

Longer, healthier lives for  
all the people in Croydon

**NHS**

**Croydon**

***Clinical Commissioning Group***

# Voluntary and Community Sector Strategy

January 2014



# Croydon CCG

## Voluntary and Community Sector Strategy

### 1. Introduction

This strategy sets out:

- The opportunities available for Croydon due to its rich, diverse and engaged Voluntary Sector
- Croydon CCGs intended approach to working with our Voluntary Sector partners
- The current services provided by the Voluntary Sector in Croydon and the outcomes for our community
- How the CCG and local Authority plan to use our integrated working to enhance these services, and our partnerships with the voluntary sector in the future.

The strategy is set within the context of the CCG's strategic priorities which can be summarised as follows:



A key plank of our strategy is the need to work with the diverse community of Croydon and also improving prevention and self care and the VCS has a key role to play in this area.

### 2. The Voluntary and Community Sector (VCS) in Croydon

Croydon has a range diverse community and voluntary groups. They play a unique role in supporting the community, at neighbourhood and community of interest level. There are two coordinating organisations Croydon Voluntary Action and Croydon Neighbourhood Care.

Croydon's Community and voluntary organisations have a number of characteristics:

- They range from informal support groups to large, nationally registered charities
- They include self-help and user controlled groups, local neighbourhood groups, single issue groups, branches of national organisations, and local affiliates of national organisations
- They are independent and self-governing
- They do not have shareholders to whom they have to distribute profits
- They are voluntary in the sense that some of their members give their time without payment
- Some have no staff or premises, others have staff and premises, and some have developed trading activities or undertake contracts to deliver specialist services.

### **3. Local ambitions**

Community and voluntary groups make a valuable contribution to the well-being of individuals, families, groups with a shared geographic or other interest. While current and previous involvement of the VCS in Croydon has been variable, the "Gold Standard" for the Voluntary Sector would see them working with us to;

- provide services alongside the public and private sector
- respond to the expressed needs of different groups in the community
- reach people and involve those who may not be linked to the public sector
- experiment, innovate and work in creative ways
- bring a 'bottom-up' perspective into policy debates with public agencies
- listen to what local people, members and users want and need and mediate between different, often conflicting community perspectives
- articulate the view of people without the skills or confidence to speak for themselves
- advocate for the rights of the most marginalised and excluded people in society
- involve people in service delivery whether as users or self-help/autonomous groups
- provide added value through the time and energy of their volunteers, their generation of donations and the re-investment of surpluses generated by service delivery
- undertake activities which provide additional support and services to public services

In order to support better joint working the CCG has also signed the Voluntary Sector COMPACT, which demonstrates its commitment to working in partnership with the VCS.

### **4. Services provided to date**

The CCG currently fund a number of voluntary sector organisations within a current budget of £1.1m, which cover a number of service areas including Mental Health, Children's services, Older People and Long Term Conditions. A number of the same organisations are also funded by the LA.

For Older People and Long Term Conditions, prior to the establishment of CCG in April 2013, a number of voluntary sector services were commissioned by Croydon PCT. For this group of people, services provided by the voluntary sector tended to be largely preventative in nature, and included such initiatives as the Partnership for Older People (POP) bus in which advice on the prevention of ill health was given by NHS pharmacists and the Health Visitors for Older People. The funding for these preventative services have now transferred to Public Health, under the Local Authority.

Additionally the CCG has been engaged more recently in some innovative initiatives with the VCS. One of these is the **asset based community development** project piloted last summer in New Addington. The CVA was part of a national programme sponsored by the NHSE called **Building Health Partnerships**. The Croydon project was chosen as one of only twelve nationally for its strong focus on supporting active and independent people to manage projects bringing communities together. Further information on the programme is available from the following link: <http://www.commissioningboard.nhs.uk/2013/01/30/learn-sites/> The asset based community approach develops capacity in communities by sharing the knowledge of the available asset and co-ordinating these effectively. A summary of the programme is provided at Appendix One.

## **5. Future Plans and Opportunities**

The Integrated Commissioning Unit (ICU) will provide opportunities going forward to commission voluntary sector services in a more joined up way and an initial task will be to look at which services are commissioned by both the Council and the CCG.

The emphasis on the Big Society, localism and volunteerism that runs through emerging policy offers potential opportunities for the sector to work more with us on a number of commissioning and service delivery areas and the ICU will provide an opportunity to ensure that our VCS partners are involved and embedded not just in the service delivery aspect, but also in the design and planning of ongoing commissioning plans.

Working in partnership with the voluntary sector will also assist in helping to move forward a number of areas:

### **5.1 Helping in the delivery of QIPP**

A key focus for the CCG is meeting the quality and productivity challenge. A key aspect of this is involving local people in shaping the commissioning of responsive, local, patient centred care and the voluntary sector has a key role to play in this as a key enabler towards delivering efficiency, value for money and high quality care.

