



*Wigan Borough
Clinical Commissioning Group*

**Strategy for Working with the
Voluntary & Community & Sector
2014-2016**



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1. Introduction

- 1.1 This strategy sets out why NHS Wigan Borough Clinical Commissioning Group (WBCCG) values the role of the Voluntary & Community Sector (VCS) in improving health and explains why we wish to work in partnership with the sector on this shared goal.
- 1.2 The strategy has been developed in partnership with the sector. It is intended to help further develop and improve relationships between the CCG and voluntary & community sector, and as such it underpins our on-going formal and informal conversations.
- 1.3 The strategy recognises that partnerships between the CCG and VCS organisations go wider than commissioning, contracting and grant processes. We believe that by investing time and resources in building strong relationships, we will be in a position to jointly deliver maximum benefit to the citizens and communities of Wigan Borough.
- 1.4 As a commitment to the implementation of this strategy, Wigan Borough CCG has worked with voluntary and community sector partners to develop a 12 month action plan which we believe will help us to achieve the agreed objectives. The action plan is included within section 5.
- 1.5 In outlining our intentions for working with VCS organisations in the delivery of our strategic aims, Wigan Borough CCG will ensure that plans are aligned and complement approaches to VCS working in other parts of the health and social care economy, including those of Wigan Council.
- 1.6 This strategy will be reviewed by 31st March 2016.

2. WBCCG's 5 Year Plan

- 2.1 Wigan Borough Clinical Commissioning Group is the statutory body responsible for commissioning local health services in Wigan. This means that we have the job of assessing the health needs of the Wigan population, funding health services that meet those needs and monitoring the quality of the services that are delivered. WBCCG is made up of all local GPs who bring their expertise, experience and local knowledge to the job of improving NHS services in Wigan.
- 2.2 Wigan Borough CCG has the following corporate objectives:
 1. Supporting our population to stay healthy and live longer in all areas of the Borough.
 2. Commissioning high quality services, which reflect the populations' needs, delivering outcomes and patient experience within the resources available.

3. Function as an effective commissioning organisation that puts patients first.

4. Function as an organisation that consistently delivers its statutory duties.

2.3 The key objectives outlined in the CCG's 5 Year Commissioning plan are:

- To address with others the **wider determinants of health** and ensuring that they contribute to improving health outcomes;
- To target support on those **patients with a higher dependency** on health services, to improve the management of the individual's conditions and contain the use of services;
- To **shift the delivery of services** from in-hospital to out of hospital in order to create a sustainable Health and Social Care System in the Borough of Wigan;
- To continually improve the **quality and efficiency** of seamless care services both in and out of hospital.

3. The Voluntary & Community Sector in Wigan Borough

3.1 A range of different terms are used to describe voluntary and community sector organisations including third sector organisations, charities, not for profit organisations, social enterprises and non-government organisations. Organisations can vary in size from small volunteer run groups to national or international bodies with a large paid workforce.

3.2 A report produced by the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University ¹ in 2013 estimates that there are 1,467 organisations operating in the voluntary and community sector in Wigan Borough. This estimate includes formally recognised charities, social enterprises and co-operatives, but also includes a large number of more informal organisations that are not formally incorporated. The largest proportion of these organisations (88%) is made up of 'micro' organisations which are categorised as those with an income of less than £10,000 per annum. 8% are small (annual income £10,000- £100,000), 3% are medium sized (income between £100,000 - £1million) and 1% are large (income greater than £1 million).

3.3 The CRESR report indicates that 47% of VCS organisations receive public funding and that around 7% receive funding from NHS sources.

3.4 The majority of the organisations identified by the study had a focus on Wigan Borough. 32% of organisations worked with particular neighbourhoods or communities. 43% worked across the borough as a whole.

¹ Centre for Regional Economic and Social Research (2013) 'Wigan State of the Voluntary Sector 2013: A report on social and economic impact', Sheffield Hallam University

- 3.5 The voluntary sector works across a diverse range of thematic service areas. In the survey undertaken by Sheffield Hallam, 41% defined their work as relating to health and wellbeing which equates to over 600 local organisations.
- 3.6 The total income of the voluntary sector in the borough in 2011-12 was estimated at £58 million.
- 3.7 The sector employed an estimated 1,500 full time equivalent paid staff in 2012-13 and engages over 30,000 volunteers who contribute an estimated 85,800 hours of their own time each week. It is estimated by the report that staff and volunteers working within the borough's voluntary sector contribute the equivalent of £122.8 million worth of 'Gross Value Added' (GVA) to the economy.

