

Voluntary Sector Update

Sheffield Accountable Care Partnership (ACP) Board

21st June 2019

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1. Purpose	
<p>a. To provide an update on the developing relationship with the voluntary sector</p> <p>b. To seek direction from Board on the outcomes the Board wish to see from the additional investment agreed by EDG in May.</p>	
2. Introduction / Background	
<p>At the February 2019 ACP Board meeting, the board asked the ACP Executive Delivery Group (EDG) for clarification on the relationship with the voluntary sector, ahead of the next board meeting.</p> <p>An action was agreed for clear, specific and costed recommendations to be brought forward to the next ACP Board, linking into the integrated commissioning work and system priorities.</p> <p>The paper attached is for information only, it is the paper which was submitted to EDG in May 2019. It builds on the papers that were presented to EDG in December 2018 and the CEO time out session April 2019 which outlined the need to develop a strategic relationship with the VCS to achieve the ACP objectives, particularly to foster joined up and collaborative approaches to prevention, health and social care in Sheffield.</p> <p>At that meeting EDG agreed to a circa £50K investment in infrastructure to strengthen VCS linkage and input, building on work already funded through the Better Care Fund and People Keeping Well.</p> <p>The additional infrastructure would be embedded into voluntary sector organisations and would develop the interface between the voluntary and statutory sectors, building knowledge and understanding; rebalance the relationship and develop proposals for future investment in delivery.</p>	
3. Is your report for Approval / Consideration / Noting	
Report is for noting	

4. Recommendations / Action Required by Accountable Care Partnership

Board is asked to note the report and the agreed level of investment.

The Board is asked to provide opinion on outcomes it would expect to see from the investment agreed

5. Are there any Resource Implications (including Financial, Staffing etc.)?

Circa £50k for infrastructure (likely a band 7 or equivalent) on recurrent basis
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Background

This paper builds on the strategic outline paper “*Voluntary and Community sector in Sheffield: “unlocking potential”*” taken by the ACP Executive Delivery Group (Dec 2018). An updated version also went to the ACP Chief Executive Time Out (April 2019). It includes specific actions which would help build knowledge and trust, and enable the statutory and voluntary sector to work together more effectively.

Following discussions, the ACP and EDG decided that the Accountable Care Partnership should seek to build a more strategic relationship with the voluntary and community sector (VCS), to make better use of the skills, knowledge and experience of communities in Sheffield to deliver the ACP vision and priorities. This agreement is also a commitment that the system made in the CQC Local System Review for Older People action plan.

Current Position

The ACP Board recognised the importance of the VCS in achieving the ACP objectives in June 2018, Voluntary Action Sheffield (VAS) the infrastructure organisation for the sector in the city, were made full members of the partnership in June 2018.

The extent to which this has developed further is varied, with **ACP** workstreams and different aspects of delivery are at different levels of maturity. VCS representation and engagement across them is variable. Some examples of work currently underway are given below:

A key workstream which VCS partners are already involved with is the **Neighbourhood Workstream Group**. This is a subgroup of the ACP Primary Care Board. It has the remit to embed and deliver neighbourhood multi-agency, multidisciplinary working to all neighbourhoods across the city, identifying a universal offer of support to all Neighbourhoods. Representation at the meetings is currently through Voluntary Action Sheffield (VAS)

The **prevention workstream** (cross cutting theme) has drawn heavily on the VCS to develop its approaches and deliverables

The **Mental Health Workstream** is investing in and working with a variety of VCS partners (including amongst others MIND, CHILYPEP, Age UK Sheffield and the Alzheimer’s Society) to design their engagement strategy and co design the mental health offer in the city. This has included a 10% uplift to VCS mental health providers and agreement to recruit a conduit post (funded by commissioners, hosted in the VCS) to strengthen the links between the different VCS and statutory partners.

