



Working with the voluntary and community sector

A UCLPartners and London Voluntary Sector Council summary
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Contents

Introduction	3
The voluntary and community sector context.....	4
Evidence base	5
VCS stakeholders.....	6
Challenges to realising the potential of the sector to contribute to health and care outcomes	7
Principles of good practice.....	8
Proposals and recommendations for the future of VCS engagement.....	9
Conclusion.....	9



Introduction

This document is a summary of the key points made in six reports on the voluntary and community sector (VCS), published throughout 2016. The six reports are largely inspired by the NHS Five Year Forward View, which identifies the need for stronger partnerships with the charitable and voluntary sector.

UCLPartners has worked with the London Voluntary Service Council (LVSC) to produce this document to help people make sense of the current VCS landscape, and understand what it has to offer the NHS and social care, and potential future ways of working. It covers six key areas:

1. The current state of the VCS
2. The evidence base around VCS engagement
3. Stakeholders for the VCS in London and beyond
4. Challenges to realising the potential of the VCS to contribute to health and care outcomes
5. Principles of good practice
6. Recommendations for the future of VCS engagement.

The reports reviewed are:

- [How voluntary, community and social enterprise \(VCSE\) organisations contribute to wellbeing, health and care.](#) The Department of Health, Public Health England and NHS England. May 2016.
- [The Way Ahead – Civil Society at the Heart of London.](#) London Funders. April 2016.
- [What is the role of VCSE organisations in care and support planning?](#) National Voices. March 2016.
- [Community engagement: improving health and wellbeing and reducing health inequalities.](#) NICE. March 2016.
- [At the heart of health: Realising the value of people and communities.](#) NESTA and The Health Foundation. February 2016.
- [Untapped Potential: Bringing the voluntary sector's strengths to health and care transformation.](#) The Richmond Group of Charities. April 2016.

NICE defines VCS engagement as encompassing “a range of approaches to maximise the involvement of local communities in initiatives to improve their health and wellbeing and reduce health inequalities. This includes: needs assessment, community development, planning, design, development, delivery and evaluation.” VCS engagement also includes regularly reviewing the engagement and co-design process itself.

VCS engagement can reduce health inequalities, ensure health and wellbeing initiatives are effective, and help local authorities and health bodies meet their statutory obligations. The current model of health and care is unsustainable and this presents an opportunity to redesign systems to focus on holistic, integrated, preventative and person-centred care. The six reports therefore represent the VCS making a strategic case for its inclusion in the design and delivery of the future health system.

1. The voluntary and community sector context

Currently over 35,000 charities are working in the health and social care sectors. All of the reports describe the role of the VCS sector in contributing to improving health, well-being and care outcomes. The VCS sector has a consistent track record of working in a holistic, long term, relational and locally-rooted way. There is a range of roles for VCS organisations in offering and developing care and support planning for people living with long term conditions and disabilities.

What do charities do?

- ✓ Direct treatment and support
- ✓ Engage people in keeping healthy
- ✓ Support self-management
- ✓ Involve families and carers
- ✓ Integrate and coordinate care
- ✓ System redesign
- ✓ Support for health and care professionals
- ✓ Campaigning/policy role
- ✓ Infrastructure support to frontline groups

How do charities work?

- ✓ Listening to patient voice and co-producing services
- ✓ Collaborating and brokering engagement
- ✓ Taking a holistic perspective
- ✓ Finding solutions through user-focused research

What additional value do charities bring to the system?

- ✓ Brand and credibility
- ✓ Positioning and reputation
- ✓ Flexibility and innovation
- ✓ Access and reach
- ✓ Leveraging additional resources
- ✓ Social value

In *What is the role of VCSE organisations in care and support planning?*, National Voices uses case studies to illustrate existing best and promising practice of voluntary and community working. The examples offer a range of potential roles the VCS can take throughout the care and support planning process. National Voices argues that the knowledge, skills, experience and resources of the VCS are crucial factors in developing care and support planning at scale.

2. Evidence base

Not only is there a strong moral and ethical case for a health and care system that centres on what matters to individuals, there is also now a body of evidence from research and practice that these approaches lead to better outcomes and significant benefits for individuals, services and communities.

Untapped Potential: Bringing the voluntary sector's strengths to health and care transformation, produced by The Richmond Group of Charities, conducted an evidence review of the work of their project partners – a group of large, national charities. They found that 88% of the findings reported an overall positive impact. None reported a negative impact, 3% were neutral and 9% reported a mixed impact of charities on health and care.

