Community Action Norfolk

# Sustainability & Transformation Plan (STP):

# Initial Voluntary, Community and Social Enterprise Sector Engagement.

March 2017

# Contents

# 1. Introduction

This report summarises the outputs of three engagement events which were jointly hosted by the Norfolk Clinical Commissioning Groups (CCGs), Norfolk County Council (NCC) and Community Action Norfolk in March 2017.

The purpose of the events was to provide an initial stage of engagement for Voluntary and Community Sector (VCSE) organisations around the Norfolk and Waveney Sustainability and Transformation Plan (STP).

The events included three core elements:

1. An opportunity for VCSE organisations to understand more about the STP and its potential relevance to their activities.
2. An initial exploration of how VCSE organisations may be able to support the priorities within the STP.
3. An initial exploration of how the Norfolk CCGs, NCC and other public sector health partners could support VCSE organisations in addressing some of their key challenges.

This report has been written for Norfolk's CCGs, NCC, and VCSE organisations to provide them with an outline summary of the events, key findings and to make recommendations about future activity.

# 2. The Sustainability and Transformation Plan and the VCSE Sector

Sustainability and Transformation Plans have been prepared by the National Health Service (NHS) organisations and local authorities across England as 'place-based plans for the future of health and care services in each local area.

The scope of STPs is broad. Initial guidance from NHS England required local areas like Norfolk and Waveney to cover three headline issues in the STP: improving quality and developing new models of care; improving health and wellbeing and improving efficiency of services. Looking at the next five-year period, leaders were asked to identify the key priorities in their local areas to meet identified challenges and deliver financial balance for the NHS. The plans needed to cover all aspects of NHS spending, as well as focusing on better integration with social care and other local authority services.

Draft plans were produced by June 2016 and 'final' plans were submitted in October 2016. These plans now need to go through a process of assessment, engagement and further development.

In addition to formal requirements on engagement, there are several other key reasons why it is vital to engage the VCSE in the formation and delivery of the STP:

1. The NHS England guidance for the development of STPs highlights 6 principles that should guide this work[1] including:

   Principle 2: Services are created in partnership with citizens and communities.
   Principle 5: Voluntary, community and social enterprise organisations, and housing sectors, are involved as key partners and enablers.
   Principle 6: Volunteering and social action are key enablers.

2. The VCSE sector delivers more activity connected to the wider determinants of health than NHS and social care providers do e.g. alleviation of poverty, increased social contact, increased esteem and sense of purpose and belonging, acquisition of new skills and access to work.

3. Much of the strategic thrust of the STP is around a shift towards preventative activities. VCSE organisations are often more active in these areas and proposals within the STP are likely to impact on demand for their services.

4. VCSE organisations are closely involved with their clients and are, therefore, able to provide:
   a. Data and feedback on impact of decisions.
   b. Information regarding client and community needs and the potential impact of decisions for Equality Impact Assessments.
   c. Assistance to facilitate co-production with communities and clients.

Discussions between the Norfolk CCGs, Norfolk County Council, Community Action Norfolk and others highlighted the need to develop further engagement activity across the STP. Previous activity delivered as part of the 'In Good Health' campaign had provided information about the STP but had not supported more detailed engagement.

Therefore, a series of three events were planned as the first step in developing the engagement of the Voluntary, Community and Social Enterprise Sector in the STP process.

[1] https://www.nationalvoices.org.uk/publications/our-publications/six-principles-engaging-people-and-communities

# 3. Methodology

The purpose of the engagement events was to deliver:

- An opportunity for VCSE organisations to understand more about the STP and its potential relevance to their activities.
- An initial exploration of how VCSE organisations may be able to support the priorities within the STP.
- An initial exploration of how the Norfolk CCGs, NCC and other public sector health partners could support VCSE organisations in addressing some of their key challenges.

The dates and venues of the events were:

- 10th March 2017 – Norwich
- 13th March 2017 – Great Yarmouth
- 15th March 2017 – King's Lynn

Participation figures for the events were as follows:

| | Central | Great Yarmouth | King's Lynn | Total |
|---|---|---|---|---|
| Number of statutory sector attendees | 4 | 10 | 6 | 20 |
| Number of VCSE sector attendees | 50 | 27 | 26 | 103 |
| Total | 54 | 37 | 32 | 123 |

The events were structured around three elements:

Part 1: Presentations, questions and answers providing an overview of the STP and its potential implications for VCSE organisations.

Part 2: An set of café conversations (informal drop in conversations[2]) discussing how the VCSE sector could support some of the key workstreams and priorities within the STP.

Part 3: A second set of café conversations looking at how the STP could support the VCSE in overcoming some of its key challenges.

[2] http://ncdd.org/rc/wp-content/uploads/2010/06/ConvCafeHostManual.pdf

Each element of the events involved the joint participation of VCSE and public sector attendees. The themes for part 2 of the events were based on the agreed STP work-stream areas. The themes for part 3 of the events were selected by Community Action Norfolk based on data from the Sector Led Plan (SLP)[3] and other engagement activity. This provided a total of eight discussion topics:

- VCSE Data and Information
- VCSE Workforce
- VCSE Promotion and Partnership
- VCSE Resources
- Acute Services
- Demand Management
- Mental Health
- Prevention, primary care and good health in communities

More detail about the questions discussed by participants for each of these eight topics is provided in Appendix 1.

The rest of this report summarises the output of discussions around each of these eight topics in turn and presents any linked recommendations or areas for further consideration and exploration.

Where relevant some reference is also made in the report to other connected local engagement activity and research where this is felt to support or extend understanding of points raised directly in discussion at the STP engagement events.

[3] http://www.communityactionnorfolk.org.uk/sites/content/sector-led-plan

# 4. Summary of Findings and Recommendations

The STP events delivered in March 2017 provided a good initial piece of engagement work with the VCSE sector on the STP. This report should only be seen, however, as an early step in what must be a comprehensive programme of engagement and partnership work.

Many issues highlighted by VCSE participants at these events mirror those identified in other pieces of research work completed over the last few years. Whilst this does evidence that these are consistent messages, it also raises some concerns over the lack of progress in addressing them.

Overall feedback from the session is summarised below, followed by a full list of all the recommendations made in the report.

## 4.1. Data and information

Data sharing is essential to facilitating better partnership working. To support collaboration we need to:

a. increase VCSE access to data that allows them to understand local demand and need
b. minimise the data collection burden of VCSE organisations through purposeful, consistent and proportionate approaches.

Clarity regarding the type of data needed and investment in VCSE organisations to collect and manage data is essential.

Consistency and standardisation will help achieve data sharing goals as well as reduce the burden on VCSE organisations, produce comparable data sets which enable trend analysis for all partners.

## 4.2. VCSE workforce

Organisations are experiencing an increase in demand both in terms of volume and complexity; this is likely to continue putting further strain on the VCSE workforce.

Capacity is low to manage and up skill both paid and volunteer staff.

Volunteers are hard to find.

## 4.3. Promotion and partnerships

VCSE organisations want to work effectively with the public sector for the benefit of local people and are keen to promote the services that they offer. However, the lack of a universal database, rising demand and the cost of promotion place constraints on their capacity to extend their reach.

It is felt that public sector organisations do not work with VCSE organisations as equal partners resulting in some strained relationships, animosity and ineffective use of resources. Poor engagement practice, procurement and commissioning processes and a lack of infrastructure for data sharing are identified as key barriers to effective partnership between the public and VCSE sectors.

### 4.4. VCSE resources

Increases in demand for VCSE sector services need to be sustainably resourced if we are to achieve the STP goals and ensure better outcomes for residents. Collaboration and better partnership is seen as key to tackling the resource issues faced by the VCSE sector. Effectiveness can be increased by improving commissioning practice, including tailored engagement with different parts of the VCSE sector and longer-term funding models.

Careful communication and engagement is seen as essential to explaining changes in service to the public and encouraging behaviour change.

### 4.5. Acute services

The transition from acute care to social, primary and community services is seen as problematic.

There is huge potential for the VCSE sector to assist with prevention, reducing avoidable admissions and supporting clients on discharge from hospital.

The statutory sector should provide strong care services and not leave the VCSE sector to pick up the pieces.

Better communication is needed from the acute hospitals about the specific type of support they need from the VCSE.

Quality assurance and risk management arrangements applied to smaller informal VCSE support services should be appropriate. Acute services need to have more trust in VCSE-provided support.

Better engagement with patients regarding choice of hospital is needed where there is an imbalance of patients across the three main Norfolk hospitals.

There is a need to improve communication for people whose first language is not English in both prevention and acute care.

GPs should be making greater use of VCSE support services.

### 4.6. Demand management

In order to manage demand, it will be essential to change public behaviour by promoting the message about people needing to take responsibility for their health and how and where to get support.

Clearer information about where people can go to find out about other options for support will also be required. VCSE organisations are keen to support this through approaches like social prescribing, holistic health and wellbeing checks but a single database of VCSE organisations is considered essential to facilitate this, along with an ongoing programme of work to develop services in areas where they are absent or low in capacity.

VCSE organisations have a huge insight into what works and what doesn't due to their close relationship with their clients and this could be of huge value to the public and VCSE sector as a whole when planning services.

