

Strategy for working with the Voluntary, Community and Social Enterprise Sector

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Strategy for working with the Voluntary, Community and Social Enterprise Sector DRAFTv4

1. Introduction

This strategy sets out why NHS Liverpool Clinical Commissioning Group (LCCG) values the role of the Voluntary, Community and Social Enterprise Sector¹ (VCSE) in improving health and explains why we wish to work in partnership on this shared goal. Similar approaches are intended to be developed to structure working with other sectors.

NHS Liverpool Clinical Commissioning Group has set the following aims to which this strategy contributes:-

LCCG Aims:

- Improve health outcomes and reduce health inequalities for the people of Liverpool
- Maximise value from our financial resources and focus on interventions that will make a major difference
- Build successful partnerships which promote system working and integrated service delivery
- Hold providers of commissioned services to account for the quality of services delivered
- Effectively engage patients and the public in decision making
- Ensure continuous improvement in primary care services.

LCCGs five year strategy and Liverpool health system's improvement plan, Healthy Liverpool, also includes the following characteristics as key to success:-

- Fully engaged citizens and healthy communities
- Prevention of ill health
- Addressing the social determinants of health
- GPs co-ordinating more services in community settings and nearer to people's homes
- More joining up between those providing services to better support the patient
- A range of programmes and settings

An important element in these factors is the role of Voluntary Community and Social Enterprise (VCSE) organisations. Liverpool is fortunate in having a very active and diverse VCSE sector and this strategy sets out the value LCCG places on the contribution of these organisations to the city's health and how it intends to work with the sector. There are strong links between this strategy, LCCGs Social Value approach and plans for public and patient engagement.

This strategy responds to direction in the following documents:-

- NHS Liverpool CCG Constitution
- A Call to Action and Call to action documents:-
 - Improving General Practice: Phase One Report
 - Commissioning for Prevention
- Everyone Counts Planning for Patients
- Planning and Delivering service changes for patients
- Public Services (Social Value) Act 2012
- Sustainable Development Strategy for the Health, Public Health and Care System 2014
- Transforming Participation in Health and Care 2013

¹ Including faith organisations, non-governmental organisations, community interest companies, etc...

2. Background

The VCSE sector is really a diverse group of sectors that varies considerably in size, scale and organisational structure. This includes the following:-

Charities – small, focused organisations serving a local community through to
– large national organisations, sometimes with local branches

Community Groups – often volunteer led, serving a community of interest /
geography / faith

Service providers – can take many organisational forms (Community interest
companies, social enterprises, charities, co-operatives etc..) and are already
providing services in health and/or social care, sometimes user-led organisations

Infrastructure organisations – exist to provide support to other organisations in
the sector – eg LCVS, Social Enterprise Network, Confederation of Social
Entrepreneurs, Merseyside Disability Federation....

Other terms used to describe these diverse organisations are third sector and civil society.

Primarily VCSE organisations form and exist as a result of people's commitment to respond to needs not being met by public or private sector bodies. They have a social mission and any surplus /profit made is directed back into service delivery. By nature they are often working with marginalised and disadvantaged communities in ways which require innovation, flexibility and risk taking.

VCSE organisations clearly have their own agendas; however, many have health and wellbeing as core to their purpose. This may involve working to improve the social determinants of health in their community and/or working directly in providing health and social care services. The sector has particular expertise in working with communities facing inequalities of all kinds. It is recognised in government and NHS strategy that links between public sector and VCSE are of considerable benefit in terms of social and financial effectiveness.

In 2013/14 LCCG invested just over £6,500,000 with VCSE organisations to provide a range of services including end of life care, advice and support for people with sudden or long term illnesses and mental health support.

For NHS Liverpool CCG, different types of VCSE organisations have different roles to play in health terms; from the contact they have

LCCG Survey of psychological therapies in Liverpool found that:-

- The voluntary sector provides a broad range of treatment options and wellbeing interventions.
- Psychological therapies delivered 2400 episodes of care (37,000 contacts) in the year.
- Wellbeing services supported 1200 people (31,000 contacts) in the year.
- The voluntary sector appears to deliver a lot of activity for a small resource and to offer flexibility.
- Statutory services, including healthcare organisations, appear to be using the voluntary sector to provide services that are not being funded either contractually or by grant.
- Effective models for wellbeing services can be found in the Liverpool voluntary sector.

with their community to providing citizens with opportunities and support to participate in community life, decision making and in improving their own and their families' health. It is in these areas of common interest where LCCG and VCSE organisations can come together effectively to support each other.

