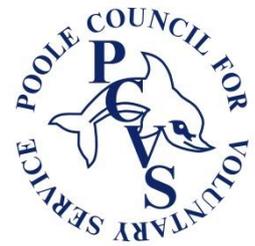




**Bournemouth CVS**



## Health and Care Forum

Tuesday 7<sup>th</sup> June 2016

Anglo-Continental, 29-35 Wimborne Road, BH2 6NA

2pm – 4.30pm

**Question 1: Focusing on Integrated Community Services – what do you think was good about what you heard from the voluntary sector perspective**

**Table: Blue**

**Facilitator: Chris Beale**

A good review, especially the perspective that we are looking at one joint workforce, staff and volunteers

They might start taking more attention about what the VCS has to offer, services, resources – but will this lead them to review taking more control?

This looks joined up across statutory sector and with us

They are a long way off from implementing this vision

We do not see this integration with nurses/doctors

We have had a high level vision, but not a lot of detail, but there is recognition that it is difficult - which it will be

We need to know why things are not working well

Is it clear that there is open patient consultation

Re-emphasis on integration is welcome

Judy Birch has been invited to attend a MD group on pain management, the process is being well managed. It has taken time for the review to happen, but it is happening

The intentions are good

Uncertainty about how data on need is shared within the NHS, for example on lymphoedema.

**Question 1: Focusing on Integrated Community Services – what do you think was good about what you heard from the voluntary sector perspective**

**Table: Yellow**

**Facilitator: Frances Aviss**

Opportunities for the VS to provide services in first case eg signposting

The joint working opportunity to enable the volunteer organisations and others to work together and partner up

Opportunity to raise awareness of VS organisations to GPs, Community Services, Sector, partnership working

Needs based model looked interesting

Send posters out re models

Great VS so much more involved but at the same time lots of organisations going under due to funding being cut

Knowing the model is positive removes some of the uncertainty as voluntary organisations can then more easily plan – this hasn't been available before. If you can see the model by area you can see where you fit

Opportunities for partnership working

(Sally Sandcraft– organisational development of it working to increase collaborative working as being involved)

Helpful for us to present to you about the VS so you have more understanding about what we do

**Question 1: Focusing on Integrated Community Services – what do you think was good about what you heard from the voluntary sector perspective**

**Table: Green**

**Facilitator: Viv Aird**

Access – transport – importance at last being recognized

VCS Navigator good but funding has now stopped - part of the hub

Increased investment in prevent and community care

Has to be more partnership between agencies

More knowledge about all that is available from all sectors

Different perspective from VCS

Forums are good – CVS e-alerts – part of what is happening

Closer to home focus

Continuity for long term conditions and more appropriate support

Home from hospital

More focus on avoidance

More resources available if working together

**Question 1: Focusing on Integrated Community Services – what do you think was good about what you heard from the voluntary sector perspective**

**Table: Red**

**Facilitator: Hannah Rees**

Angela Warren feels public and patients were involved in the consultation about what they want and need and their voices were respected/valued

Val Jefferies felt increased respect towards VS due to safeguarding/professionalism/robustness of the organisations – that 3<sup>rd</sup> sector is becoming respected more as an equal partner

Kathleen Gillett said that VS capacity needs to be built in order to enable VCS to work in partnership – this has been identified by statutory agencies

**Question 1: Focusing on Integrated Community Services – what do you think was good about what you heard from the voluntary sector perspective**

**Table: Purple**

**Facilitator: Romany Ross**

Concept of bringing services to people

Person centred

One integrated IT system and potential to share with VCS and statutory services would also help with geographical issues

Possibility of emailing GPs and getting email response – good for people with mobility problems of autism etc

Scale of concern – seeing relevant person rather than going via GP eg to see pharmacists

Reduced waiting times and urgent cases seen earlier

Reaching out to VCS and wider community services, but there needs to be appropriate funding both for the service provision and staff

Partnership working

**Question 2: Focusing on ICS – what questions, concerns or suggestions do you have thinking about the voluntary sector**

**Table: Blue**

**Facilitator: Chris Beale**

My concern is about funding

There was no offer of supporting patient involvement to attend formal meetings

There is a risk that VCS is also losing their funding

There is little recognition of the role of some groups eg lymphedema. Especially clinicians don't understand these conditions

Sally said that we are struggling with funding, but we do have a massive budget of £1.2 billion we need to spend this better and shift budgets around

When teams are getting higher demand we can bring them together. Also we want the specialists eg consultants to work a lot more with community teams and also to make better use of IT etc