## 4.7. Mental health

VCSE organisations see areas where they could contribute to this priority, especially around key prevention areas identified: housing; educating parents about prevention and good health, helping people access community networks, exercise, informal support and crisis intervention. However, there are some concerns about the risk of demand overwhelming small organisations and training would be required to upskill potential social prescribers and groups in communities about mental health issues.

Better communication is needed between Mental Health groups and commissioners. Building the trust of statutory partners in VCSE-provided support and relationships with GPs, in particular, are key areas for development.

There is a specific need to consider prevention and access to acute settings for people whose first language is not English.

## 4.8. Prevention, primary care and good health in communities

The VCSE contribution to prevention, primary care and good health in communities is currently impacted by:

- Issues around volunteer recruitment
- The speed of change required – allowing no time for organisations to develop to meet identified need or get the funding they need to help support delivery

Collaboration between organisations working for the same goals in similar areas should be increased and funding streams coordinated so that resources are not being spread across a number of organisations to deliver the same thing. In particular more joint working with Early Help Hubs and faith groups should be encouraged.

A more social model of health is needed to address under-lying 'non-medical' needs that affect people such as debt, housing, unemployment and environmental issues. Being able to signpost people appropriately to services that can assist with resolving these issues, for example through a social prescribing service, would also improve their health.

In order to make social prescribing effective mapping work needs to be undertaken to identify what is currently available and identify priorities for developing specific types of support in specific geographical locations.

We should undertake more preventative work with 'life cohorts' other than those in older age to ensure that by the time people reach their later years they are well educated about opportunities for prevention and self-care.

VCSE partners would like to see the bureaucracy of the STP reduced and a move away from strategic vision to more operational, shorter term goals.

## 4.9. Identified recommendations

| | | |
|---|---|---|
| Data and information | DI1 | Develop a clear system wide approach to data sharing that includes the VCSE sector as an integrated part. This should build in operational sharing of client information to an appropriate level (potentially stratified to reflect a range of data needed from a basic awareness of a client's background through to detailed case notes depending on the organisation's role). |
| | DI2 | Develop a revised version of the Connected Digital Norfolk and Waveney - 'Local Digital Roadmap'[4], which includes the VCSE. |
| | DI3 | Develop a proportionate minimum data governance approach to support VCSE organisations to engage safely and effectively in data sharing. |
| | DI4 | In line with the VCSE Sector Leadership group '5 Asks' (see Appendix 4) a set of evaluation tools to be identified, developed, published and recognised by both sectors, and used across organisations consistently to provide comparable results, which are then made available. |
| | DI5/ PP2/ DM1 | Develop a single core approach to the storage and update of information about local services and initiatives that may provide a range of tailored access points. |
| | DI6 | Invest in training to support increased data literacy so that evidence can be more clearly interpreted and discussed. Where additional client data is made available invest in support to ensure a practical understanding of the implications of this information and how to respond (for example dementia awareness training). |
| Workforce | W1 | Develop the STP Workforce workstream so that it includes VCSE workforce needs and considers them in an integrated way when looking at overall workforce planning. This should reflect the recruitment and development needs of both paid VCSE staff and volunteers. |
| Promotion and partnerships | PP1 | Commit to working towards meeting the engagement expectations of the VCSE developed by Norfolk's Sector Leadership Group (details in Appendix 2). This includes VCSE representation within the STP Executive. |
| | PP3 | Commit to engaging with the VCSE Sector Leadership Group. This is a model developed by the VCSE sector which provides a platform for 'upstream' discussions mandated by the sector. It is broadly representative and able to support communication with the wider sector (more information is provided in Appendix 3). |
| VCSE resources | R1 | Ensure any transfer of demand on to the VCSE as a result of the STP is recognised through the planning process and appropriately resourced. |
| | R2 | Review the mechanisms of investment used with a view to ensuring they fully support the aspirations of the STP and facilitate a positive relationship with the VCSE sector. This should include ensuring mechanisms:<br>○ Support collaborative approaches.<br>○ Support long-term funding.<br>○ Enable access for a wide range of providers. |
| | R3 | Look to implement the '5 asks' developed by the Sector Leadership group to support a better relationship between the VCSE and public sectors. These are contained within Appendix 4 and target many of the key issues for medium to large organisations. |

[4] http://www.healthwatchnorfolk.co.uk/wp-content/uploads/2016/10/Norfolk-and-Waveney-LDR-V2-Final.pdf

| | | |
|---|---|---|
| Prevention, primary care and good health in communities | GH1 | Improve funding practices by committing to move away from short, fixed term funding for VCSE agreements to longer term (e.g. 3 year) funding. |
| | GH2 | Complete asset mapping in key areas, for example in areas of high need or where poorest health outcomes are experienced. |
| | GH3 | Develop a clear operational strategy and action plans linked to the STP vision. |

# 5. Data and Information

## 5.1. Key points coming out of discussion

Data sharing is essential to facilitating better partnership working. To support collaboration, we need to:

a. increase VCSE access to data that allows them to understand local demand and need.
b. minimise the data collection burden of VCSE organisations through purposeful, consistent and proportionate approaches.

Clarity regarding the type of data needed and investment in VCSE organisations to collect and manage data is essential.

Consistency and standardisation will help achieve data sharing goals as well as reduce the burden on VCSE organisations.

## 5.2. Data sharing

The importance of data sharing to effective integration of approaches was a consistent message. Participants noted that whilst there seemed to have been a high-level commitment to this in theory, in reality there has been a lack of practical implementation. Participants were unclear what the boundaries for data sharing are and how decisions about this are made. Organisations highlighted the importance of:

- Accessing data that allows them to jointly understand local demand and need for strategic planning purposes.
- Operational data sharing to ensure client data is shared to an appropriate level.

## 5.3. Confidentiality and data protection

There was an extended range of discussions on the balance between client confidentiality and data sharing in the client's best interests, as well as the challenge of legislative requirements. Overall, VCSE organisations highlighted the need to be able to access an appropriate level of client information, particularly where referrals are made, to be able to manage clients in an effective way.

> *"Operational data sharing good practice already exists within the Early Help Hubs – a data sharing protocol is needed between all agencies"* ***King's*** *Lynn STP & VCSE event*

## 5.4. Data literacy

A number of contributors stressed that data was only useful if it was properly understood and interpreted. Some highlighted the need for many VCSE and public sector partners to develop greater data literacy to support strategic decision making or expand operational knowledge to ensure shared case notes are meaningful.

### 5.5. Information about local services and initiatives

Participants highlighted a need to share practical information about services and new initiatives (as is also highlighted in section 7 of this report – Promotion and partnerships). Participants signalled a need to maintain a single database of services (although potentially with multiple tailored access points).

### 5.6. Understanding the role of complementary services

VCSE providers wished to stress their concerns about a lack of understanding of their role and offer by public sector partners, with a number stressing that their role is to help their target beneficiaries, not act as a replacement for public sector services or responsibilities.

> *"We were not established to replace statutory providers with a free alternative. There needs to be greater understanding of what the scheme offers individually for a two-way relationship to work."* ***small group survey phone calls***

### 5.7. Streamlining of data collection requirements

Organisations described the challenges they already face with requests for information and reporting, They stated they are often being asked for the same information multiple times, often have to comply with a number of different reporting requirements for similar services or are asked to provide data but without a clear purpose or rationale. These points were repeated at each event and echo the findings of the Sector Led Plan (2015), which also highlights the issue of multiple requests for the same piece of data and the workload implications of this.

> *"Each project seems to need different information for each different task. Uniformity would be great."* ***Great Yarmouth STP & VCSE event***

A particular focus of these discussions was the need to use a consistent range of tools to evaluate outcomes and develop a shared understanding of what evidence would be considered valid. The need for a shared set of evaluation tools was highlighted within the Sector Led Plan (2015) and is one of the 'Five Asks' developed by the VCSE Sector Leadership Group (see Appendix 3 and 4 for more information).

### 5.8. Data management capacity

Some participants expressed concern that if an increased role for VCSE organisations in service provision meant a requirement to comply with, for example, the information governance toolkit, this could present a significant obstacle in terms of the limited existing capacity of organisations to manage this and the impact on costs that would need to be passed on to funders if capacity needed to be developed.

> *"Independent and small VCSE organisations haven't necessarily got capacity to manage the complexities associated with handling and ensuring confidential data"* ***Norwich STP & VCSE event***

## 5.9. Identified recommendations

| | |
|---|---|
| DI1 | Develop a clear system wide approach to data sharing that includes the VCSE sector as an integrated part. This should build in operational sharing of client information to an appropriate level (potentially stratified to reflect a range of data needed from a basic awareness of a client's background through to detailed case notes depending on the organisation's role). |
| DI2 | Develop a revised version of the Connected Digital Norfolk and Waveney - 'Local Digital Roadmap'[5], which includes the VCSE. |
| DI3 | Develop a proportionate minimum data governance approach to support VCSE organisations to engage safely and effectively in data sharing. |
| DI4 | In line with the VCSE Sector Leadership group '5 Asks' (see Appendix 4) a set of evaluation tools to be identified, developed, published and recognised by both sectors, and used across organisations consistently to provide comparable results, which are then made available. |
| DI5/ PP2/ DM1 | Develop a single core approach to the storage and update of information about local services and initiatives that may provide a range of tailored access points. |
| DI6 | Invest in training to support increased data literacy so that evidence can be more clearly interpreted and discussed. Also in where additional client data is made available invest in support to ensure a practical understanding of the implications of this information and how to respond (for example dementia awareness training) |

## 5.10. Areas for further consideration and exploration

Partners should consider how to:

- Support more networking between CCGs, providers and small VCSE organisations to:
  - Increase CCG knowledge and understanding of what VCSEs can offer.
  - Build relationships between commissioners and VCSEs.

