

**Resource list:**

**Nesta: People Powered Health:** publications to support new services which provide 'more than medicine'. Includes a guide on how to embed innovative commissioning in practice. <http://www.nesta.org.uk/project/people-powered-health>

**Nuffield Trust:** The Role of the Voluntary Sector in providing Commissioning Support <http://www.nuffieldtrust.org.uk/publications/role-voluntary-sector-providing-commissioning-support>

**The King's Fund:** Delivering better services for people with long term conditions: <http://www.kingsfund.org.uk/publications/delivering-better-services-people-long-term-conditions>

**Year of Care:** Thanks for the Petunias: a guide to developing and commissioning non-traditional providers to support the self-management of people with long term conditions:

<http://www.yearofcare.co.uk/sites/default/files/images/nks%20for%20the%20Petunias%20a%20guide%20to%20developing%20and%20commissioning%20nontraditional%20providers%20to%20support%20the%20self%20management%20of%20people%20with%20long%20term%20conditions.pdf>

*“The voluntary sector provides in-depth knowledge of specific conditions or population groups, and its close connection with service users means that its advice is often firmly grounded in the patient perspective. This relationship with service users, coupled with expert clinical knowledge and analytical capability, means that the voluntary sector has a great deal to offer to commissioners.”* **Nuffield Trust Role of the voluntary sector in providing commissioning support**

**Case study – Luton meet and greet service**

- Speakers provided a very brief overview of the Meet & Greet service delivered by Age Concern Luton
- They then performed a role-play discussion between Age Concern Luton and Luton CCG to highlight some of the challenges of CCGs and VSOs working together and the relationship between Age Concern and Luton CCG

### **Overview of challenges facing VSOs and CCGs:**

- CCGs do not always trust VSOs to delivery reliable and high quality services
- CCGs are not out in the community. ‘CCGs sitting in their ivory tower’ was a common view/outlook
- Distrust between the CCGs and VSOs regarding expertise – who are the experts when it comes to health and healthcare services?
- Who has the best data?
- Bias when it comes to using voluntary sector services
- The tendering process for VSOs

### **CCGs and VSOs working together:**

- Both need to understand the bureaucracy and organisation of the other
- CCGs need to invest in services they can trust
- Need sufficient evidence/information/data on the services provided
- Services need to be delivered quickly
- Luton – VSOs have been embedded into the statutory services pathway
- Meet & Greet looked into other factors that can impact on readmissions – important to look into all possible factors

### **Discussion about issues raised in case study:**

- Tendering process is a challenge for VSOs
  - Diverts time and attention
  - Too much work for some VSOs – a lot of them are put off by tendering
  - Many VSOs may not have the expertise and skills to write successful proposals
- If pilot was run now, would it be more successful than it was when it was initially launched in 2011 (taking into account the current climate)?
- Discourse is good – it allows for synergy between different stakeholders

## ***Working with the voluntary and community organisations (from the VCS session)***

Attendees were asked to draw on their collective experience/expectations of working with voluntary and community organisations and list the associated benefits and challenges/risks

### ***Benefits:***

VCSOs have good knowledge of the local community and its needs

VCSOs are close to patients and focus on wellbeing, not just health status

Value for money – VCSOs offer a lot for what they're worth. This is often because of the long number of hours of work from volunteers, who are essentially a free resource

VCSOs bring in charitable funding

They run on goodwill (to an extent)

They have shared values

Their campaigns get to the hearts and mind. They are very good at engaging with the public through social movements and campaigns

They are often innovative

Less-risk averse

### ***Challenges and risks:***

The sustainability and stability of VCSOs, in terms of VCSOs as organisations and also in terms of capacity

Smaller VCSOs – it is harder for their voice to be heard, and are often outspoken by larger VCSOs

Financing – a lot of competition

They are not always good at measuring impact/evaluating their services

Funding for VCSOs is sometimes only on an annual basis

They can sometimes take on projects/roles that they can't meet or that are too big for what they can achieve. They can punch above their own weight

Geographical restrictions – e.g. a VCSO might be able to deliver an effective service in a small area that they know, but might not be able to deliver the same for a larger / different area

Sometimes, as a commissioner, you need a service for a whole area, and not just one part of it

VSOs may lack technical expertise required for the tendering/procurement process

### **Engaging with the VCS**

One person said it is important to make a local map of what VCSOs are out there and what they do – this will enable greater discussion about engaging with VCSOs and considering the use of their services

Another said they also need a map to show where funding goes

### **Relationships with VCSOs**

One person said that Tower Hamlets CCG is working with a lot of VCSOs and has formed constructive relationships – they are asking VCSOs about their own needs, as well as the public's needs

Another said that they (in NW London) have a more adversarial relationship

One person (from Hertfordshire) said that there is a 'cartel' of VCSOs that have a lot of power and influence in the county, but that they still have a constructive relationship with them

### **From the Reducing Readmissions session (with Luton)**