Bournemouth and Poole Health and Care Forum

Response to a Selection of Questions from the Department of Health VCSE Review

9. How might grant processes be strengthened to enable greater sustainability within the VCSE sector?

Better promotion of opportunities. There is a lack of general awareness of local NHS grants. There is a lack of transparency about how to apply and how decisions are made. The national grant processes are extremely bureaucratic. It takes a lot of resources to make an application. It would be helpful to have joint processes between all the agencies including health and social care.

Joint grant processes between health and social care and also more focused grants programmes e.g. grants for research, auditing, as well as developing services would be helpful. Grants should also be based on need. We are asked about what additional funds we have brought in but we struggle because addiction, homelessness etc. are not popular causes.

Grants could be used to help the VCS to evidence, test and prove concepts before contracts are developed.

10. Do you think the VCS sector need additional support to enable it to respond to alternative funding modes eg social impact bonds? If yes, what type of support do you think would be beneficial.

We would be unlikely to access such arrangements. We don't have the capacity to put the effort into something that is unlikely to have an end result.

12. What support would be beneficial for commissioners in recognising and working with the diversity of the market?

Meet the commissioner events/stakeholder events to ensure that everyone is aware of all the services/organisations that are available. (We have seen bigger national organisations pushing out excellent local providers because they can deliver all the services in the contract.) Perhaps we should explore having just one lead agency which is commissioned to sub-contract with smaller organisations.

Some of the sorts of models which are being presented do not make sense e.g .for the amount of money being offered you cannot employ the amount of staff specified. The commissioning can be too prescriptive eg you have to do one- to- one work as opposed to group work. The work is re-packaged but remains the same and the funding is less. It would be useful to have ways of discussing with commissioners how processes could be improved.

Commissioning

16. Are you aware of any local areas where a level playing field has been achieved for smaller VCSE organisations? If yes, please provide details of where the currently happens.

No. The processes seem much better suited to large organisations.

17. What more do you think could be done through commissioning to ensure that risks are effectively shared between commissioners and providers?

Coproduction with Consortia would help as would joint processes between Health and Care. We would also like to explore 'Contract by regulation'. TUPE is a huge risk. Commissioners could offset liabilities.

Smaller organisations are struggling and cannot take on the liabilities of large contracts. Smaller organisations are also not VAT registered. Consortium and lead agencies models can work well. Sector umbrella bodies would be well placed to take this on.

23. What kinds of outcomes and impact does the VCSE Sector need support to measure and demonstrate?

The kinds of outcomes that will make the case for preventative work - but how do you measure preventative outcomes? It would be useful to compare with crisis intervention e.g. A&E admissions, use of hospitals if we had more information and hard data on this. We also need to find ways of measuring community outcomes.

More independent research is required. More co-ordination about what research is going on and what support is available. Students could help. Public Health could devise a clear framework of realistically achievable demonstrable outcomes recognised across agencies and across the country.

The problem is generating evidence, the people on the ground need to do this. Service user groups can help. Individuals can be supported to self-assess. We should also be seeking to measure our collective impact. It would be useful to know more about how have the statutory agencies have approached this

We have found the following resources very helpful:
NCVO –Theory of Change models
The Social Value Bank produced by the Housing Associations' Charitable Trust
National Treatment Agency produced a really good model to measure outcomes (treatment outcome profiles).
Quality Assurance audits also play a part.
Outcome Stars and Case stories
Social impact video by social enterprise UK

28. Do you think the VCSE is better placed than the statutory sector to achieve improved health and care outcomes in some areas? If yes, please let us know which outcomes and why you think the VCSE sector is better placed to achieve these.

The VCSE is better placed to achieve preventative outcomes because of the nature of the way services are provided. Access to services is easier as thresholds/ criteria do not need to be met and there is less bureaucracy. This enables us to be a first port of call for individuals. Some people do not wish to engage with statutory services but the public often has a more positive view of charities and the voluntary and community sector. VCSE Services may be less stigmatising than statutory services. Peer support means people are less likely to feel judged when asking for help and support. Over the years and because we may also be 'user led' we have built up more expertise about particular client groups or particular geographical localities. We know how to be proactive and reach out and engage with vulnerable groups. All of these things make it possible to achieve preventative outcomes.

The VCSE is also better placed to achieve long-term outcomes. Access to the VCSE services is on-going and relationship based and not task based. Carers and service users do not want to constantly

have to contact people to re-tell their story and build up new relationships all over again. We are able to offer long term support and encouragement to enable people to manage their health or maintain well-being (especially mental well-being). We are better at providing Information, Advice and Guidance. We are more focussed on the individual. We give them the appropriate time. They can come back and ask again over time once they have had time to reflect or if the information is too much to grasp initially. All of these things make it possible to achieve longer term health outcomes.

VCSE services are more holistic and can offer access to networks and create bespoke passage from NHS Care into greater community involvement. VCSE are independent, aware of complimentary services and are good at referring on. VCSE are good at responding to change as demonstrated by our response to recent benefit changes. The VCSE can provide added value and innovative services outside the terms of a contract.

If the outcome is engagement or representation the sector excels at this and does it regularly participating in focus groups to develop new services. This ensures that services better meet individual need and are appropriately tailored.

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