[5] http://www.healthwatchnorfolk.co.uk/wp-content/uploads/2016/10/Norfolk-and-Waveney-LDR-V2-Final.pdf

# 6. VCSE Workforce

### 6.1. Key points coming out of discussion

Organisations are experiencing an increase in demand both in terms of volume and complexity; this is likely to continue putting further strain on the VCSE workforce.

Capacity is low to manage and up skill both paid and volunteer staff.

Volunteers are hard to find.

### 6.2. Demand

Organisations at the events have consistently highlighted increases in demands on their services. Community Action Norfolk's 2017 VCSE tracker survey[6] supports this with 75% of organisations who responded stating that service demands had increased in the last 12 months. Organisations also emphasised that the growth is not just in number but in the complexity of cases they are dealing with. At the Norwich event, one community advice organisation shared that they are now handling suicide, drug and domestic violence and need more training to offer appropriate advice and signposting.

> "[we're] now handling Suicide, drug and domestic violence and need more training to be more comfortable in offering this advice." *Norwich STP & VCSE event*

### 6.3. Training and development needs

The discussions illustrated that this increase in the complexity of cases is creating an additional range of organisational and individual skill and training needs, mirroring the findings of the Sector Led Plan 2015. There appears to have been little shift or improvement since that time. Discussions at the STP events largely focused on the practicalities of how to address this core issue of training staff and volunteers. It was identified that:

- There is concern regarding the capacity / resource within VCSE organisations to train their staff and volunteers.
- Clarity from CCGs and NCC is needed regarding the type of training they anticipate VCSEs may need, or that they may require them to have in the future.
- VCSE organisations would like to share training with the public sector.

### 6.4. Volunteer recruitment

Volunteer recruitment remains a key issue for many VCSE organisations. Participants flagged that changes in demographics and in working patterns are potentially impacting on the pool of the population who volunteer. There were concerns about the level of dependency on an older volunteer workforce that isn't being rejuvenated running much of the community activity. It was felt this would pose a particular challenge given the emphasis being put on greater use of grassroots VCSE activity within the STP and other strategies.

It was also highlighted that increasing use of volunteers by public sector services is extending the demands placed on the potential pool from which volunteers are found.

Participants also identified that more co-ordination and collaboration is needed in the recruitment of volunteers.

[6] VCSE tracker survey conducted January 2017 using sub-set of questions from Sector Led Plan survey 2015

## 6.5. Capacity

Smaller organisations highlighted that their capacity to respond to workforce recruitment or development needs is limited.

> *"VCSE organisations do not have dedicated workforce reps. they are tiny organisations so specialist Human Resources staff are rare"* *Great Yarmouth STP & VCSE event*

> *"Skills are an issue in the voluntary sector due to the amount of funds and time to enable people to get trained"* *Norwich STP & VCSE event*

## 6.6. Identified recommendations

| | |
|---|---|
| W1 | Develop the STP Workforce workstream so that it includes VCSE workforce needs and considers them in an integrated way when looking at overall workforce planning. This should reflect the recruitment and development needs of both paid VCSE staff and volunteers. |

## 6.7. Areas for further consideration and exploration

- Health and social care partners should consider how they can use existing training and recruitment resources to support VCSE partners. For example, providing access to existing training opportunities, Human Resources support with recruitment and publicity opportunities etc. However, these resources have to be appropriate to a VCSE operating context.
- All partners should consider how existing training and development resources could be co-ordinated and shared across the county.
- To support the STP aspirations there needs to be investment in the VCSE workforce. This needs to include promotion of volunteering, front-line training and organisational development training to support recruitment, collaboration and partnership activity. Consideration should be given to how this could be resourced and delivered.

# 7. Promotion and partnerships

## 7.1. Key points coming out of discussion

VCSE organisations want to work effectively with the public sector for the benefit of local people and are keen to promote the services that they offer. However, the lack of a universal database, rising demand and the cost of promotion place constraints on their capacity to extend their reach.

It is felt that public sector organisations do not work with VCSE organisations as equal partners resulting in some strained relationships, animosity and ineffective use of resources. Poor engagement practice, procurement and commissioning processes and a lack of infrastructure for data sharing are identified as key barriers to effective partnership between the public and VCSE sectors.

## 7.2. Promotion of services

The practical promotion of services and activities was discussed.

It was suggested that some VCSE organisations need to be recognised for their wider relevance e.g. Arthritis Care provides healthy eating and lifestyle advice for nutrition and weight management that is universal and could potentially be used for a wider range of patients than simply those with arthritis.

It was also felt that better promotion is required of where people can go for help – participants flagged, for example, that 50% of calls made to NCC social services are from people who are ineligible to access social services support. Better promotion of alternative support could, therefore, be extremely beneficial to both clients and social services.

Living Independently in Later Years (Lily) and Norfolk Directory were highlighted as good examples of pulling information about local services together but there were repeated calls for there to be one single database to maintain with shared ownership and better promotion of these resources. Participants suggested that a single database of organisations and their services that are kept up to date would be valuable.

Some participants highlighted the challenge faced by smaller organisations in affording the costs of promoting themselves in the local area.

## 7.3. Balancing promotion and demand

At a service delivery level many organisations at the events discussed the need to maintain a balance between promotion and capacity. VCSE organisations identified that they do want support to promote their services better. At the same time, however, they highlighted that they need to work with partners to ensure that they can manage the demands placed on their services by:

a. ensuring the referral process itself is well managed (making sure referrals to the service are appropriate and that the organisation being referred to has sufficient capacity to deliver what is needed).
b. making sure there is effective information transfer with a referral.
c. tackling the wider resourcing issues of services.

*"If the NHS want more from the VCSE, that's ok but we need money to do **this**" Norwich STP & VCSE event*

## 7.4. The importance of being seen as equals in partnership

Participants highlighted a feeling that they are not treated as equal partners by the public sector and that statutory service colleagues need to recognise that VCSE organisations do not exist to meet public sector requirements but to meet the needs of their beneficiaries. They would like to see public sector partners approaching joint work with an attitude of exploration of mutual benefits – i.e. seeking to explore together how working in partnership might benefit both sides by supporting the delivery of each partner organisation's own aims and priorities, rather than just seeking to explore what the VCSE sector can do for the public sector.

Discussions at the events reflect evidence from Community Action Norfolk's 2017 VCSE tracker survey[7] that suggests a deterioration in public sector and VCSEs relationships. This survey includes questions that track VCSE perceptions of whether they have an equal partnership, shared vision with the public sector and whether there is genuine co-production. The total proportion of organisations agreeing that these two things are in place has fallen by about 6% between 2015 and 2017. Overall, around three quarters of organisations do not agree with these statements at present. There has never been a greater need to get this right. This is demonstrated by the proportion of VCSE organisations responding to the tracker survey who say the clients they work with struggle to find appropriate support – this has seen a 26% increase since 2015.

## 7.5. Engagement practice

Other comments were made at the events about public sector engagement practice and the need for improvement in some key areas.

Participants highlighted their dissatisfaction with engagement around the STP to date and the importance of improving this if the VCSE sector is to be supportive of the STP's objectives.

It was also suggested that the cost of engagement needs to be recognised, especially where organisations are attending strategy development sessions designed to support public sector needs and priorities.

General Practitioners (GPs) were highlighted as being particularly difficult to engage with. Participants reported that GPs often voice significant concerns about the current system but are then very resistant to make any changes to their own operating practices. Others highlighted the difficulty in realising minor changes to processes and services. VCSE participants made a general observation about the apparently limited capacity or willingness of NHS and social care providers to adapt and change.

## 7.6. **'Upstream involvement'**

A key point made by VCSE organisations at the STP events in connection to engagement practice was the need for a structured, co-ordinated way for the VCSE sector to engage with partners. VCSE organisations repeated frequently the strong desire to have a meaningful dialogue with public sector partners at both a strategic and operational level. The VCSE sector has highlighted that it wants this dialogue to be 'upstream'. This means being part of the early shaping of ideas and initiatives, rather than responding to consultations at the end of development processes.

[7] [7] VCSE tracker survey conducted January 2017 using sub-set of questions from Sector Led Plan survey 2015

This also inevitably means having a relationship where un-developed ideas and uncertainties can be shared with confidence.

A lack of infrastructure for data sharing between sectors was felt to be a particular barrier to effective engagement and partnership work (this theme is explored in more detail in section 5.2 of this report). The sector would like, in particular, to have more honest and pragmatic conversations about pressure and demands and where NCC and the CCGs will be focussing their attention.