Indeed Voluntary sector providers have already been working with local people for a number of years to provide innovative, patient-centric care. The VCS can provide high quality, efficient personalised services and also offer important perspectives and

knowledge on our local issues and needs. This information is vital to the planning for service solutions to meet those needs.

## **5.2. Coordination**

Another key opportunity for us is to work with VCS to provide advocacy and signposting services to individuals trying to navigate the system and make complex choices about who provides their treatment and where. Our pathways can be made up of multiple providers and the voluntary and community sector, with its social and user-centred approach to care, could play a crucial role in coordinating care and helping people bridge organisational and professional divides.

There is evidence to suggest that this co-ordination and integration of services can reduce fragmentation and duplication of health care, which can lead to poor patient outcomes, inefficient service and wasted resources (MacAdam 2008).

## **5.3 Reducing Inequalities**

It is particularly important that we work with our GP members, our LA partners and other providers like the voluntary and community sector to ensure that disadvantaged or under-served groups are properly catered for, for example people who are not registered with a GP, homeless people, and those facing linguistic or cultural barriers to access, as well as those with relatively rare conditions. The VCS has a wealth of information and knowledge and are significant partners for us in helping us to tackle health inequalities. This will for example be particularly important in the work we need to do around access to mental health services with BME groups.

## **5.4 Prevention**

The Marmot Report placed great emphasis on the need for 'proportionate universalism' which essentially means that focussing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. If the needs of the most vulnerable and marginalised communities are to be met, innovative approaches will be necessary and given the diversity of the Croydon population this is particularly relevant for the CCG.

Services that are tailored to address inequality represent good value for money as they will improve service quality and outcomes. Investment in prevention and early intervention likewise is recognised as representing value for money and improving quality.

The reality however is that effective prevention requires a whole community approach. The Centre for Disease Control and Prevention in the US has said for some time that improving health requires policy makers, health professionals, transport, education, housing and local community leaders to work together with a

single focus. This will be a key focus with the Better care fund, and one we see VCS as having a central role in delivering.

The CCG has a key strategy around Prevention, Self-Management and Shared Decision making and supporting the wellness agenda rather than treating illness. To make this strategy a reality we need to be able to reach the population as effectively as we can and the VCS are well established to be able to assist in taking forward this agenda given their reach within the local communities they cover.

The Steering Group for Prevention, Self-Care/Management and Shared Decision Making has thus recently agreed a programme of work which has been agreed for the forthcoming year looking at opportunities whereby we can work in an integrated way to facilitate cultural change in our communities. One of the schemes being looked at involves joining the work of the Health Champions, overseen by the CVA, and working with them on Heart Town and Pharmaceutical initiatives. The Steering Group has identified the key areas in a specific area of Croydon and the focus of work will be to look at prevention of particular high prevalence disease groups and to actively signpost and support people to either prevent or manage illness. These disease groups include Diabetes, Cardiology, Prostrate and Urology – including the prevention of Urinary Tract Infections, Falls and Bones Health and Dementia.

We therefore see the voluntary strategy as an integral part in achieving our aims to reduce the incident of illness in the community and also in reducing reliance on health care services to improve self-care.

Croydon's Transforming Adult Community Services (TACS) programme, along with national drivers like the Better Care Fund have reinforced the importance of partnership and integrated working. In Croydon, we recognise that partnership is not purely about health and social care. Importantly we believe that true multidisciplinary working should include the voluntary sector as partners. Thus we have recently been working with Croydon Neighbourhood Community Care Association (CNCA) to design a "Social Prescribing Model" for our population, and to look at the development of a directory of services. This initiative would also need to link with the CVA.

## **5.5. Supporting Commissioning**

The government has placed increasing emphasis on commissioning from voluntary sector providers. There is a recognition that Clinical Commissioners Groups that engage with the voluntary sector in an effective way can lead to:

- Better outcomes for people e.g. with Long Term Conditions (LTCs);
- More cost effective use of NHS resources, generating value for money;

The social prescribing model has been jointly agreed and designed by Croydon Neighbourhood Community Association (CNCA) on behalf of some of the smaller community groups in Croydon. The service will see GPs and other referrers being able to write a "prescription" to the voluntary sector, if the needs of the patient are outside of health and social care provision. The patient may be lonely, isolated, depressed or in need of advice and support for the community – all of which we know

from The Marmot “Social Determinants of Health” report, there can be significant gains to health if these issues are addressed. This initiative is planned to commence on the 1<sup>st</sup> April 2014, subject to a successful bid for reablement funding.

#### **5.6. Widening of the local provider base.**

We welcome the potential to involve VCS more in commissioning. We understand the challenge of developing the relationships that will need to develop over the coming months and years. The voluntary sector has much to bring to a partnership with health in terms of established networks and connections. In particular, many of our voluntary sector organisations straddle the boundaries of health and social care, as well as other areas including welfare and housing. We think this holds enormous potential for increasing join up between health and other services that impact on health outcomes.

In the context of the strategic intention of the CCG and partners to promote prevention and self-management, the VCS are well established in this area of service provision, and the shift towards making the NHS a service that supports wellness rather than treats illness suggests there should be growing demand for services provided by voluntary and community organisations.