The case has been made for the importance of engaging the VCS effectively as an equal partner with important insights to bring to bear. How other cities are developing this approach was brought out in previous papers, including for example Wigan and the “Wigan deal”, which saw significant investment of time and finance in the partnership. The importance of such a strategic relationship for Sheffield is clear:

- engaging widely with communities in the city, to understand people’s experiences and need;

- Intelligence gathering and presenting insights to decision makers, using those to inform decisions about care;
- Levering additional resources to the city;
- Achieving better outcomes for people and communities.

Realising these benefits relies on mutual respect of the assets each brings to bear, and investment to enable organisations to fulfill their potential. It has been brought out by regulators as both the CQC and Ofsted point to the need for a better strategic relationship.

There are some key areas where the VCS contribution can be brought out. The NHS Long Term Plan for the NHS sets out specific key areas for investment which include mental health and community services. As services are moved upstream and outside of a hospital setting, with an increased focus on prevention and population health, it is expected that the VCS will play an increasingly important part in the design and delivery of services, drawing on their insight and expertise around Social Prescribing and developing community assets.

This, alongside Sheffield Clinical Commissioning Group and Sheffield City Council budget allocations, the new GP Contract and other guidance on contractual models and ways of working, will need to be built into the financial strategy for the Sheffield ACP.

Success of the ACP ambition relies on the VCS contributing as a strategic partner, as well as provider of services. The ACP priorities include prevention; resilient communities, mental health and aging well, all of which go to the heart of many VCS organisations' mission. As a city, we rely on voluntary and community groups to bring us together, provide space for people to take action, and to identify and meet need. The sector is well placed to lever in additional funds for the city, and can access funds statutory partners cannot – for example £50k Heritage Lottery Funding to develop the dementia café in Hillsborough park; Age Better funding over the last 5 years has been of the order of £5m.

In some areas the relationship is improving. The VCS increased presence on Boards at different levels is welcomed. Closer linkage between the ACP and the **Joint Commissioning/Better Care Fund** governance structures is developing. There is recognition by commissioners developing this agenda that increased provider engagement is key to successful delivery of the programme of work. At the most recent joint commissioning workshop (3rd May 2019) it was noted that VCS should be considered equally alongside other health and social care providers in the city for involvement, however no specific timescale for provider involvement was agreed.

However the relationship is also typified by contracting and grant allocation practices seeing the sector as a cheap provider of services rather than strategic partner. Much funding is on short term basis, leading to instability in the VCS and inability to plan for the long term. There is a lack of consistency in how the sector is viewed.

Current investment in infrastructure in the city is focused on VAS, as the infrastructure body for the sector. That includes:

£93k SCC grant to support community development and volunteering (this funds around 80% of the cost of the function);

£45k to research and develop an approach to DTOC;

£49k to support the development of the People Keeping Well programme, social prescribing and health and well being initiatives more widely.

£25k to enable the creation of a development/conduit post for the mental health partnership network.

Next Steps

The ACP has said it wants to develop a closer, more strategic relationship with the voluntary sector, specifically it:

- sees its role to support a thriving VCS and the benefits that brings to Sheffield;
- recognises that the VCS needs to be resourced to be able to play a full system role
- acknowledges that the VCS is rooted within communities, offering an additional perspective/ reach compared to statutory organisations

To achieve this ambition we need to:

1) *Invest in the infrastructure*

To enable the sector to take its place within the system. The infrastructure investment would enable the statutory sector to:

- have ready access to volcom views and insights;
- build capacity and knowledge of the sector;
- constructively challenge and bring different perspectives to bear;
- identify gaps, and support organisations who are focussing scarce resources to collaborate more effectively.
- Help mobilise the citywide workforce strategy as VCS lead

Current investment is fully allocated as set out above. To make a reality of a strategic relationship, bring out the voluntary sector contribution and build capacity, further investment is needed.