### 7.7. Partnership within the VCSE sector

Some participants called for better partnership working within the VCSE sector itself (this theme is also picked up in some detail in section eight of this report). However, it was also recognised that commissioning and funding approaches, as well as governance and values issues, often act as barriers to this.

> *"VCSE organisations need to be willing to lose ground sometimes to deliver better services for clients e.g. Mind and The Mathew Project Better Opportunities Fund project" Norwich STP & VCSE event*

### 7.8. Identified recommendations

| | |
|---|---|
| PP1 | Commit to working towards meeting the engagement expectations of the VCSE developed by Norfolk's Sector Leadership Group. This includes VCSE representation within the STP Executive. (details in Appendix 2) |
| PP2/ DI5/ DM1 | Develop a single core approach to the storage and update of information about local services and initiatives that may provide a range of tailored access points. |
| PP3 | Commit to engaging with the VCSE Sector Leadership Group - a model developed by the VCSE sector for providing a platform for 'upstream' discussions mandated by the sector. This is broadly representative and able to support communication with the wider sector (more information is provided in Appendix 3). |

### 7.9. Areas for further consideration and exploration

Partners should explore how they could:

- Invest in a long-term structured and co-ordinated approach to facilitate engagement between the VCSE sector and public sector.
- Ensure a high-level commitment to working with the VCSE as equal partners, recognising that an increased VCSE role requires increased resources and that VCSE organisations do not exist to meet public sector requirements but to meet the needs of their beneficiaries.
- Invest in training for VCSE organisations, particularly in areas such as collaboration, partnership and mergers.
- Help VCSE organisations meet the cost of engagement, especially where they are attending strategy development sessions designed to support public sector needs and priorities.

# 8. VCSE Resources

## 8.1. Key points coming out of discussion

Increases in demand for VCSE sector services need to be sustainably resourced if we are to achieve the STP goals and ensure better outcomes for residents. Collaboration and better partnership is seen as key to tackling the resource issues faced by the VCSE sector. Effectiveness can be increased by improving commissioning practice, including tailored engagement with different parts of the VCSE sector and longer-term funding models.

Careful communication and engagement is seen as essential to explaining changes in service to the public and encouraging behaviour change.

## 8.2. Increasing demand and complexity

Participants highlighted that both the volume and complexity of clients they work with have already increased substantially. Community Action Norfolk's 2017 VCSE tracker survey supports this with 75% of organisations responding stating that service demands had increased in the last 12 months.

There was a widely held view that increases in demand for VCSE services must be matched by increased resources.

Recent survey work undertaken by Community Action Norfolk with social care-linked VCSE organisations in North and South Norfolk CCG areas has revealed that 40% of respondents would have the capacity to manage increased referrals without increased resources. 53% reported that they could increase capacity if they had more resources.

## 8.3. Demand management in partnership

Reducing demand is viewed as one way of managing scarce resources.

Participants identified that in a world of reducing resources individuals need to be empowered to take control of their own lives, and agencies need to work together to reduce dependency.

There was recognition that there would need to be very careful communication around this shift in expectation with one participant commenting on how it can feel that one-week people are told "that going to the day centre 5 days a week is good for you" to then be told the exact opposite the following week.

At the Norwich event, there was a suggestion that a wider social model of health should be applied to STP discussions. For example, if a person has respiratory problems, do we explore why this is? Are their homes healthy?

## 8.4. Making use of a wider pool of resources

Interviews with health and social care professionals as part of the same research suggested referrals were only made to a fairly narrow number of identifiable organisations e.g. Age UK, The British Red Cross and Voluntary Norfolk. Whilst there was a consistent message of the need for additional resources there were also comments that highlighted part of the challenge was making better use of the resources currently available.

## 8.5. Access to resources for smaller organisations

There was some concern that funds and opportunities are rarely accessible to smaller organisations[8], for example approaches like Payment by Results:

> *"Payment by results is business like but not especially good for small organisations."* ***Norwich STP & VCSE***

Often these are grassroots organisations that are key to underpinning community resilience and a prevention-focused approach.

## 8.6. Commissioning practice

A number of comments related to a feeling that current commissioning practice is often poor. This is more applicable to medium and large organisations that are more likely to be delivering commissioned services. It was suggested that support and engagement needs to be tailored to accommodate these two different parts of the sector.

The challenge of short-term funding and a focus on pilot projects was frequently cited as a key issue. The need to shift towards long-term models of funding was highlighted many times. Solutions suggested included returning to providing greater core funding as well as models of co-investment, particularly where VCSE organisations are also making use of their own resources.

> *"…there is the challenge of pilotitis – projects go to pilot and back again. They don't stop. They don't get established or have the opportunity to run even if proved to be good."* ***Norwich STP & VCSE Engage***

VCSE organisations commented that they felt commissioning rules and approaches are not fairly applied across NHS and VCSE organisations. For example, some reported that NHS providers and VCSE providers are given different levels of payment when delivering the same level of care for young-people. Organisations also expressed frustration that they are often required to provide much more detailed evaluation of interventions than statutory partners and that there is often a total lack of evaluation of public sector projects.

There was concern expressed that often resources are wasted because interventions and commissioning is poorly targeted. Failures in engagement were thought to often underpin this:

> "Make sure that the people/ organisations are commissioning services are doing the correct engagement." ***King's Lynn STP Event***

[8] The Sector Led Plan estimates that smaller VCSE organisations (defined as those with an annual turnover of £25,000 or less) make up 75% of Norfolk's VCSE sector.

## 8.7. VCSE collaboration

Some discussion focussed on the importance of the VCSE sector itself making better use of collaborative structures and approaches and there was support amongst VCSE leaders for this. Participants expressed a desire to see tendering and competitive funding processes focus on collaboration rather than competition. However, it was noted that support would be needed to make this happen and also that commissioning exercises would need to facilitate this in their scoping and timeline.

> *"We need to link groups that* ***are tackling the same problems, avoid duplication and*** *encourage partnership"* ***Great Yarmouth STP Event***
>
> *"Too many VCSE – we need to work more economically together e.g. HR, finance and so on."* ***Norwich STP Event***

At the Great Yarmouth STP event there was significant interest in shared training and creating a consortium of local groups.

Mergers were also discussed in some depth. It was felt there is potential for lots of small organisations to merge, but that such discussions would need to cover the development of a new organisational purpose and identity, as well as exploration of the consequences of not merging for this to work effectively.

## 8.8. Identified recommendations:

| | |
|---|---|
| R1 | Ensure that any transfer of demand on to the VCSE as a result of the STP is recognised through the planning process and appropriately resourced. |
| R2 | Review the mechanisms of investment used with a view to ensuring they fully support the aspirations of the STP and facilitate a positive relationship with the VCSE sector. This should include ensuring mechanisms:<br>○ Support collaborative approaches.<br>○ Support long-term funding.<br>○ Enable access for a wide range of providers. |
| R3 | Look to implement the '5 asks' developed by the Sector Leadership group to support a better relationship between the VCSE and public sector. These are contained within Appendix 4 and target many of the key issues for medium to large organisations. |

## 8.9. Areas for further consideration and exploration

Partners should explore:

- Co-investment models or other methods that could be used to structure funding to support the aspirations of the STP and facilitate a positive relationship with the VCSE sector.
- Investing in support to facilitate collaboration, partnership and merger opportunities within the VCSE sector.
- How commissioning practice could be developed so that it is underpinned by stronger engagement activity and evidence gathering with the VCSE sector.

# 9. Acute Services

## 9.1. Key points coming out of discussion

The transition from acute care to social, primary and community services is seen as problematic.

There is huge potential for the VCSE sector to assist with prevention, reducing avoidable admissions and supporting clients on discharge from hospital.

The statutory sector should provide strong care services and not leave the VCSE sector to pick up the pieces.

Better communication is needed from the acute hospitals about the specific type of support they need from the VCSE.

Quality assurance and risk management arrangements applied to smaller informal VCSE support services should be appropriate. Acute services need to have more trust in VCSE-provided support.

Better engagement with patients regarding choice of hospital is needed where there is an imbalance of patients across the three main Norfolk hospitals.

There is a need to improve communication for people whose first language is not English in both prevention and acute care.

GPs should be making greater use of VCSE support services.

## 9.2. Issues at discharge from hospital

The discharge of patients from acute settings is seen as very problematic. The comment below is typical of the issues raised:

> *"A person I know of had received surgery for a brain tumour. She was sent home without a home assessment, no equipment, she then had 2 falls after returning home. She couldn't get on and off the loo and fell. Her spouse tried to help but couldn't pick her up so he had to phone a friend, another carer, to help get his wife off the floor at 11:30 at night. She then fell again the next morning. They rang me and I advised them to ring Swifts who rang for the paramedics and she is now back in hospital. This is so stressful, it doesn't aid a person's recovery or help to maintain the health of the carer and the money involved in calling Swifts and getting the paramedics out could have been saved had the discharge been done properly. This is no way to care for people."* Carer Support Group

## 9.3. VCSE role

Many examples were provided of how the VCSE sector can support acute care, either in terms of reducing admission or providing assistance on discharge. For example, Good Neighbour Schemes can help people who have been discharged from hospital by providing lifts to GP appointments, befriending support or making sure people are eating and drinking well and their homes are warm enough.