### **6. Evidencing the benefits**

The complexities of quantifying the financial value of organisations delivering impacts that do not have a market value (often referred to as ‘social value’) have been identified by the government and in literature (e.g., Muñoz 2009).

There is a great deal of anecdotal evidence about the value of the sector and its impact on the NHS (The King’s Fund 2011b), although there is little empirical evidence. This is partly because of the complexities of quantifying this sort of evidence but also because commissioning bodies have not always required information in this format. There is, therefore, a considerable challenge for the Voluntary Sector and the CCG.

Some of our VCS colleagues have voiced concern that its ‘social value’ model represents a fundamentally different approach to the ‘medical’ model that GPs may prefer, and that this will make it difficult to agree on the value of services.

The Government has passed legislation that requires commissioners to consider ‘social value’ when they procure public services. This means that when designing services, we must consider how that service might improve the social, economic and environmental well-being of that area. The benefits of working with the Voluntary Sector are that they tend to have a wider concern for wellbeing, rather than solely the medical aspects and they also derive social value by involving service users and volunteers.

## 7. **Recommendations and Next Steps**

The Governing Body are recommended to:

- Review the current contracts with the VCS to ensure that these are fit for purpose and meet current strategic priorities
- Take forward the initiatives around prevention, self management and shared decision making and social prescribing subject to availability of grant funding
- Work with the LA to develop a more integrated approach to commissioning of the voluntary sector

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21<sup>st</sup> January 2014

## Appendix One

# Building Health Partnership ABCD Project in New Addington and Field way

This national programme is funded by NHS England and delivered in twelve learning sites – including Croydon - by the National Association for Voluntary and Community Action, Social Enterprise UK and the Institute for Voluntary Action Research.

The Croydon pilot in New Addington and Fieldway seeks to expand an Asset Based Community Development (ABCD) approach to health and wellbeing. This highly innovative and locally based method focuses upon *'utilising people's strengths and assets rather than only concentrating on their illness and treatment'*. The plan is to provide sufficient evidence for the model to be embedded in future CCG commissioning processes.

There are four main objectives:

- i) to understand the barriers to an ABCD approach, mainly around the different language used by professionals in the field and an examination of the social causes of health problems;
- ii) to adopt a localities focus, auditing physical and local structures and mapping existing services and activities;
- iii) to identify key connectors - the local people and health champions who can make things happen;
- iv) to identify issues that will enable people to enact their own solutions, capturing data on diets, money, isolation etc.

Led by Croydon Voluntary Action alongside the Family Centre, project is running from August 2013 to March 2014.

To date the following activities and outcomes have been achieved:

- 1) Two ABCD Introductory workshops attended by over 200 local residents and health practitioners and representatives from faith groups, schools, clubs, council workers, 3rd sector organisations and youth clubs.
- 2) Regular street walks in Fieldway, Central parade and Old Town areas. Community bus outreach during the Central Parade Xmas lights event where connectors have held conversations with residents about what they care about and what gifts they are willing to offer.
- 3) Six Community of Interest sessions held involving residents and practitioners in identifying key areas of activity to promote health and wellbeing and accessible services. Local practitioners, volunteer groups, council workers and connectors have supported and connected emerging projects to community assets.
- 4) Eight informal meetings with Community Connectors have taken place supporting them to have conversations and develop Health and wellbeing projects wanted by their community.

Health and wellbeing issues that the emerging projects are working on improving include:

- Fitness
- Nutrition
- Emotional and mental wellbeing
- Education
- Anti-social behaviour
- Parenting skills
- Youth activities
- Sexual Health
- Intergenerational projects

- 5) Ideas Fair event on 15th January at Timebridge Youth and Community Centre Fieldway attended by over 59 people. Connectors presented their projects and what community support they needed and connections were made to help them. New project ideas were formed in groups and stories were shared.

So far the project and 25 Connectors has engaged with over 240 community members and associations with 12 emerging projects.

These include:

- Healthy Eating breakfast club;
- Mini indoor skate park;
- New Addington Autistic group for parents;
- Dads unite project;
- Me-time relaxation project for parents;
- Pharmacy and GP pilot signposting to ABCD assets and projects;
- Bike maintenance workshops and mentoring project;
- Counselling service;
- Antisocial behaviour project local neighbourhood wardens;
- Community Newsletter informing community of local health and wellbeing projects, community events and services;
- Coffee morning session signposting attendees onto health services;
- Talent show, showcasing talents of young people to increase confidence and providing information for career development and health and wellbeing projects/services

A list of gifts offered to community has been developed alongside a list of what people care enough about to want to work on. This is being collated onto an online asset map using Google Maps.

- 6) ABCD initiatives and case studies are currently a central focus on this year's Annual Public Health report.

It has also been agreed by the Councils public health team to arrange a meeting to see how the ABCD initiatives can feed into the commissioning process of future health and wellbeing services in New Addington and Fieldway.