Where VCSE organisation goals are in line with LCCG goals, we will seek to understand and maximise the mutual advantage of working together to improve health in Liverpool communities.

3. Aims and Objectives for Working with VCSEs in Liverpool

The VCSE sector has a crucial role in supporting the health and wellbeing of Liverpool's people.

- It is a significant employer (paid and unpaid)
- It supports social inclusion, democracy and the right to participate in community life
- It provides a space where disadvantaged individuals and communities can exercise power
- It develops social capital and social cohesion and supports community development
- It contributes to a sense of culture, belonging and place
- It attracts significant investment to improving health in the city
- It is the source of considerable innovation and experimentation that derives from an entrepreneurial culture which responds quickly to meet need.

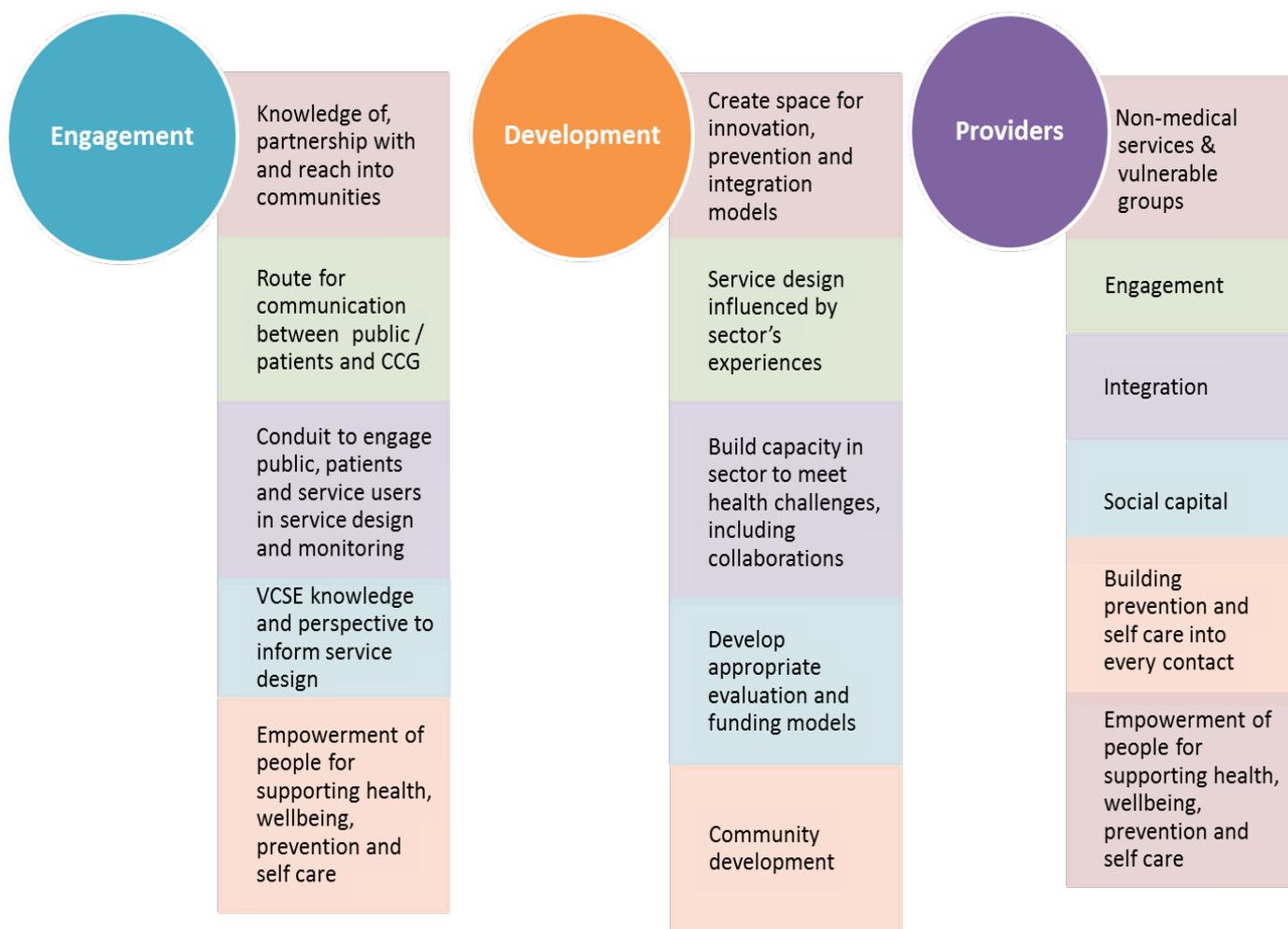
LCCG recognises the value of these attributes in complementing the role of the public sector in improving health within Liverpool communities. We wish to develop effective collaborative partnerships with VCSEs to help meet ambitions for a healthier Liverpool.

