

Healthy Future Forum 25th January 2012

Engagement with the Clinical Commissioning Group and the Health and Wellbeing Board

1. The CCG as a Commissioner of Services

The local Voluntary and Community Sector provides services which offer quality, choice and added value in particular in the field of prevention, self- help and in filling many of the gaps left by the statutory sector. The VCS has built up unique skills in advocacy, support and enablement. Voluntary sector provision should not be considered as a free option however, and funding is required to ensure sustainability.

Under the new arrangements it will be important that the largest organisations with the largest budgets and strongest voices do not automatically have priority. A fine grain approach is needed to avoid loss of critical quieter services. Voluntary sector can also offer expertise not linked to service delivery.

It would be useful for the sector to have the following assistance:

- information about the opportunities and future priorities
- a database of contracts that are available linked with local services that are available
- Clarity on outcome based commissioning requirements - as these can be difficult to deliver and record
- Support for smaller provider groups to come together to develop consortia. (Need to start planning now).
- Funds that the sector can tap into in order to undertake research or pilot projects to see what will work. PCT Innovations Fund was a good initiative.

2. What information does the VCS need about the CCG?

The following questions were raised:

- How will funding work with the CCG?
- Will the CCG follow the eligibility criteria routes for health care?
- Why are long term conditions not included in the priorities?
- How will the CCG prioritise? Geography does not always match the registered patients.
- Will a single CCG for the whole county struggle to integrate services with local social services departments?
- How will a single CCG work effectively with two H&WBBs?
- How will the CCG know the support that the voluntary sector can offer?
- How will the CCG develop a vision of how it will work with other sectors from the outset?
- How will the CCG ensure that the local sector is not squeezed out under the new arrangements as we won't be able to put in a bid in the same way as national organisations due to lack of resources and capacity?
- This network of voluntary sector organisations can inform the CCG about local issues and be an important link with service users when setting priorities. How can we ensure that this engagement happens?

3. Lay member place on the CCG:

VCS is too fragmented to have a single view but can contribute to CCG sub groups. In the criteria for the lay person on the CCG it should state that they should be involved with the voluntary sector. It would be useful if the lay person were to be the chair or vice chair of the CCG.

4. Engagement with GPs

There needs to be more awareness of what is available and what services the sector can offer, particularly with GPs as the new commissioners. The importance of self-help should be emphasised. The sector has many community assets and need representation with the GPs at an early stage.

Suggestions for future actions:

- A directory of providers should be available for GPs so they have proper systems to ensure all providers get equal opportunity
- an open day for GPs to include all local services and ensure that GPs have protected time to attend to find out what is available
- Create opportunities for networking between GPs and the voluntary sector to share good practice

Develop a stakeholder group for GPs which can help with:

- local procurement and commissioning
- influencing the rest of the sector
- Co-production
- Prioritisation

5. Engagement with the Health and Well-Being Board (H&WBB)

VCS has in-depth knowledge of the real meaning of well-being, up to date information about local issues and the ability to help H&WBB find out what patients think. VCS needs to work closely with HealthWatch and feed in to the JSNA.

Voluntary sector representatives need to be able to represent the whole sector. In order to avoid tokenism this forum will be important to maintain accountability. Experts need to be brought in to help the H&WBB. Perhaps topic- specific specialists could be co-opted onto H&WBBs for a specified time period. Perhaps use a seat (not a person approach) which could be occupied by most relevant person for the topic under discussion.

Disappointment and concern was expressed about the lack of voluntary sector representation at the outset on the H&WBB.

6. Other Issues

The CVS needs to lead the sector and enable resources and documents to be shared. Healthwatch / LINKs are a network of networks and can also help the voluntary sector.