Where does control come from, eg people are getting different services in Bournemouth and Poole – we need consistent quality

We could have a lost opportunity of utilizing the strength of the VCS there is too much emphasis on the clinical side

It is very big, if you try to move it on all together could be a challenge. We need more co-production

I am still not clear about commissioning. We need clear protocols on this. It should not all be through commissioning

We need (to) chunk up this process more and produce some protocols. Also let's choose an area for co-production which is a priority for VCS

**Question 2: Focusing on ICS – what questions, concerns or suggestions do you have thinking about the voluntary sector**

**Table: Yellow**

**Facilitator: Frances Aviss**

Smaller voluntary organisations may lose out

Enhancing local voluntary sector – increased support, training to increase skills and awareness re procurement processes – make other processes easier whilst still being fair

The community model doesn't support localisation

Raised awareness of CVS and support provided

Getting voluntary organisations to work together – how do we foster that?

Will voluntary organisations have access to SPO and also be able to be on it so colleagues can refer to them

Also increase the awareness of VS of role they play / can play.

**Question 2: Focusing on ICS – what questions, concerns or suggestions do you have thinking about the voluntary sector**

**Table: Green**

**Facilitator: Viv Aird**

Loss of funding to VCS

Longer term investment

Things going around in circles

Making sure there is housing with other care if people are being discharged

(Trauma, substance misuse – organ failure, severed medical conditions)

Consultants kicking out care plan

No clinical need – revolving door

Integrated Community Teams with have to operate 24/7 - how will this be resourced?

Shared budget – integrated and planned all sign up to the outcomes

**Question 2: Focusing on ICS – what questions, concerns or suggestions do you have thinking about the voluntary sector**

**Table: Red**

**Facilitator: Hannah Rees**

If NHS bids and tenders that come out could be made more available / be made more aware to VS eg through 'Tender Alert' email alerts, then VS can bid for it and this will help increase the organisation's capacity and be mutually beneficial

Possibly organisations could put in a joint bid which offers more to NHS/VS/Clients

(Sally Sandcraft discussed this has not been the case so far as they don't want to encourage 'competition' between VS organisations)

Awareness raising – opportunities for Health and Social Care to meet VS to find out about what support/resources are available eg through 'Speed dating' events between primary and secondary care

Funding for befriending services not to be totally reliant on volunteers

Lots of social isolation could be lessened through regular befriending who develop a relationship with their client and could identify if medical support needed

Geraldine Bradley said many volunteers don't even ask for their expenses (travel) as they don't want to take money away from the organisation

Once clients are more confident they can go to 'Hubs' in the localities – friendship clubs on transport routes could be very beneficial

Kathleen Gillett said there is a need for a Transformation fund for the VS from CCG to enable VS to take part in this process of change

**Question 2: Focusing on ICS – what questions, concerns or suggestions do you have thinking about the voluntary sector**

**Table: Purple**

**Facilitator: Romany Ross**

Emails not in all surgeries

Funding for services generally, continuity of funding and services geographically, staffing, management, low wages in Dorset generally

No continuity of services across Dorset Social Services

Risk of over spend – assumption that integration will lead to (it being) cheaper/savings – but is this correct?

Access to services – barriers eg transport, mobility, disabilities

Lots of change = lots of disruption

Reliance on VCS but no monetary support

VCS not treated as equal professionals by statutory services

Management of change eg upset in Poole over A&E

Public education/culture change

### **Question 3: How will this impact on the unknown workforce within the voluntary sector**

**Table: Blue**

**Facilitator: Chris Beale**

As a volunteer our capacity is stretched eg in paying for our travel expenses

We also have a capacity issue at an organisational level

We need to promote a better understanding of the difference in managing volunteers as opposed to staff

There will be a challenge of patients/service users being passed through an integrated team

How do we value volunteers eg paying expenses

Eleanor Parsons asked about the NHS overruling VCS support – everybody agreed that this is the case. Sometimes this is not funded or there is duplication

Is there a capacity/ building infrastructure budget – no – also we have to remember that not many VCS organisations will want to be commissioned

We do not have a full system approach

**Question 3: How will this impact on the unknown workforce within the voluntary sector (and 3<sup>rd</sup> Sector)**

**Table: Yellow**

**Facilitator: Frances Aviss**

To me the VS is more than just the volunteers and that element of the workforce does require support

We advertise for people rather than what we need

Roles could be delivered by a combination of people

Risk of depleting voluntary organisation's workforces may become more flexible and more attractive