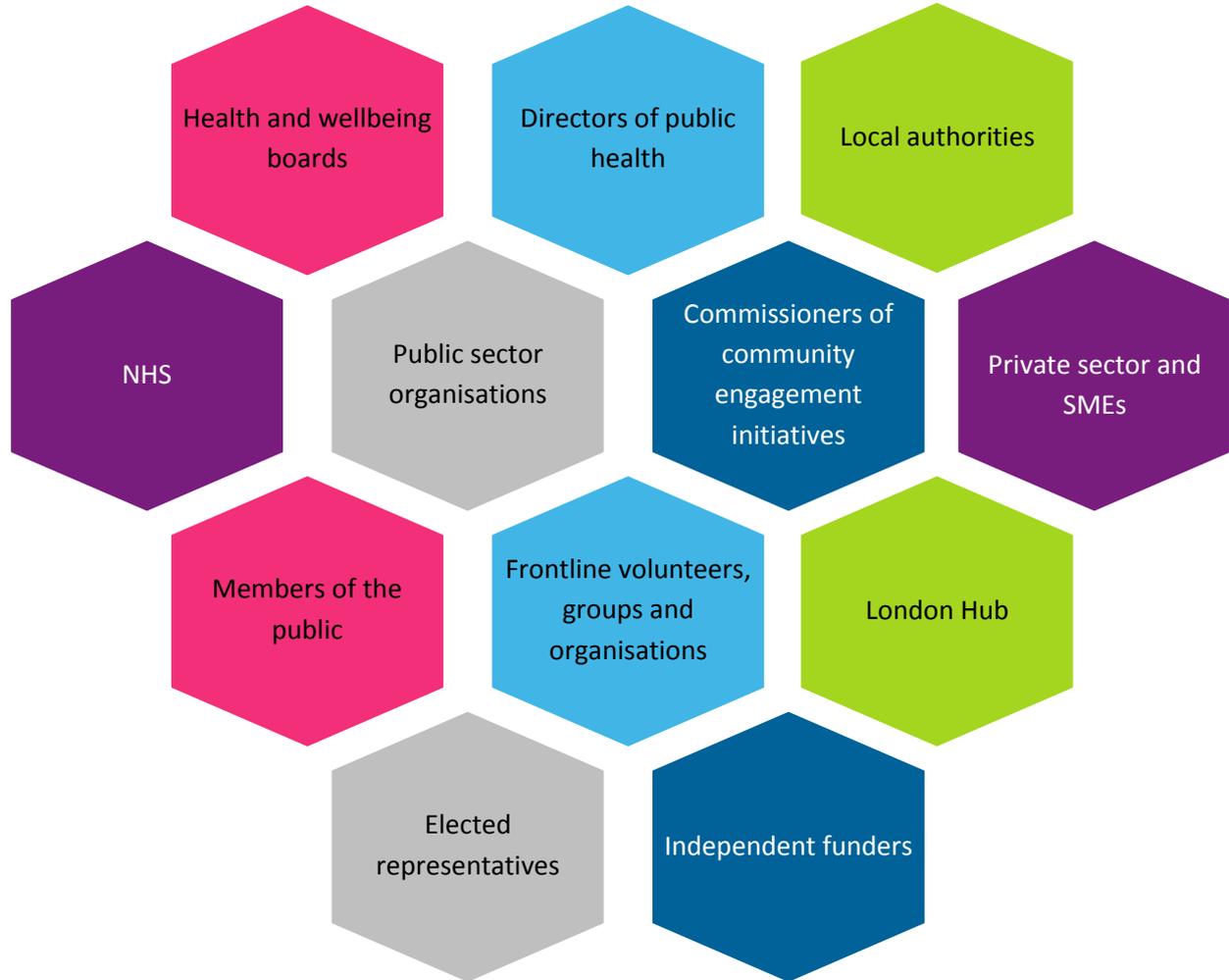
In *The Way Ahead: Civil Society at the Heart of London*, London Funders found through discussions across the VCS, as well as various reviews that have taken place over the last decade, a number of recurring challenges for the VCS:

- Austerity, and the fact that funding is likely to continue to reduce
- The fast pace of change in the environment continues
- Demand for frontline services is growing
- Needs of service users are increasingly complex
- There is little impact data for civil society support, with repeated calls for the support organisations to improve how they demonstrate their value and the difference they make; frontline organisations also struggle to measure outcomes
- The sector is dealing with increased competition at all levels
- Calls on funders to work more strategically.



3. VCS stakeholders

The Way Ahead: Civil Society at the Heart of London highlighted the need for there to be an active relationship between all segments of civil society support through sharing data, best practice, policy developments and intelligence.



