West Yorkshire and Harrogate
Health and Care Partnership

Voluntary, Community and Social Enterprise sector (VCSE) Business Case

Our Vision for the VCSE in West Yorkshire and Harrogate

Our vision is a vibrant, sustainable and resilient Voluntary, Community and Social Enterprise Sector across West Yorkshire and Harrogate which is fully integrated into local place systems. The VCSE is an equal stakeholder and partner, influencing decisions, delivering solutions and innovation for the benefit of the population and offers critical insight when planning and shaping strategy and services system wide.

Aims of this business case

1) To set out the rationale and a proposed model for long term, joined up investment in the Voluntary, Community and Social Enterprise Sector, which supports the sector to become sustainable and resilient and provide continuity of care and support for communities.

2) To work with commissioners in health and social care to reshape commissioning so that it is consistent, less bureaucratic, and more inclusive and accessible to a broader range of community led and VCSE organisations.

3) To ensure the VCSE are represented at leadership level in a meaningful way and included in decision making at all levels across the partnership.

4) To change the way we design and plan services so they are designed from the outset with communities and the VCSE and respond to health and care needs in ways that consider holistic well-being, social connection and build on community based assets.

5) To refocus attention and investment on prevention and self-care and community based services that are accessible to those most at risk, including offering alternative health and care pathways based on the holistic health and well-being needs of individuals and communities.

Current context

The VCSE has long contributed to reducing health inequalities and improving population health in West Yorkshire and Harrogate. In recent months, the value of the sector has been demonstrated in the integral role they have played as part of the COVID pandemic response including through volunteering, practical support for those most isolated including people who are shielding, people with disabilities and the elderly, offering emotional support to those experiencing mental health issues, and working with our most vulnerable communities to ensure they can access information, social connections and meet their basic needs for food, shelter and their health and well-being. This has shown, as Kruger states that 'A wholly new paradigm is possible in which community power

replaces the dominance of remote public and private sector bureaucracies.' Levelling Up Our Communities, Kruger, Sept 2020

From both a strategic and provider perspective, the VCSE contribute to achieving Local Authority Plans and the NHS Long Term Plan, and the WY& H Health and Care Partnership 5 Year Plan and the 10 Big ambitions of the Partnership . The sector will also play a role in economic recovery post COVID. Nationally the VCSE employ some 3% of the UK workforce (NCVO) and forms a vital part of both the UK economy and the provision of essential services.

However, as the recent VCSE Resilience Survey- conducted in WY&H shows, the sector faces unprecedented challenges. 55% of VCSE organisations in WY&H face closure by Christmas due to lack of funding. A second survey in September 2020 shows nearly one in five organisations that employ staff have had to reduce the number of staff they employ; more than half of organisations have had to use reserves or were planning to use reserves by the end of 2020 to cover their bills; and more than half of organisations said their earned income had reduced by more than 50% since the onset of COVID19.

The lack of joined up, longer term, sustainable funding means the VCSE waste considerable time chasing financial support, vulnerable service users are often left isolated and unsupported when funding comes to an end and services discontinue, and consequently, go on to experience poor health and social isolation as they are unlikely to access mainstream services.

Current financial context

Yorkshire and Humber Research commissioned by the National Lottery Community Fund in 2019 showed that in the three financial years 2015-16, 16-17 and 17-18, £310m (i.e. over £100m a year) was awarded in grants to Yorkshire and Humber VCSE organisations through 9,887 awards from 53 funders.

NCVO's Civil Society Almanac 2020 also includes brief information on the level of funding per region. From this it can be seen that the Yorkshire and Humber region has proportionally fewer organisations than the national average (1.9 organisations per 1000 people as opposed to 2.4) and these organisations also receive much less funding than the national average (£326 per person in Yorkshire and the Humber as opposed to £762 per person nationally). With 55% of our VCSE at risk of closure – there is a real challenge to ensure we don't fall further behind, and that we act to ensure the VCSE is sustained and strengthened in our region.