Don't want to lose the essence of volunteering – set themselves up to help not necessarily to make money

Support the administrative part to allow the voluntary part to continue

How do we support the 3<sup>rd</sup> sector at a local level – concern in variability across areas

Longevity and sustainability when specialists merge for a short term

Risk – how do they fit into model

**Question 3: How will this impact on the unknown workforce within the voluntary sector**

**Table: Green**

**Facilitator: Viv Aird**

Harder to recruit care staff – H&C merge

Not traditional roles

More joint training

Volunteers – changing demographic – social carers

Identify gaps – workforce

Mapping good ideas but only if done properly

Skill mix – pyramid

Peer support for long term condition

Kings fund

McKinseys helped DCCG to map workforce and model future requirements

Face to face assessment

Fraility tools

Professional group MDTs

### **Question 3: How will this impact on the unknown workforce within the voluntary sector**

**Table: Red**

**Facilitator: Hannah Rees**

NHS would get the right partners, best for patients, VFM and organisations would get funding

Discussed competition between organisations and how partnerships could avoid this

NHS would then contract based on partnerships

Organisations need to identify the services they currently offer and to evaluate how to improve on them/develop them to meet the needs of their community

Develop recognition and understanding that VS needs funding as services may not be free but will represent VFM eg local authority cuts tend to be passed to Voluntary organisations who are struggling

Some people cannot afford to be volunteers – more people may help if funding was available

**Question 3: How will this impact on the unknown workforce within the voluntary sector**

**Table: Purple**

**Facilitator: Romany Ross**

Increased pressures

VCS provide services directly to community and are pivotal to change

VCS skills and expertise not recognized

No additional funding but increased work

VCS goes the extra mile – can this be taken advantage of?

VCS very flexible but statutory services are not

Big unknown – could be positive or negative

Potential for partnership working

Half the facts (not able to see patient records) but expected to do the whole job

New skills and experiences to learn

**Question 4: What considerations do we need to take into account to support/enable volunteers in their chosen role?**

**Table: Blue**

**Facilitator: Chris Beale**

Priority has to be given to the volunteer

We have to demonstrate the full value they bring

Also we need the infrastructure (properly funded) to get access to voluntary work force

**Question 4: What considerations do we need to take into account to support/enable volunteers in their chosen role?**

**Table: Yellow**

**Facilitator: Frances**

Covered previously

Enable and respect people's offer to volunteer

Where do we have shortages that could be delivered by VS we may need to think about funding that differently

Help organisations to measure and evidence what they do and show how it is supporting health and care

Help the VS to show us how they encourage their role and how they fit into local need

Need to think of general public expectation

**Question 4: What considerations do we need to take into account to support/enable volunteers in their chosen role?**

**Table: Green**

**Facilitator: Viv Aird**

Huge value added but volunteering not free – Skills, training, support, supervision, linking, personal development, choice, brokerage, voluntary confidentiality – ratio of paid

Volunteering co-ordinators - training through BCVS very valuable

Advertising through VC, users, previous service users

Challenge – own recovery

Volunteers – young people, particular groups, contract requirements

Skill set

Educate for corporates – volunteer day, finding placements

Landscape after this work

Start to training for their roles

Limited pot of people with right support could be increased perhaps

**Question 4: What considerations do we need to take into account to support/enable volunteers in their chosen role?**

**Table: Red**

**Facilitator: Hannah Rees**

Voluntary sector values volunteers but do Health Professionals?

Some money needs to be available to pay for services as some people cannot afford to volunteer – can we change this?

More funding to CVS as these organisations bring VS agencies together to network

Training for volunteers (such as working with paid staff) is crucial to enable them to be most effective in their role and to understand eg that they need to claim their travel expenses and be professional

Management and training of volunteers needs resources

Educate people to understand what impact the VS can make

Recruitment of trained volunteers with a wealth of expertise is needed eg retired professionals and this would lead to increased respect for volunteers

**Question 4: What considerations do we need to take into account to support/enable volunteers in their chosen role?**

**Table: Purple**

**Facilitator: Romany Ross**

Training and support

Recognition

Dedicated staff to assist

Resources need to be provided

Managing expectations

Feeling valued

Robust policies

Commissioners need to value volunteers

Awareness of support needed eg health needs

Volunteers being forced by job centre isn't helpful

Address why people volunteer and what they hope to achieve – treat as an individual

Few volunteers in social care eg Social Services