4. The benefits of working with the VCS Sector

4.1 Wigan Borough CCG recognises the crucial role that the sector can play in supporting the health and wellbeing of the borough's population. In particular, the sector is in a unique position to contribute to the CCG's strategy for the following reasons:

- The sector delivers a range of services and activities that have a positive impact on the health of local people and in preventing illness.
- The sector provides a broad range of services and activities that have the potential to reduce costs to the NHS, by reducing demands on healthcare services such as GP practices and hospitals.
- The sector supports social inclusion, democracy and the right to participate in community life
- It provides space for individuals and communities who are often marginalised to come together; to exercise power and to have a voice
- The sector is in a position to develop social capital and social cohesion and can support community development
- It is in a position to attract significant external investment to improving health in the borough
- It is a source of innovation and experimentation that can respond quickly to meet need.

4.2 The NHS *Five Year Forward View* which was published in October 2014 ² recognises the role that the sector can play in supporting people to manage their own health and encouraging the emergence of 'peer-peer communities'. The sector's role in advocacy and support is acknowledged as is the crucial role that volunteers contribute to health and social care services. The report emphasises the need for strong partnerships between NHS bodies and voluntary and community sector organisations in order to gain the benefits of

² NHS England (2014) 'Five Year Forward View', October 2014

the range of activities that the sector offers and the vital services it delivers. The need for flexible investment models and longer term funding reflect similar issues being raised in local conversations with the sector.

- 4.2 Wigan Borough CCG held a series of conversations with local people during February and March 2014 under the umbrella of 'Shape Your NHS'. The CCG wanted to know what mattered most to local people about their NHS services; what they valued and what needed to change. The feedback received has influenced the CCG's commissioning plans for 2014-15. One of the key issues for people included the need for services to be joined up and to recognise the important role that voluntary and community sector organisations could play alongside traditional healthcare services.
- 4.3 Our residents tell us that they want more joined up services available in their communities and, at the same time, the analysis we have done shows us that we cannot sustain the current proportion of our expenditure that is spent on hospital services. We therefore want to support people to be well and independent, and to take control of their own care. When intervention is needed we want this to be provided in people's homes, in primary care or in the community. The VCS has key role to play in supporting the shift of resource and delivery of care away from acute and towards community settings.

5. Our Objectives

- 5.1 A number of meetings have taken place during 2014 with representatives from the CCG and VCS organisations. The discussions have started to identify and focus in on some of the key issues that are deemed to be important and that people want to see addressed through this strategy and action plan. These include:
- Developing opportunities to understand the role that VCS organisations can play locally in contributing to the CCG's commissioning plan.
 - Establishing systematic and sustainable routes to engagement between the CCG and VCS.
 - Utilising proportionate funding mechanisms- smaller voluntary organisations have difficulties working with the NHS as NHS standard contracts were designed for large NHS Trusts
 - Utilising VCS friendly NHS procurement processes
 - We need to get to a position where the sector is viewed as an integrated partner rather a 'bolt on' or 'after thought'

- Enabling the sector to evaluate its effectiveness, demonstrate where it could reduce NHS costs, and lead to clarity on the advantages of investing in the sector.

5.2 Wigan Borough CCG is committed to developing a robust and productive relationship with the sector and as such is keen to ensure that this strategy leads to action that enables us to make significant progress against a number of agreed objectives. The key objectives underpinning this strategy have been agreed collaboratively as follows:

Objective 1

Develop effective communication between the CCG and VCS and encourage opportunities for increasing awareness of the potential contributions that the sector can make to support new ways of working and encourage innovation in health.

Objective 2

Support VCS organisations to become effective partners in the provision of services which deliver better health outcomes for people across Wigan Borough

Objective 3

Work with the VCS to improve the way the CCG listens to and responds to the voices of different communities and population groups, in particular those who are marginalised.

5.3 The following approaches will underpin the way we work together:

- Sharing skills, knowledge and understanding and building local capacity within the VCSE sector
- Open and transparent communications
- Supporting and encouraging collaboration and partnership working
- Developing appropriate investment models

- Ensuring self-management, prevention and support for independence is a fundamental element of all pathways
- Evaluating approaches and developing a robust local evidence base
- Utilising the skills, knowledge and expertise of the VCS to inform service redesigns
- Creating space for innovation and new ideas

5.4 Action Plan

We have agreed a series of actions with voluntary and community sector partners which have key milestones and named leads against each of the objectives.