LCCGs aims in working with the sector include:-



Objectives and actions to support achievement of the above aims are set out in Appendix 1.

LCCG identifies the following areas as key in our partnership work with VCSEs:-



Both the **engagement** and the **provider** spheres will be harnessed through commissioning processes as part of strategic and programme delivery. These approaches are introduced in this strategy and will be developed as part of Healthy Liverpool.

LCCG will seek to ensure that every neighbourhood offers services and activities that enable individuals and families to live healthier lives, be active members of their communities and to have good support available when ill health arises. Fostering such activity already underway and commissioning activity to meet need is part of LCCGs long term aim to work with VCSEs in creating healthy communities and reducing pressure on NHS treatment services.

In support of the VCSE Strategy aims, LCCG will consider commissioning a range of activity, in which the VCSE may be well placed to compete as potential providers. Examples of the sort of activities that may be considered include:-

- Provision of information regarding the sector
- Channels of communication with the sector
- Programmes to engage with vulnerable groups
- Insight research into community needs
- Insight into opportunities within communities
- Non-clinical services in neighbourhoods eg peer support
- Specific programmes to improve health literacy
- Specific programmes to improve social determinants of health
- Programmes to improve health capacity

- Community champions for health
- Market development support for VCSE

Guidance is anticipated from NHS England in summer 2014 regarding peer support and social prescribing which will be taken into account.

The area of ‘**development**’ may also be commissioned activity but may also require a different approach at an earlier stage of commissioning, which is about shaping the market.

In the area of innovation, risk and community development, a structured grant process may be considered appropriate. Grants will be used where a programme is testing and evaluating a concept and are not viewed as a substitute to commissioning a service unless in exceptional circumstances. LCCG wishes to introduce a grant scheme to encourage and enable Liverpool’s VCSE sector to help Liverpool improve health outcomes. The grant scheme is one element of this VCSE strategy and also forms an element of LCCGs approach to engagement, social value and employing non-clinical approaches to health improvement and reducing health inequalities. A rigorous grant process for VCSEs is in development which will include specific aims, eligibility, governance, structure and evaluation processes.

LCCG is also interested in collaborative/active research with VCSE organisations to improve evidence and evaluation of non-clinical approaches in contributing to NHS sustainability. In addition to our current research commitments with Universities and NHS Trusts, Collaborations for Leadership in Applied Health Research and Care (CLAHRC) and the North West Coast Academic Health Science Network, we are interested in partnerships for community based research which may link to the commissioning and grant activity supported through this strategy. LCCG hopes to support links between communities and Universities to enable participatory research responding to the issues and interests of communities. Using approaches such as ‘Science Shops’ could bring Liverpool’s considerable research expertise to work closely with our dedicated community and patient groups, creating mutual benefit and enhanced learning potential to improve health outcomes.

LCCG recognises that participation in LCCG processes may incur costs to VCSE organisations and volunteers and will set out a process which explains how and when LCCG may reimburse volunteers for travel costs.

4. Values and Principles

In working with VCSEs, LCCG will honour the following values set out in our constitution:-

- a) Patient Focused and Outcome led** - We will empower our patients to engage in improving their overall quality of life, to interact in their care plans, and to ensure that no decisions will be made without fully involving patients, both in the planning and monitoring of services.
- b) Partnership and Collaboration** - We believe in working in unity, both within our organisation and externally with our partners. We listen to, communicate with, and

work effectively with all our partners including Member Practices, providers of NHS services, the Local Authority, and the Commissioning Support Units.

c) Locally Focused – We will work through locality and neighbourhood groups to implement and deliver services that meet the needs of our communities.

d) Progressiveness – We encourage innovation and continuous improvement in all services we commission. We will target our resources in the most effective way to ensure we offer value for money in the services we provide, and equity for patients.

e) Accountability – We accept responsibility for our actions. We make and support business decisions through experience and good judgement, and we will deliver against our promises.

f) Integrity and Respect – We will act with honesty and transparency in all our actions. We are committed to a teamwork environment where every person engaged in the work of the CCG is valued, encouraged to contribute, and recognised for his/her efforts.

and the principles of the Liverpool Compact between Liverpool Charity and Voluntary Services and Liverpool City Council which are-

- **Respect:** To act with transparency and integrity. Effective partnerships are built on mutual understanding and an appreciation of the differences between partners.
- **Honesty:** Full and frank discussions should be the basis for resolving difficulties.
- **Independence:** To ensure that the independence of the Voluntary, Community and Faith Sector is recognised and supported. This includes its right within the law to campaign, to comment on and to challenge the policies of public sector organisations (regardless of any funding or other relationship which may exist with such bodies). VCF organisations are free to determine and manage their own affairs.
- **Diversity:** To value a thriving civil society which brings innovation and choice through a multitude of voices.
- **Equality:** Work together to achieve equality, respecting diversity & fairness for everyone, regardless of their background.
- **Citizen empowerment:** Working together, to deliver change that is built around communities and people, meeting their needs and reflecting their choices.