Currently we do not have a comprehensive picture of the breadth and scope of the VCSE in WY&H, what their contribution to health and care is, and how much is invested in the sector. There is no simple way to measure this. However, there is a range of evidence to suggest the contribution to health outcomes is significant but as the Lottery report above states - investment is generally low.

Why invest in the VCSE?

This business case is based on the premise that greater investment in prevention and into trusted local organisations will lead to better health and social outcomes for the population, reduced health inequalities and reduced demand on acute services.

By bringing their unique expertise and insights into communities to the table the VCSE can help shape services and approaches that tackle the root causes of health inequalities and work alongside communities to change behaviours and attitudes and deliver cost effective solutions to improving population health.

This business case is underpinned by the RSA Futures Framework which provides a blueprint for the VCSE as part of systems thinking around recovery. The post-crisis task is to find ways to amplify and embed the most promising changes and innovations from this period in WY&H – which in many instances includes VCSE participation.

As West Yorkshire moves towards devolution, there is an opportunity to build on the existing work of the Health and Care Partnership and current integrated working at place and system level which has 'at its core genuine and deep-rooted partnerships with key stakeholders and community-based networks including patient voice and carers organisations, clinicians, voluntary, community and social enterprises' as well as 'close working relationships between clinical and civic leaders; community involvement and active citizenship; and parity of esteem between the public, private and voluntary sectors' (Building Back Health and Prosperity Report of the Health Devolution Commission August 2020).

By harnessing the experience and insights of the VCSE into local communities, and working with grass-roots organisations that are trusted and understand their communities – we can reach some of the most at risk members of the population. By offering health and care pathways that are person centred and non-invasive we can enable those with existing health conditions or at risk of experiencing poor health to access support, make social connections, increase self-care and make better lifestyle choices. This in turn leads to improved health and well-being, reduced demand on acute services, better long term health outcomes and increased life expectancy. For those awaiting surgery it is likely to speed up recovery times or in some cases remove the need for surgery.

Examples might be smoking, obesity and physical inactivity which negatively impact health outcomes. WY&H compare poorly in respect of these lifestyle characteristics both against comparator CCGs or nationally (NHS Right Care Data July 2020)

Taking a preventative, community based approach on these three issues would potentially impact many other linked poor health outcomes. None of these necessarily require medical intervention.

'The coronavirus pandemic has highlighted the importance of diversifying sources of help beyond the hospital, and of drawing on support from friends, neighbours, local organisations and charities to ensure people can live healthy lives' NESTA, Reimagining Health

The proposed model – what do we need to do differently?

There is great diversity of need at place and neighbourhood levels, for different communities, and for specific groups of people with shared characteristics. The VCSE itself is also diverse. We therefore need a flexible and adaptable model that is enabling, inclusive and accessible and makes best use of the VCSE sector to reach the most isolated and at risk communities. There is not a 'one size fits all' model. But there are principles and approaches each place and the WY&H Partnership can sign up to and initiate now.

A proposal for change 2020 /2021

1 **Shift the paradigm** - A shift to investment in prevention and offering alternative pathways which are non-invasive is critical to changing attitudes and reducing dependencies on medical interventions where lifestyle changes, social connection and access to support might offer an alternative route to good health. Using our learning and experience in responding to COVID-19 across WY&H, we need to shift the paradigm to open up the possibility of more fundamental, lasting change.

2 A future investment model – It is clear that currently investment in the VCSE is not joined up or sustainable. If we are to create sustainable change for our communities, commissioners need to work together and with the VCSE to agree a new, long term joined up approach to funding the sector.

In the WY&H Health and Care partnership, we are already developing new health and care pathways including for patients on long waiting lists with MSK, CYP with type 1 Diabetes, and a key worker pilot led by the VCSE for CYP with LD and Autism. We are also exploring how the VCSE might contribute to improving the health and wellbeing of other groups with long term health conditions – including long COVID, at risk groups and those who do not traditionally access health services. Taking the learning from these pathfinders, from social prescribing pathways, and existing community based assets, and building them into the routine range of health and care offers to patients provides a starting point on which we can build. This will also grow the evidence base for further investment and a shift of resources to prevention.