Objective 1			
Develop effective communication between the CCG and VCS and encourage opportunities for increasing awareness of the potential contributions that the sector can make to support new ways of working and encourage innovation in health.			
Proposals	Agreed Actions	Lead	Timescales
1.1 Agree communications protocols	Third Sector Assembly to co-ordinate regular meetings between sector and CCG/ other health & wellbeing partners	Assembly Exec/ CCG	6 month programme of activities agreed by June 2015
1.2 'Getting to know you' meetings- understanding contributions (between VCS, CCG and member GP practices)	Implement initially as part of 'Primary Care Community Link Worker' and peer support programme pilots	CCG/ VCS Programme Leads	Summer 2015
1.3 VCS input to current service redesigns and strategy development through workshops, task groups and other methods	Develop clear protocols for VCS engagement through the CCG's Programme Management Office (PMO)	CCG	From March 2015
	Regular communication regarding involvement opportunities for the sector via Third Sector Assembly/	CCG/ Assembly	Regular pages in BCN Newsletter from March 2015

	Borough wide Community Network (BCN)		
1.4 Identify joint training opportunities	How the NHS works locally Understanding NHS contracts Understanding Procurement (Provisional ideas)	CCG/ Assembly	May 2015
1.5 Improve joint working/ partnership opportunities between the sector and primary care (specifically GP practices)- CCG to facilitate dialogue	Test out through Community Link Worker & Peer Support pilots	CCG/ VCS Programme Leads	From February 2015
	Wigan Advice Network Development	CCG/ CAB	From February 2015
Objective 2			
Support VCS organisations to become effective partners in the provision of services which deliver better health outcomes for people across Wigan Borough			
2.1 Skills & knowledge transfer in identified areas with the aim of developing local capacity- finance, performance management, tendering processes, quality. Support to develop specific interventions	Aligns with sub-objective 1.4	CCG/ Assembly	From June 2015

2.2 Review of current grants- transfer to contracts/ commissioned services where appropriate	Review being undertaken by CCG Finance Team	CCG Finance Team	From April 2015
2.3 Structured grants process to test and evaluate concepts	Identify budget to enable new approaches and collaborations to be tested	CCG	May 2015
2.4 Utilising existing contract levers to promote partnerships with VCS organisations	Understand the potential for using existing contractual levers to promote greater collaboration and partnership working with the sector.	CCG Finance & Commissioned Services Team	May 2015 onwards
2.5 Develop data sharing protocols with the VCS	Test out through Peer Support pilots	CCG/ VCS Programme Leads	From May 2015
Objective 3			
Work with the VCS to improve the way the CCG to listens to and responds to the voices of different communities and population groups, in particular those who are marginalised			
3.1 Ensure processes in place to enable VCS contributions to the Joint	To be developed through the JSNA group	CCG/ Wigan Council	May 2015 onwards

Strategic Needs Assessment (JSNA)			
3.2 Establish mechanisms for systematic service user/ patient experience feedback to inform commissioning plans and quality/ performance management of providers	Develop service user experience form for us by VCS organisations	CCG	From March 2015
	Use BCN Newsletter to promote service user involvement opportunities on a regular basis	CCG	From March 2015

6. How we will monitor and evaluate progress

- 6.1 We will use the plan outlined in section 5 to monitor progress against agreed actions. Regular updates will be provided to the Service Design and Implementation (SDI) Committee to provide assurance that progress is being made.
- 6.2 In developing the strategy, those involved have been keen to ensure that the strategy is action focused and will lead to a fundamental shift in the way in which the CCG works with the voluntary and community sector to plan and deliver local health services. In addition to the action plan, it is proposed that the framework outlined below is used to provide evidence of change and progress against a number of outcome measures.
- 6.3 Assessment Framework for Change

Objective	Desired Outcomes	Evidence
<p>1. Develop effective communication between the CCG and VCS and encourage opportunities for increasing awareness of the potential contributions that the sector can make to support new ways of working and encourage innovation in health.</p>	<p>Effective relationships established between VCS and CCG</p> <p>VCS involvement in strategy development and service redesign</p>	<p>Contacts recorded with VCS organisations</p> <p>Joint ventures being developed</p> <p>Feedback from the sector</p> <p>VCS input evident in strategies and business cases</p>
<p>2. Support VCS organisations to become effective partners in the provision of services which deliver better health outcomes across Wigan Borough</p>	<p>Greater proportion of CCG budget allocated to VCS</p> <p>Large provider contracts include allocation for voluntary and community sector delivery/ collaborative working</p>	<p>Proportion of CCG budget allocated to VCS organisations</p> <p>Contracts held with VCS organisations</p> <p>Outcomes of any grants processes</p> <p>Evidence that large providers of services are utilising budgets to fund joint work with VCS</p>

		<p>organisations</p> <p>VCS input to service pathways can be evidenced</p>
<p>3. Work with the VCS to improve the way the CCG listens to and responds to the voices of different communities and population groups, in particular those who are marginalised.</p>	<p>Service user experience is collected and used to improve the quality of local services</p> <p>VCS evidence used to inform the JSNA</p>	<p>Evidence of data & intelligence from VCS organisations being used in Quality & contract meetings</p> <p>Evidence of change/improvement to services as a result of service user feedback</p>