The benefit of this kind of investment has been seen in work around social prescribing and People Keeping Well, which has significantly increased its impact as a result of infrastructure investment. CCG and SCCS jointly invested £49k. This enabled us to:

- assimilate and contribute key messages from partners to influence decisions and direction of travel, for example around a Sheffield wide expansion of PKW;
- bringing together a sector response to significant changes, eg the NHS long term plan – enabling small neighbourhood organisations to have influence;
- building capacity locally and opening referral pathways to maximise use of voluntary and statutory sector services;
- develop and implement a link worker learning and development programme cross sector learning and sharing of best practice;
- identify needs at local level and bring in a range of partners including police, housing, carers, enabling collaboration and successful cross sector working. As a result hyper local problems are addressed effectively;
- broker relationships between VCS, neighbourhoods and the statutory sector - as a result the majority of neighbourhoods are now investing in and realising the benefits of the VCS. Bringing people together has enabled policy development to benefit from the insights and understanding of communities;

- develop the case for Move More coordination – engaging communities in a significant area of prevention. The tool kit developed with Sport England which will be used nationally, holding Sheffield up as an exemplar of best practice.

2) *Develop the interface between the VCS and statutory partners*

There is an asymmetry of power between the statutory and community sectors; and very different ways of working, with the VCS made up of many very small organisations focussed tightly on sometimes a narrow mission. Bringing these two sectors together effectively requires consideration and an understanding on both sides. The VCS welcomes engagement at formal boards, and the opportunity to contribute.

As a city we are likely to get the best out of the VCS if:

- Formal boards are clear about why they want VCS membership, and the VCS are clear about the contribution they bring;
- There is a better 2 way balance between the statutory and voluntary sector engaging in each others' business. In particular the statutory sector might prioritising and contributing to VCS boards, events governance arrangements;
- Papers for the ACP and its sub boards/workstreams set out how they have considered the impact on and contribution from the VCS as a standard part of any paper/proposal

3) *Rebalance the relationship and develop proposals*

Engage the VCS in a process to identify where they can add most value aligned to ACP priorities and in the context of joint commissioning. It is hoped that some workstreams will begin this process by involving VCS partners in their working groups at the Transformational Change and System Leadership session (10/11th June).

Following the TCSL session, we propose to bring together key people in the statutory and voluntary sectors, to plan and hold a series of workshops and engagement activity.

Each workshop would focus on a priority for the ACP, starting with:

- aging well – building on work around delayed discharge from hospital and how the VCS can help prevent admission and facilitate early discharge, to consider social isolation and explore the voluntary sector contribution;
- resilient communities – developing the VCS aspect of neighbourhoods particularly social prescribing and how further investment might broaden our offer. Developing our approach to a person centred approach and ensuring that is fully embedded in everything we do.
- prevention - to identify where the VCS can add most value and contribute to increasing impact in a wide range of up stream activities. This might include physical activity, support for frailty.

Infrastructure investment is needed to support and enable this approach – It is estimated that in order to develop and drive this work at pace an investment of circa £50k would be required. This would need to be a sustained and recurrent investment and could be a linked post into the ACP team (similar to the current Healthwatch linked post). This will be built into current work to establish a business case to develop longer term funding arrangements for the ACP team. Following the workshops, the additional resource

working into the ACP could support develop any associated costed proposals to bring back to the ACP EDG. This additional capacity is also likely to enable us to lever in funding from other sources. As an example The Big Lottery invest in the development of proposals – investing £50k in Sheffield currently to develop an approach to young people and communities.

It would be required that ACP partners provide a senior sponsor to support and enable the person in this new role to make connections within their organisation. Secondly, partners will be expected to provide managerial support to work up the investment proposals alongside the new resource.

4) *Invest in delivery*

It is important to recognise that the results from those workshops are likely to be a series of investment proposals (some of which may be small, some more significant), and potential changes to wider systems, which would come back to ACP EDG for consideration (Autumn 2019).

Proposals should include operational and managerial costs, and be based on building collaborative partnerships, not competition, bringing out the best the voluntary sector and the city has to offer and planning for longer term sustainability of services. The ACP needs to be prepared to invest in the longer term for projects, to allow embedding and sustainability.