While the VCSE is seen to have a role, there is a sense that statutory agencies should provide a strong core service and that the VCSE should not be left to pick up a failing service.

> *"While voluntary organisations can help they should not be expected to fill gaps in services that should be provided by social care."* Great Yarmouth STP Event

The STP and VCSE engagement events have also highlighted that clarity is needed as to the type of support which acute services feel are needed to enable patients to be discharged but also to help prevent them presenting in an acute setting in the first place.

Despite their willingness to support acute services, VCSE organisations did raise some concerns regarding their ability to do so. Some flagged the potential risk of acute settings overwhelming smaller organisations and the speed with which organisations are expected to take up additional capacity. Some organisations were concerned they would not be able to respond in a 'reasonable' timeframe to some requests from acute services for help, for example where hospitals need an on call immediate response to take frail patients who are fit for discharge back home and provide support for an initial 24-hour period.

## 9.4. Quality assurance and trust in VCSE support

The issue of quality assurance cropped up frequently in discussion and brought to light a tension that exists between health and VCSE professionals, as is illustrated by the following quotes:

> *"We need to address issues around quality assurance to ensure that the service is fit for discharge of patients, with correct levels of safeguarding in place to protect both patients and volunteers"* Great Yarmouth STP event

> *"Culturally the statutory health sector believes that the VCSE is a poor relation to statutory services e.g. they think our staff are not qualified therefore they don't want to engage. They refer to social services, who then refer to us! A lot of time and money gets wasted this way. They could just refer to us – the clients get quicker and better services and less money is wasted."* Carer support group

We know from the 2015 Norfolk Sector Led Plan that registered charities with an income of under £25,000 make up 75% of the total number of VCSE organisations operating and based in Norfolk. This means the majority of VCSEs in Norfolk operates on a relatively small scale. This is its strength, making it personal, informal, local, agile and responsive. To expect such support to operate in anything other than a relatively informal way would compromise the very strengths health and social care professionals want to capitalise on. A Good Neighbour Scheme which can arrange for volunteers to call into the home of a patient who has been recently discharged from hospital to provide company and make a cup of tea and a bite to eat or give lifts to GP appointments needs a different level of risk ascribed to it than would be ascribed to a formal care service, and a more simple and moderate approach to quality and safeguarding requirements than a larger contractor for commissioned mental health services. A regular test needs to be applied, therefore, to ensure that

what health and social care organisations are asking of these types of organisations is appropriate and reasonable and does not prohibit useful service provision.

### 9.5. Rural issues

During discussions, the point was made that very rural areas find it hard to get volunteers out to them compared to the more urban areas. This concern was highlighted at the Great Yarmouth event:

> *"Some communities are extremely supportive but others have no provision."* ***Great Yarmouth STP Event***

This point is borne out by recent research carried out by Community Action Norfolk for North and South Norfolk CCG into the Norfolk VCSE role in reducing avoidable admissions to acute care settings. This has shown that there are gaps in services in rural areas and that it is particularly difficult to access VCSE services in: South Norfolk (especially on the Norfolk/Suffolk border in places such as Kirby Cane, Ditchingham and Gillingham), Reepham, Cromer and Sheringham, Brundall and Blofield.

The rural dimension needs to be emphasised and addressed in the way CCGs engage with and support VCSE organisations to assist with the discharge of patients from acute settings, particularly given that rural areas are aging faster[9].

The deprived urban areas also need consideration as we may not have the VCSE sector we need. In parts of the country where affluence is greater and people live longer, the nature of the VCSE sector is different. Research published by nfpSynergy http://tinyurl.com/jsunzfg illustrates a clear linear relationship: the wealthier the area, the more charities registered. This suggests that in more deprived areas, voluntary action is less structured and less visible, although this doesn't necessarily explain the local picture completely and a lack of structure does not always indicate a lack of community activity.

### 9.6. Communications

Better communication was a strong theme across all three events, with each one highlighting the issue of communication with GP surgeries. Participants flagged that GPs don't refer to VCSE support within the community as much as they could.

It was also suggested that better communication is needed for patients whose first language is not English. VCSE organisations who work with migrants have provided feedback that:

> *"Some of our users have difficulty understanding the terminology used by the NHS as this can differ greatly from that which they are familiar with. This can cause a higher rate of DNA [Did Not Attend] for appointments. Money is then being wasted on interpreters who have been booked in advance for this appointment."* ***King's*** *Lynn STP Event*

### 9.7. Addressing imbalance between acute providers

It was suggested that there is a need to better understand the imbalance of demand for some services across the three main hospitals in the County. Maternity services were highlighted as an example of imbalance in demand. Participants suggested that potentially more research should be carried out with new parents to ask them why they chose the hospital they did to have their child / children and more information provided about maternity services at the other hospitals, to encourage parents to consider having their children there.

[9] Norfolk insight data

*"We can't address the imbalance in demand for maternity services across our three hospitals if we don't understand what is causing it – **our actions need to be based on robust research, not on our perceptions or assumptions of what is causing people to beha**ve in a certain way."*
*Norwich STP Event*

## 9.8. Areas for further consideration and exploration

Partners should explore:

- How VCSE organisations can be provided with greater clarity about the type of support needed from them to enable patients to be discharged or prevent them presenting in an acute setting in the first place.
- How targeted development work could be undertaken to create preventative and reactive services, such as Good Neighbour Schemes or carer support groups, where they are needed. e.g. in geographical areas with no or low provision.
- What work could be undertaken to address imbalance in demand for some services across acute providers.
- How quality assurance and risk management arrangements can be developed to ensure that what commissioners are asking of smaller informal VCSE support services is appropriate and reasonable and does not prohibit useful service provision.

# 10. Demand Management

## 10.1. Key points coming out of discussion

To manage demand, it will be essential to change public behaviour by promoting the message about people needing to take responsibility for their health and how and where to get support.

Clearer information about where people can go to find out about other options for support will also be required. VCSE organisations are keen to support this through approaches like social prescribing and holistic health and wellbeing checks. A single database of VCSE organisations is considered essential to facilitate this, along with an ongoing programme of work to develop services in areas where they are absent or low in capacity.

VCSE organisations have a huge insight into what works and what doesn't due to their close relationship with their clients and this could be of huge value to the public and VCSE sectors when planning services.

## 10.2. Public behaviour change

Participants highlighted that in order to manage demand, it will be essential to promote the message about people needing to take responsibility for their health and how and where to get support to stay healthy. Essentially this is a preventative message.

*"We need more communication about taking responsibility for your own health" Norwich STP Event*

Critically it was felt that young people need to receive these messages early so they grow up with a culture which is more about making healthy life choices, as well as knowledge about what is available to them.

*"Education- where does this fit? Children are not taught at school what the different services are for." Great Yarmouth STP event*

A note of caution was exercised in relation to the tone and language used in such communication. On the one hand, groups felt that they did not want to frighten people to the extent that they would not access the help they needed but, equally, there is a need to convey to people there will be limited healthcare in their life time and they will need to make choices about how to use it. It was suggested that a good approach would be to agree key messages but for partners to tailor it to their own individual audiences.

## 10.3. Single point of access to support

To manage demand, it was felt that greater clarity is needed about where people should request for help. For example, a person with a long-term condition could get the support they need from joining a peer support group of 'experts by experience' who can aid with management of a condition.

*"We need to encourage people to look at alternatives for their condition. Only 20% of people in a doctor's surgery actually need to see a doctor."* ***Great Yarmouth STP event.***

Participants commented that this is problematic currently, as people are unclear where to go for information due to there being a plethora of 'single points of contact'. It was suggested the principle of 'no wrong door' needs to be properly embedded, so that if staff (at any organisation) receive a query they know they can't deal with, they are able to easily identify an organisation that can.

*"We need to sort the barrier that makes* ***the health and social care system unintelligible*** *– why do we have multiple single points of access?!"* ***Great Yarmouth STP Event***

There was a lot of positivity about the potential role VCSE organisations could play in supporting this with participants expressing a strong interest in supporting social prescribing or the provision of health checks that encompass broader aspects of wellbeing, especially for the over 75s.

*"Make health checks (especially for the 75 years+) more about* ***an holistic assessment of wellbeing including social prescribing and community op****tions."* ***Norwich STP Event.***

Other commentators noted it was important to remember younger people within these discussions.

There was a strong sense that any solution along these lines should be local as the needs within localities can be very different. The Hackney model for East London was cited as a particularly good example to look at.

A single data base of organisations was considered essential to enable health and social care professionals to direct people to an appropriate source of support.

It was considered essential that development work is undertaken in geographical areas where key services are missing or support is low in capacity. It was observed that you can only direct people to services if they are a) there, b) strong and c) have capacity.

## 10.4. Use VCSE sector experience of what works

In order to manage demand, participants suggested that statutory services need to make better use of feedback from VCSE organisations about what their clients say isn't working.

VCSE organisations very often have great insights into people's experiences and needs . This information is vital for planning all services in both sector.