VCS stakeholders in London and nationwide, UCLPartners

4. Challenges to realising the potential of the sector to contribute to health and care outcomes

Review of partnerships and investment in the voluntary sector by The Department of Health, Public Health England and NHS England found many organisations lack confidence, some lack hope and most are torn between following their community-centred missions and meeting the demands of contracts and grants which in many cases are becoming shorter term, more narrowly focused and more medicalised.

The Way Ahead: Civil Society at the Heart of London stated that there are 60,000 civil society organisations in London working to improve the lives of Londoners. However, frontline organisations are not evenly distributed across boroughs. The support in London is therefore patchy. London Funders suggests that support bodies should consider prioritising which organisations they help, targeting those that can demonstrate impact.

They identify (along with many others in the VCS) the increasing number of people with multiple and complex needs as one of the key challenges. In this instance, the VCS needs to adapt in an effective and timely way.

Untapped Potential: Bringing the voluntary sector's strengths to health and care transformation identified four key challenges that the voluntary and community sector face:

1. Evidence of the efficacy of the VCS in improving outcomes in the health and care system is fragmented and poorly understood
2. The VCS struggles to articulate what it can offer in a way that resonates with the health and care system
3. The health and care system doesn't always see the breadth and relevance of what the VCS can offer
4. The health and care system recognises that VCS approaches are essential for achieving outcomes, but doesn't effectively communicate this

Funding is also a challenge for VCS engagement. It is often assumed that the VCS has the capacity to engage in health and care without the required resources to ensure this process is followed through. Without these resources, groups within the VCS (particularly smaller and specialist groups) may not have the capacity to engage and become effectively involved.

5. Principles of good practice

Making the changes required to improve VCS engagement depends upon a shift in behaviour. *The Way Ahead: Civil Society at the Heart of London* highlights that civil society must be underpinned by ‘transparency, fairness, equality, openness, trust and accountability.’



In *Community engagement: improving health and wellbeing and reducing health inequalities*, NICE suggests a core set of principles to enable good practice in the involvement of communities:

- Ensure VCS organisations, local communities and statutory services work together to plan, design, develop, deliver and evaluate health and wellbeing initiatives
- Use evidence-based approaches
- Recognise, value, and share the knowledge, skills and experiences of all partners
- Recognise that building relationships, trust, commitment, leadership and capacity across local communities and statutory organisations needs time.
- Support and promote sustainable community engagement by encouraging local communities to get involved in all stages of a health and wellbeing initiative
- Ensure decision-making groups include members of the local community who reflect the diversity of that community
- Feedback the results of engagement to the local communities concerned, as well as other partners e.g. local newspaper, community website, community groups, public events in community venues
- Ensure the process of engagement is regularly reviewed.

6. Proposals and recommendations for the future of VCS engagement

Four of the reports provided recommendations for improving how health and care can work with the VCS to improve outcomes for patients and populations.

At the heart of health: Realising the value of people and communities, by NESTA and the Health Foundation, identified five key areas for future work and progress: peer support, self-management education, health coaching, group activities to support health and wellbeing, asset-based approaches in a health and wellbeing context.

The Way Ahead: Civil Society at the Heart of London provides a comprehensive set of both key proposals and recommendations related to transitioning to the new system, and who they believe should take the lead in initiating action.

Untapped Potential: Bringing the voluntary sector's strengths to health and care transformation also provides recommendations for next steps:

- Check that evidence standards are not a barrier to testing new approaches, and be pragmatic about the evidence required
- Incorporate the VCS perspective into decisions about health and social care at a national and local level. Seek out existing forums through which to do so, or create them where they don't exist
- Review commissioning and procurement processes and consider how they could be made less adversarial.

Community engagement: improving health and wellbeing and reducing health inequalities provides specific recommendations for directors of public health and other strategic leads, and for all those who plan and provide health and wellbeing initiatives in collaboration with local communities.

Conclusion

All six of the reports published in 2016 clearly suggest that working with the VCS leads to better outcomes and significant benefits for individuals, services and communities, but that it is not without challenges that must be addressed. This summary was produced by UCLPartners and the London Voluntary Service Council, because we believe that working in partnership with our community and patients is the way to transform our best research and ideas into sustainable improvements in health. We are committed to strengthening our partnerships to enable us to find new ways to involve and engage people to better meet their needs and expectations.

LVSC is involved with this work not only as a member of Regional Voices, a nationwide partnership of regional voluntary sector networks which champion and support the involvement of the local VCSE sector in developing healthcare policy and designing and delivering services, but also as the collaborative leader of London's VCSE sector as whole. LVSC does this by building the capacity of London's VCSE sector to deliver enhanced social value; connecting the sector by growing the information ecology; and leading, sharing and influencing through a distinctive and definitive voice.



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