Ideas included CCGs having a senior officer responsible for ensuring co-design and an obligation on commissioners to publish a co-design strategy. The VCSE sector has the skills and community relationships needed to help local bodies change their approach towards co-production.

The third set of actions (develop and test new commissioning and funding models) is where there is perhaps most tangible progress already happening. The first round of the Health and Wellbeing Fund focused on social prescribing, to complement a well-developed national programme which has already seen social prescribing reach half of all CCGs. NHS England has developed a comprehensive model for personalised care which is feeding into the long plan and which includes ambitious targets for uptake of personal health budgets. Think Local, Act Personal has relaunched its popular Making it Real resource which supports local areas and organisations to focus on personalisation which feels real and meaningful to people. The Civil Society Strategy included new thinking about effective funding including use of grants as well as contracts. The sector warmly supports these initiatives and also the further roll out of Social Value Act powers as the default expectation of commissioners.