## 10.5. Identified recommendations

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|---|---|
| DM1/ DI5/ PP2 | Develop a single core approach to the storage and update of information about local services and initiatives that may provide a range of tailored access points. |

## 10.6. Areas for further consideration and exploration

Partners should explore:

- Developing a coordinated public behaviour change campaign to promote the message about people needing to take responsibility for their health and how and where to get support.
- Establishing a joint mapping exercise of VCSE organisations by category, e.g. reactive, preventative and ancillary to support identification of areas where service development may be required.
- The development of local models of social prescribing / holistic health and wellbeing checks.

# 11. Mental Health

## 11.1. Key points coming out of discussion

VCSE organisations see areas where they could contribute to this priority, especially around key prevention areas identified: housing; educating parents about prevention and good health, helping people access community networks, exercise and informal support and crisis intervention. However, there are some concerns about the risk of demand overwhelming small organisations and training would be required to upskill potential social prescribers and groups in communities about mental health issues.

Better communication is needed between Mental Health groups and commissioners and building the trust of statutory partners in VCSE-provided support and relationships with GPs in particular is a key area for development.

There is a specific need to consider prevention and access to acute settings for people whose first language is not English.

## 11.2. Prevention

At the events, there was a lot of discussion about mental health and prevention. Housing in particular was viewed as critical to a person's wellbeing and mental health. Specifically, issues like people being discharged from hospital if they currently have no fixed abode and pathways back into communities for mental health patients were seen as vital, especially since temporary accommodation is not always available to mental health patients, which can lead to out of area placements that impact greatly on people's wellbeing.

There was a perception that there are not enough services for young people and children, for example the Point One services. The comfort with which parents refer children to early mental health provision was discussed as it was felt parents may be aware of the stigma of mental health and afraid of their child being labelled or perceiving themselves in a detrimental way. Work to educate parents and children about prevention and good mental health and how and when to access support was, therefore, seen as a key issue.

There was a strong sense that VCSE organisations could contribute to social prescribing in respect of the mental health prevention agenda and recovery, and could in particular support people in getting better connected in their communities.

"It's not just about professional support but also community networks" ***King's** Lynn STP Event*

Social networks and access to exercise within communities are seen as part of the support needed to prevent mental health issues intensifying and to aid recovery. For example, reducing loneliness, exercise clubs for the over 50s that are tailored for people who have limited mobility or heart conditions or social groups such as knit and natter groups, book groups or even Men's Breakfast events, which churches like St Michaels Church in Aylsham and Hickling Methodist chapels host.

South Norfolk CCG in particular was cited as an example of how Asset Based Community Development can be used to explore how community assets can support mental wellbeing and recovery from periods of mental ill health.

Participants also suggested that business should be seen as part of the support available within communities and put forward the example of the 'Communities Embracing Mental Health' campaign in Lowestoft[10].

Other specific ideas put forward for VCSE support were:

- the establishment of crisis cafes[11]
- the Leeds based Dial House survivor-led crisis service model[12]
- the Lambeth mental health Living Well Network Hub model, which has reportedly achieved a 22% reduction in secondary care mental health referrals.

Despite this positivity about the potential role of the VCSE in prevention, there was some concern about overwhelming small organisations.

It was also identified that a training programme and some kind of quality assurance approach would be required if social prescribing is progressed in the County:

*"Training and quality assurance is needed if there is a shift" **King's** Lynn STP Event*

Participants also commented that communication and information at GP practices to support social prescribing is patchy and an area for development. GPs are seen as notoriously hard to engage with.

*"Information at practices about the link between VCSE and Primary Care is inconsistent – are there minimum operating practices we could develop and share?" Norwich STP event*

### 11.3. Provider/commissioner collaboration

There was discussion about the strength of partnership and collaboration between mental health providers (VCSE and non VCSE) and commissioners and that a more strategic and structured way for providers to collaborate with commissioners and develop a joint understanding of level of need and service required is needed. This would strengthen the commissioner's evidence base as VCSE organisations have a closer relationship to service users to know what is needed and what isn't; what is working and what is not, and also to understand their capacity.

### 11.4. Trust in VCSE support

Tensions between VCSE and health professionals and the need to develop respect and trust in VCSE provision were also flagged during discussions about this topic, mirroring comments highlighted earlier in section 9.4 of this report.

*"Respect for the professionalism of the sector needed" **King's** Lynn STP Event*

### 11.5. Mental Health training

Participants highlighted that training is needed for partners in the VCSE sector but also for public Sector partners such as the Police and in communities to raise awareness of mental health and how to support people better. An example was provided of how the VCSE could support in this: The Mental

[10] http://www.lowestoftjournal.co.uk/news/communities-embracing-mental-health-campaign-launched-in-lowestoft-1-4786846
[11] https://www.theguardian.com/society/2015/dec/01/mental-health-problems-late-night-cafe-not-a-and-e
[12] http://www.lslcs.org.uk/how-can-we-help/dial-house

Health Lite training provided to Reepham Good Neighbour Scheme was delivered as part of the Grow Your Community programme at Broadland District Council. VCSE, faith groups and the town council had identified mental health as a health priority in their town. Training was provided to raise awareness of mental health amongst the volunteers to increase both their knowledge and confidence but also to provide clarity about their boundaries e.g. when to escalate an issue to professionalised support. In this way volunteers are able to support clients better.

### 11.6. Integrated services for asylum seekers and non-British nationals

The Norwich STP event specifically flagged the need for integrated services for asylum seekers and non-British nationals, especially for mental health services. There is a specific need to consider prevention and access to acute settings for people whose first language is not English.

### 11.7. Areas for further consideration and exploration

Partners should explore:

- Developing a training package that could be used by VCSE organisations, the statutory sector and communities to raise awareness of mental health and how to support people better.
- How to provide a more strategic and structured way for providers to collaborate with commissioners and develop a joint understanding of level of need and service required.
- How to improve information and prevention support for children, young people and parents about mental health and prevention.
- How trust in VCSE-provided support services can be increased, particularly in GP surgeries.
- Whether the re-introduction of a Mental Health Link worker could help provide support and coordination for Primary Care and a link to VCSE and preventative services.
- How they can increase engagement of housing providers and associated support organisations e.g. VCSE providers, social, private landlords and local authorities in discussions around preventative mental health services.
- Cited models of good practice like the Dial House survivor led crisis service in Leeds, the Lambeth hub model, crisis cafes and the 'Communities Embracing Mental Health' campaign in Lowestoft.
- How to improve prevention and access to acute settings for people whose first language is not English.

# 12. Prevention, primary care and good health in communities

## 12.1. Key points coming out of discussion

The VCSE contribution to prevention, primary care and good health in communities is currently impacted by:

- Issues around volunteer recruitment
- The speed of change required – allowing no time for organisations to develop to meet identified need or get the funding they need to help support delivery

Collaboration between organisations working for the same goals in similar areas should be increased and funding streams coordinated so that resources are not being spread across a number of organisations to deliver the same thing. In particular more joint working with Early Help Hubs and faith groups should be encouraged.

A more social model of health is needed to address under-lying 'non-medical' needs that affect people such as debt, housing, unemployment and environmental issues. Being able to signpost people appropriately to services that can assist with resolving these issues, for example through a social prescribing service, would also improve their health.

In order to make social prescribing effective mapping work needs to be undertaken to identify what is currently available and identify priorities for developing specific types of support in specific geographical locations.

We should undertake more preventative work with 'life cohorts' other than those in older age to ensure that by the time people reach their later years they are well educated about opportunities for prevention and self-care.

VCSE partners would like to see the bureaucracy of the STP reduced and a move away from strategic vision to more operational, shorter term goals.

## 12.2. Volunteer recruitment

Participants at the events recognised that there is a shrinking pool of volunteers to recruit from, most likely because more people are working later, both parents usually work, or where people have retired it can be the case that they are involved with caring for their grandchildren. Finding volunteers with the right skills and experience can also be challenging, making it difficult to recruit in the first place and making training and support for volunteers who are recruited very important.

*"Volunteers are taking on jobs that previously would have been salaried positions."* ***King's*** *Lynn STP Event*

## 12.3. Speed of change and funding

Another issue highlighted at the events was speed of change. Traditionally, VCSE organisations have developed to meet unmet need, but it was felt there are limits to this. Concerns were raised about the speed with which statutory agencies are looking to use VCSE organisations as part of the prevention solution and that time needs to be allowed for them to be able to meet this need. Funding processes are a particular problem as most funding cycles run on an annual basis. This means that often

organisations cannot draw in resources quickly enough to respond to need at the rate at which statutory partners are desiring change.

*"A huge amount of time and effort goes into raising money. The economic environment is not helping, with interest rates low and statutory funders cutting back. Indefinite funding is required for paid staff"* ***King's*** *Lynn STP Event*

Across all three events, there was a consensus that there is not enough funding available and that it does not keep pace with increasing costs, for example to cover training, premises and insurances.

Funding that is available also tends to be short term. Participants reported that short term funding for specific projects is better than nothing, but is problematic when a service is put in place, works well and people become accustomed to it only for it to then be removed when the funding ends.