It is a challenging time for all those commissioning and providing health and care services as we navigate our way through the current pandemic whilst restoring critical services, managing long waiting lists and with limited budgets. But perhaps that makes it even more critical to begin to shift some of our resources towards greater prevention and self-care to reduce the demand on our primary and secondary care services. The value of the VCSE sector has never been more evident and as we reset how we plan and deliver services, now is the time to consider the role of the VCSE and how the sector is built into future ways of working.

We are proposing a commitment to a gradual shift of resources into prevention from acute health budgets at both system and place level which builds VCSE capacity and improves population health and well-being outcomes, reducing the need for acute care and higher intensity, invasive high cost interventions. Investment should be at place, health footprint and system levels with commissioners collaborating to deliver joined up arrangements across WY&H. The pathfinders we are undertaking as set out above create the opportunity to explore ways of doing this and to effectively embed new approaches within our mainstream offer.

Alongside this we also propose working more closely with local and national funders to explore and lever further investment into the VCSE in WY&H as we have recently done working alongside the National Lottery Community Fund.

A set of principles for VCSE investment should be developed and agreed by commissioners and leaders working alongside the VCSE forming the basis for a flexible, adaptable investment model which can be implemented at all levels across WY&H.

We are seeking a commitment to this approach and that as we emerge from wave 2 of the pandemic and refresh our plans; partners take every opportunity to shift resources towards prevention and to invest in the VCSE.

3 Representation - Commit to VCSE representation at all levels of the Partnership and not in a tokenistic way, but as a key partner in decision making and shaping services. The VCSE should not always be last on the agenda or the final bullet point, or consulted once a plan or service has been developed. Make the VCSE a core part of the whole development and planning process.

4 Commissioning - Introduce simplified, streamlined commissioning procedures that are inclusive and accessible, low in bureaucracy and transparent as an essential enabler for change. This should include opportunities for integration of VCSE organisations within mainstream place based pathways.

It is important to recognise that some of most at risk communities such as Black Asian and Minority Ethnic groups, people with disabilities and unpaid carers have user led VCSE organisations that understand and respond to their specific needs more effectively and deliver value for money. Commissioning needs to be accessible to these groups to facilitate the greatest possible impact on health inequalities.

We currently have an ICS model which is committed to distributive leadership and subsidiarity at place, with commissioning being undertaken as partnership activity at the right footprint for the population. The Commissioning Futures work underway across WY&H builds on this model. With a population health focus, reducing bureaucracy, and encouraging collaboration and dialogue between services, commissioners and providers, this framework has the potential to act as enabler for wider VCSE engagement.

5 Invest in Local Infrastructure at place and neighbourhood level - To build back better requires the value of existing local infrastructure support to be recognised and in place to help new and existing groups to be sustained. This should be noted and resourced through cross-government and multi-agency investment.

Partners need to recognise local VCS infrastructure organisations which have been pivotal in facilitating the COVID response at local level. These organisations are essential to effective VCSE delivery, communication and connectivity. They lever additional financial resources into the region, oversee thousands of volunteers and support and galvanise communities to build on their assets.

6 Volunteering - It is important to invest in volunteering by not reinventing the wheel but building on the good practice and high standards of volunteering that exist in WY&H within the VCSE.

Volunteering has been front and centre in the Covid-19 response and we must continue to value this army of people giving their time and skills to help others and invest in the training, development and support of volunteers as well as connecting volunteering across sectors to facilitate volunteer movement across providers. This should be led by the VCSE and requires a shared framework and investment from the partnership at place and system level. This includes a commitment to longer term investment in The Harnessing the Power of Communities Programme within the Health and Care Partnership, which is currently only funded for one post until the end of September 2021.

This paper has been put together by the HPoC Leadership group which includes Healthwatch, VCS infrastructure organisations from each place, and representatives from Public Health and the West Yorkshire and Harrogate Integrated Health and Care Partnership.

November 2020.

NB. Please feel free to use this information where helpful. If you do so please could you reference West Yorkshire and Harrogate Health and Care Partnership as the source and accurate at 25 November 2020. You can find out more about the work we do at www.wyhpartnership.co.uk
Twitter: @wyhpartnerhip