Source Liverpool Compact, 2013

5. Conclusions

LCCG recognises the important roles VCSE organisations already play in supporting health and wellbeing in the city and wish to work in partnership to enhance that role and health outcomes.

This is a key element of Healthy Liverpool which is the city's plan for improving health.

This strategy marks a significant development in improving LCCG relationships with VCSE organisations and sets out the approach and initial steps LCCG will take.

APPENDIX 1 VCSE STRATEGY ACTION PLAN 2014/15

AIM 1 To work together with VCSE sector around common areas of interest to improve health		
Objective	Action	Milestones
Develop CCG understanding of VCSEs in Liverpool and our common agendas	Commission research, to complement the Health Directory, which establishes a baseline of the impact of health support currently provided by VCSEs, the diversity, scale and scope of work they do, communities they serve, difficulties faced, successes, weaknesses, strengths, risks, any gaps in provision.	Winter 2014/5
	Analyse research to identify and quantify opportunities & risks and to establish indicators.	Spring 2015
	Track to enable understanding of success of strategy.	Ongoing
	Establish staff development opportunities for LCCG staff to exchange spending a day with VCSE organisations and vice-versa.	Winter 2014
Develop engagement infrastructure	Establish regular email communication of CCG planning, progress and priorities to sector	Spring 2014
	Establish mechanisms for dialogue and engagement	Summer 2014
	Identify existing mechanisms eg LCC provider forum and potential to collaborate	Summer 2014
	Work with LCC to align approaches to working with VCSE and understand their partnerships etc.	Ongoing
Put in place tools to make VCSE information available and useful to LCCG	Determine support available from infrastructure organisations etc. to enable provision of information relating to organisations within the sector and the services they provide, commission where required.	Summer 2014
	Complete development of directory of services with Healthwatch Info and GP desktop and promote widely	Summer 2014 and ongoing
Improve LCCG understanding of communities to improve services	Understand needs and assets, opportunities to improve health, public and patient experience, particularly in the diverse and vulnerable communities VCSEs serve.	Ongoing
	Work with and commission VCSE where appropriate to provide this insight (links to engagement programme)	Summer 2014 and ongoing
	Establish mechanisms at strategic and programme level that forge partnerships, build trust and create capacity for this	Autumn 2014 and ongoing

AIM 2 Form partnerships and develop capacity with relevant VCSE organisations to enable health improvement in neighbourhoods and to create healthier communities		
Objective	Action	Milestones
Connect VCSE and GP Neighbourhoods	Create opportunities for VCSE to meet with GP neighbourhoods and other partners, particularly to support non-medical model	Autumn 2014 and ongoing
	Form partnerships to address the social determinants of health and create healthier communities.	Autumn 2014
	Explore opportunities for referrals to VCSE and neighbourhood commissioning	Autumn 2014
Collaborate with VCSE to empower citizens and neighbourhoods to improve health	Commission non-clinical programmes for which VCSE may be well placed to compete eg health literacy, healthy lifestyle support, prevention, self-care support, communicating service changes, health champions, peer support, provision of information in appropriate formats for vulnerable communities	Autumn 2014 and ongoing
	Introduce grant scheme for innovation in practice, proof of concept and to foster collaboration between VCSE and with GP neighbourhoods. Establish governance arrangements for process.	Summer 2014
	Commission grant process administration.	Spring 2014

AIM 3 Enable VCSEs to be part of effective provider landscape supporting better health outcomes in Liverpool		
Objective	Action	Milestones
Remove any process barriers within LCCG	Review specification processes, publicity of contract opportunities and PQQ, tender documentation to remove any unnecessary barriers to VCSE	By Autumn 2014
Support VCSE market development	Provide support for VCSE to understand commissioning and procurement processes, to remove barriers to market entry or competing and to facilitate collaboration and market development to enable effective participation.	By Winter 2014
	Review current VCSE support packages and determine whether specific support needs to be commissioned to achieve health ambitions	By Winter 2014