## 12.4. Streamlining work

Knowledge and sharing of data was a strong theme across the topic of prevention. Participants thought that sometimes organisations work for the same goals across similar areas but do not work together enough. They felt that funding needs to be brought together so that resources are not being spread across a number of organisations to deliver the same thing.

*"Money is an issue: we are all competing against each other" Norwich STP Event*

There was a strong sense that there was a need for better clarity about what each organisation does, how they interrelate and how they refer to one another. It was recognised that completing this piece of work will be challenging as there are lots of stop-start services on account of funding. Lily and Heron were seen as examples of this.

*"Commissioners and providers need to understand what Voluntary organisations do." Norwich STP Event*

Early help hubs were felt to have a strong role in respect of wellbeing but were perceived to have a limited relationship with the VCSE sector. It was suggested that a great deal could be gained for clients by increasing collaboration between these two groups.

Another group within the community that was perceived as relevant to wellbeing but under-utilised in terms of their reach and volunteers was faith groups:

*"Why can't we work with faith groups – they're a great asset we can use more. Faith groups have lots of volunteers and they can pass information to their congregation." Great Yarmouth STP Event*

## 12.5. A social model of health

Participants felt that prevention, community care and keeping people at home are all approaches that have been talked about for a long time but participants felt that, despite this, no action around them has really been formalised to date.

A more social model of health was seen to be needed. People with health problems often have under-lying 'non-medical' needs that affect them such as debt, housing, unemployment and environmental issues like mould. Being able to signpost people appropriately to services that can assist with resolving these issues would also improve their health.

The need for social services and social care were seen as a vital part of the picture, especially as society is changing and families are not living close by so often now, meaning that vulnerable people

need organisations around them instead. The increasing problem of loneliness was seen as urgent and participants underlined the need for a concerted effort to improve support within communities to keep people well at home.

Social prescribing was discussed at all three events. Some participants suggested that employing paid staff to run clinics at GP surgeries to address wider socio-economic determinants of health could be a way forward, but it was unknown whether al GP practices had room or if they would charge for the use of space at their practice. A 'coffee bus' approach was also suggested – a bus that could move between locations like GP practices, schools, industrial estates and luncheon clubs to provide signposting support.

Participants felt on the whole that current approaches are too fragmented:

*"We have lots of building blocks (organisations) but no mortar…the mortar could be the GP, district council, county council or other group."* ***Norwich STP Event***

Some reported that GP surgeries are a significant blockage. Some VCSE organisations cited examples where community and acute services would not refer to them even when they had capacity. It was suggested that GPs prefer a single point of contact so they can hand a patient over to a single person who will co-ordinate with them regarding their needs:

*"Better integration is needed and referral routes should be as easy to use as possible."* ***King's Lynn STP Event***

In order to make social prescribing effective participants agreed that mapping work needs to be undertaken to identify what is currently available and identify priorities for developing specific types of support in specific geographical locations. At the Norwich STP Event it was suggested that VCSE organisations often have greater relevance than their organisation title may suggest. For example. Arthritis Care provides healthy eating and lifestyle advice to help people living with Arthritis but this advice could apply to a much broader range of people. Therefore, any mapping needs to be quite specific about what service is provided and who could access it.

### 12.6. Education and prevention by 'life cohorts'

Education about prevention and primary care was seen as vital in terms of prevention but also in terms of self-care. The need to consider prevention for all life styles and life cohorts was discussed at all three events, but in particular at the Norwich event.

*"Co-ordinate prevention services and recognise different life cohorts"* ***Norwich STP Event***

Participants argued that, although there is a heavy emphasis on services for older people, prevention needs to start much earlier. People don't arrive at 60 ill; it is a life time of choices and experiences that impact on people's health. It was suggested that women, for example, are known to participate less in physical activity.

Carers were also highlighted as a priority for preventative support, with services needing to be designed so that carers can attend with the person they care for (or access enough respite to facilitate them to access services independently).

## 12.7. STP operational focus

Participants at the Norwich session wanted to see the bureaucracy of the STP reduced and a move away from strategic vision to more operational, shorter term goals to gain more buy-in and make the end goal seem more achievable.

## 12.8. Identified recommendations

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| GH1 | Improve funding practices by committing to move away from short, fixed term funding for VCSE agreements to longer term (e.g. 3 year) funding. |
| GH2 | Complete asset mapping in key areas, for example in areas of high need or where poorest health outcomes are experienced. |
| GH3 | Develop a clear operational strategy and action plans linked to the STP vision. |

## 12.9. Areas for further consideration and exploration

Partners should explore:

1. Developing a co-ordinated approach to volunteer recruitment on behalf of multiple organisations in a given locality.
2. The options for a local social prescribing model – this could include exploration of employing paid staff to run clinics at GP surgeries to address wider socio-economic determinants of health or the possibility of a 'coffee bus' model.

# Appendix 1: Workshop discussion questions

| CCG topics | Questions | VCSE topics | Questions |
|---|---|---|---|
| Acute Services | What do you think of our aims for acute services?<br><br>What impact would this have on the VCSE sector?<br><br>How do you feel the VCSE sector could help us achieve these aims?<br><br>What ideas do you have for making specialist acute services more sustainable?<br><br>What VCSE networks exist for ENT (Ear, Nose and Throat services), dermatology, radiology, cardiology and maternity? | Resources | How can we work together to ensure VCSE organisations have sufficient resources to meet demand?<br><br>What are the ways health organisations can help VCSE organisations reduce expenditure without reducing services?<br><br>How can we understand the increased resource requirement that will be placed on the VCSE as a result of the STP?<br><br>As part of a system-wide approach how should we approach a shift of demand from one part of the system to another and what are the resource implications of this?<br><br>How should we take this conversation forward? |
| Mental Health | What do you think of our aims for mental health services?<br><br>What impact would this have on the VCSE sector?<br><br>How do you feel the VCSE | Workforce | How can we work together to ensure we have the right people in the right quantities with the right skills?<br><br>How can we work together to better understand the demands that will be placed on the VCSE workforce and |

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| | sector could help us achieve these aims?<br><br>How could we develop the role of the VCSE sector in supporting people with mental health needs or learning disabilities?<br><br>What ideas do you have for improving mental health services? | | how to address these?<br><br>How can we avoid competing over volunteer recruitment?<br><br>How can the health sector support training and development of VCSE staff and volunteers?<br><br>How should we take this conversation forward? |
| Demand Management | What do you think of our approach to better managing demand?<br><br>What impact would this have on the VCSE sector?<br><br>How do you feel the VCSE sector could help us achieve these aims?<br><br>How can the VCSE contribute to the understanding of local patient needs and demands on services?<br><br>How can the VCSE support discharge from hospital / reducing length of stay of patients in hospitals?<br><br>What ideas do you have for reducing the pressure on our services? (Please think about | Data and Information | How can we share information and data effectively both strategically and operationally?<br><br>How can we make sure data is shared meaningfully and safely when it comes to direct work with clients?<br><br>How do we develop a shared understanding of the evidence available, its validity and how to use it?<br><br>How should we take this conversation forward? |

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|---|---|---|---|
| | social care, GPs & primary care, and our hospitals.) | | |
| Prevention, Primary Care and Communities | What do you think of our aims for prevention, primary and community care?<br><br>What impact would this have on the VCSE sector?<br><br>How do you feel the VCSE sector could help us achieve these aims?<br><br>What ideas do you have for supporting people to keep themselves healthy and well?<br><br>What ideas do you have for how we can provide care closer to home?<br><br>What ideas do you have for improving primary care and GP services?<br><br>How can we develop the relationship between the VSCE and local GP Practices? | Partnership and Promotion | How can we work together to promote the VCSE sector's services?<br><br>How can we manage demand and referrals to ensure high quality sustainable delivery?<br><br>How can we improve the dialogue between sectors at an operational and strategic level?<br><br>How can we shift the conversation with the VCSE sector 'upstream'?<br><br>How should we take this conversation forward? |

# Appendix 2: What does good look like? Expectations around VCSE engagement and the STP

## Introduction

In conversations with CCG and NCC colleagues about developing better engagement with VCSE organisations around the STP the question was asked what are the expectations we should be looking to meet? In essence, what would good engagement look like from a VCSE perspective? This is the correct challenge to pose but not an easy one to answer. The VCSE sector is numerous and diverse – effective engagement will look different to a commissioned formal health pathway service provider and a luncheon club. However, both are parts of the VCSE sector and both will be affected by and effect the STP delivery. Equally, work streams themselves are varied and there cannot be a one size fits all process.

In an attempt to provide a response, detailed below are six areas that provide a framework for each work stream to satisfy. The focus here is on engaging with VCSE organisations as partners and providers rather than their role as providing insight into key client groups.

Overall, the guiding vision for VCSE engagement should be:

If it has an impact directly or indirectly, those organisations should be part of the conversation early as ideas are shaped and developed. The conversation should be structured in such a way that they are able to engage with it and they should have a meaningful ability to influence the outcomes of the discussion.

## Senior Engagement

There should be senior engagement in the governance structure for the STP work streams. This includes VCSE representation within the STP Executive. The organisation should have structured accountability to the wider sector either through a relevant forum (e.g. the Mental Health Providers' Forum), the VCSE Sector Leadership Group or a similar structure. The sector is diverse, if multiple areas are associated with a work stream, membership of key governance structures may require multiple organisations.

## Co-design

New models and programmes should at a minimum be co-designed with VCSE organisations. The shape of the co-design process will look different within each work stream. Typically, this will look like a series of events, workshops and meetings that take organisations collectively with STP partners through a series of exercises that develop the initiative rather than respond to a pre-existing plan. Work streams should be able to evidence:

- How they have identified the relevant VCSE organisations.
- How they have ensured the co-design activity is accessible to the target audience.
- How the co-design activity has impacted the shape of key plans and programmes.

## Effective Communication

- Whilst communication should not be mistaken for engagement, effective engagement does require good communication. Work streams must communicate:
- Regularly - even if there are no major changes this helps people feel engaged and keeps them informed

- Detail – sufficient details should be available to make the communication meaningful. Whilst it is not necessary to provide every detail in every communication there should be the ability for organisations to follow-up by providing a named contact or details of where further information can be found.
- Honesty – be clear about what is known and which areas have less clarity. Avoid trying to portray significant service reductions as in some way service improvements.

### Assessment of impact and its mitigation

Work streams agree to understand, quantify and incorporate the impact on other parts of the system of STP initiatives. The development of this understanding of the impact should fully involve those organisations affected. Where organisations will be impacted, an agreed set of practical mitigations measures should be put in place.

### Early and living EQIA

As part of good practice, work streams should be including initial and regularly updated equality impact assessments for their proposals. The findings of these living EQIAs should help inform some of the wider engagement components. In a Norfolk context, this should include rurality as a key component. Equally, we would advocate the inclusion of low income as a characteristic, given the weight of evidence of its impact on outcomes.

### Six Principles

NHS England published six key principles to underpin the development of new models of care. Each work stream should plan, document and review its approach to delivering each of the six principles. The six principles are:

- Care and support is person-centred, personalised, coordinated and empowering.
- Services are created in partnership with citizens and communities.
- Focus is on equality and narrowing inequalities.
- Carers are identified, supported and involved.
- Voluntary, community and social enterprise and housing sectors are involved as key partners and enablers.
- Volunteering and social action are recognised as key enablers.

More information about the six principles is available from National Voices bit.ly/1RKSC3d

# Appendix 3: Norfolk Sector Leadership Group

This case study shows the work which has commenced since 2015 to create a structured, co-ordinated way to facilitate engagement between the public and VCSE sectors.

Norfolk County Council has a contract with Community Action Norfolk for a piece of work called VCSE Engage. VCSE Engage aims to support effective communication, representation, collaboration and involvement in the County Council's decision making by voluntary and community sector organisations in Norfolk.

One of the ways we do this is through the Sector Leadership Group (SLG). The SLG provides an interface with partners and the wider sector. Within the group, each person represents a particular theme and is connected to a network of VCSE organisations working in that field e.g. the Children and Families representative is connected to the Voluntary Sector Forum for Children and Young People. The themes covered by the group are:

- Children and Young People.
- Physical Health and Disability.
- Information and Advice.
- Older People.
- Mental Health and Wellbeing.
- Arts and Culture.
- Funding.

SLG representatives can work with partners at an informal pre-consultation phase as well as responding to formal consultation. Appointed members cover the themes listed above and they are nominated by thematic networks based on their understanding of the relevant issues in each area and their ability to connect with a broad network of organisations in that area and represent those views on their behalf. In addition, there are 5 elected SLG members. The process is designed to be transparent and accountable and bring a range of different views and experiences to this process. The membership is listed below.

1. Children & Young People – Tim Sweeting, YMCA, CEO- Appointed by Voluntary Sector forum (Children & Young People)
2. Information & Advice – Dan Mobbs, Mancroft Advice Project, CEO- Appointed by Norfolk Community Advice Network
3. Older People – Graham Creelman, Chair of Strategic Older Persons Partnership Board- Appointed by Older Persons Strategic Partnership / Age UK Norfolk
4. Mental Health & Wellbeing – Pip Coker, Julian Support, CEO- Appointed by Mental Health Provider Forum
5. Physical Health & Disability – Mark Harrison, Equal Lives, CEO- Appointed by Equal Lives umbrella organisation for VCSE disability organisations.
6. Arts & Culture – Elly Wilson, Creative Arts East, Deputy Director- Appointed by Norfolk's Arts Consortium
7. Funding – Graham Tuttle, Norfolk Community Foundation, CEO- Appointed by Norfolk Funders Forum

Additional SLG Members include:

- Jon Clemo, Community Action Norfolk, CEO- Appointed by Community Action Norfolk as one of the VCSE engage project partners
- Cindee Creehan, Momentum, CEO -Appointed by Momentum as one of the VCSE engage project partners

Elected members include:

- Janka Rodziewicz-Norfolk Community Law Service – Norfolk Community Advice Network Strategy Manager
- Daniel Williams - Your Norfolk, CEO
- Rebecca White – Your Own Place CIC - Director
- Laura Bloomfield – Future Projects -Service Manager Future Support

# Appendix 4: **VCSE '5 Asks'**

1. To embed the Social Value Act criteria in all commissioning evaluation processes – carrying at least a 20% weight.

Social value is a way of thinking about how scarce resources are allocated and used. It looks at what the collective benefit to a community might be when the public sector awards a contract. Social value asks 'If £1 is spent on the delivery of specific services, can that same £1 be used to also produce a wider benefit to the community?' Read more at ***bit.ly/1AQ69kI***

The Public Services (Social Value) Act allows commissioners of 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 but it also encourages them to talk to potential providers and service users to design better services, hopefully finding new and innovative solutions to difficult problems. *Visit bit.ly/1UNiQWT* for more information.

| Why is this important for the public sector partners? | Why is it important for the VCSE sector partners? |
|---|---|
| It will make the spend go further and investing in services also invests in local, high quality jobs | Sector organisations deliver significant social value alongside their direct delivery |
| Based on the Sector Led Plan data the Norfolk VCSE bring in £5.72 for every £1 of public funding | When the full value of local organisational delivery is considered, it makes them more attractive for investment, helping local organisations do more of what they are good at |
| It will help enable partners to invest in local organisations that are committed to the long-term vibrancy of our area | It helps us collectively align resources and work more efficiently and effectively |

2. A set of evaluation tools to be identified, developed, published and recognised by both sectors, and used across organisations consistently to provide comparable results, which are then made available.

Evaluating the efficiency and effectiveness of services and their delivery is important for any business, charity or public organisation – even more so in economically constrained times.

| Why is this important for the public sector partners? | Why is it important for the VCSE sector partners? |
|---|---|
| It's important to know that investment is delivering the outcomes required | We need to know our services are making a positive difference |
| An effective benchmark between services, which will ensure investment goes to where it generates the most positive impact | A benchmark across organisations and services helps us to continually develop and improve our delivery |
| Establishes a consistent approach to evidence, allowing comparison of like with like | Enables us to provide accurate evidence that will be listened to and trusted |

3. A forward plan to be maintained, highlighting key planning, service commissioning / development and strategic engagement opportunities.

This will provide a detailed 6 months outlook, a 12-18 months general outline and a longer-term guide on trends and areas of development. One plan is held across departments.

| Why is this important for the public sector partners? | Why is it important for the VCSE sector partners? |
|---|---|
| Supports engagement with the VCSE sector. The public sector doesn't fund the vast majority of groups that deliver activities aligned with its goals – if those groups are not included in planning and their priories are different, they won't be motivated to be involved | Helps plan engagement on key issues and ensures early engagement. Supports the goal of being able to influence 'up stream' and avoid need for short-turnaround consultations |
| Support better alignment and coordination internally as well as externally – supporting more effective delivery with reduced resources | Aligns and develops shared priorities |

4. Any provider may request an open book review if they believe they are subsidising a contract.

If this open book review identifies the contract value is below the cost price, the contract is then subject to a co-investment agreement that agrees the service specification and highlights the value of each party's investment.

| Why is this important for the public sector partners? | Why is it important for the VCSE sector partners? |
|---|---|
| Enables clear view of actual cost of services, and to be clear and honest in what can be commissioned | Gives a choice between cross-subsidising or withdrawing from a contract |
| Avoids organisations withdrawing from contracts, leaving public sector without high quality partners | Credit for the work and resources invested |
| Develops shared investment models in key areas of delivery to support outcomes that the public sector cannot deliver alone | Helps shape service delivery in the best interests of clients |

5. Any budget proposal that effects an external organisation is subject to an impact assessment done in consultation with that organisation.

The impact assessment would include the effect of the proposal on the service and any knock-on effects on other services – this is to be done before these proposals are considered by committees, enabling elected members to take decisions with a fuller understanding of the implications.

| Why is this important for the public sector partners? | Why is it important for the VCSE sector partners? |
|---|---|
| Able to make decisions equipped with the full facts | Able to articulate how proposals may impact other services |
| Able to support shared understanding of challenges and choices | Early engagement supports your planning whatever the decision outcomes |