

# Response ID ANON-Y4D8-HANJ-A

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## About you and your organisation

### 1 Your name:

Name:

Simon Bromhead

### 2 Name of your organisation / group (if applicable):

Name of your organisation /group (if applicable):

simon.bromhead@livingstreets.org.uk

### 3 Type of organisation/group (if applicable):

Type of organisation/group:

Charity (frontline)

Other::

### 4 Which of these best describes the size of your group/organisation?

Which of these best describes the size of your group / organisation?:

Large (£1m-£10million per year)

### 5 Which of these best describes the geographical reach of your group/organisation?

Which of these best describes the geographical reach of your group / organisation?:

National with regional / local branches

## Recognising the value of the sector and making the most of local assets

### 6 How can Joint Strategic Needs Assessments (JSNAs) become more focused on VCSE assets locally?

How can Joint Strategic Needs Assessments (JSNAs) become more focussed on VCSE assets locally? :

### 7 How can commissioners and VCSE organisations at a local level be encouraged to better work together in co-producing local plans within health and social care?

How can commissioners and VCSE organisations at a local level be encouraged to better work together in co-producing local plans within health and social care?:

With limited resources, many VCSE organisations must consider which local plans and networks to prioritise and which are less relevant to them. Commissioners could help by being clearer about the target audience for different events and consultations. This might include giving examples of the types of organisation a particular event or consultation would be relevant for – including areas of expertise, size, target area, type of beneficiary and so on. This clarity would help VCSE organisations to prioritise and commissioners to get the involvement they want at the appropriate time.

### 8 Do you know of any relevant evidence or examples of good practice locally of good partnership working between the VCSE and statutory organisations?

No

If yes, please provide details::

## How the sector is funded

### 9 How might grant processes be strengthened to enable greater sustainability within the VCSE sector?

How might grant processes be strengthened to enable greater sustainability within the VCSE sector?:

Living Streets welcomes continued national investment through schemes such as the Innovation, Excellence and Strategic Development Fund, run by the Department of Health.

However, the application process is complex and success rate for this funding stream is particularly low (as against other funding opportunities for the VCSE sector). This means the funding is likely to favour larger organisations with more capacity, and those who are better resourced to make high-risk applications. We would welcome changes to the process including one or both of the following:

- Simplifying the application process, so it requires a smaller investment of resources to apply.
- More tightly drawn grant criteria, so it is easier to assess whether an application to the fund is going to be appropriate.

This would aid decision making by VCSE organisations, when considering whether to invest resources in applying for funding and so aid their sustainability. It would also support smaller and less well-resourced organisations.

**10 Do you think the VCSE sector need additional support to enable it to respond to alternative funding models e.g. social impact bonds?**

Not Answered

**If yes, what type of support do you think would be beneficial?:**

**11 How could commissioners make better use of social prescribing?**

**How could commissioners make better use of social prescribing?:**

**12 What support would be beneficial for commissioners in recognising and working with the diversity of the market?**

**What support would be beneficial for commissioners in recognising and working with the diversity of the market? :**

One challenge for such a diverse sector when engaging with health commissioners is providing data in a form that is relevant and helps commissioners to clearly see the value of interventions, in comparison with other services.

We would welcome the introduction of simple tools that can be used by the VCSE sector to demonstrate the impact of our interventions, or a clear indication of the existing approaches that are most useful to health commissioners.

At the same time, it would be essential to promote these tools to commissioners so they understand how to use them as part of their commissioning processes.

**13 If you are aware of any relevant evidence or examples of good practice in how the VCSE sector is funded or have any suggestions for other ways of supporting the sector please provide details here:**

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## **Commissioning**

**14 How can we ensure that social value principles (including the Social Value Act) are included in commissioning processes?**

**How can we ensure that social value principles (including the Social Value Act) are included in commissioning processes?:**

**15 If you have any examples of social value being demonstrated in commissioning, please share these here:**

**If you have any examples of social value being demonstrated in commissioning, please share these here:**

**16 Are you aware of any local areas where a level playing field has been achieved for smaller VCSE organisations?**

Not Answered

**If yes, please provide details of where this currently happens:**

**17 What more do you think could be done through commissioning to ensure that risks are effectively shared between commissioners and providers?**

**What more do you think could be done through commissioning to ensure that risks are effectively shared between commissioners and providers? :**

**18 If you have any other suggestions to help improve commissioning of the VCSE sector please provide details:**

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Approved lists and framework contracts are a significant barrier to smaller VCSE providers. It is also a barrier for organisations that offer expertise in specialist areas, but do not have the breadth of experience to deliver full contracts.

There needs to be more flexibility in these types of contracts, to allow for innovative work with smaller and specialist VCSE providers.

## **VCSE Infrastructure/networks**

**19 What support could be given to the local VCSE infrastructure sector (e.g. Council for Voluntary Service) to enable it to demonstrate the impact of its work and achieve sustainability?**

**What support could be given to the local VCSE infrastructure sector (e.g. Council for Voluntary Service) to enable it to demonstrate the impact of its work and achieve sustainability?:**

**20 What, if anything, needs to change about local VCSE infrastructure organisations?**

**What, if anything, needs to change about local VCSE infrastructure organisations?:**

**21 How could commissioners be incentivised to support VCSE infrastructure?**

How could commissioners be incentivised to support VCSE infrastructure?:

**Demonstrating impact**

**22 What more can be done to increase the availability of outcomes / social value / impact data?**

What more can be done to increase the availability of outcomes/social value/impact data?:

**23 What kinds of outcomes and impact does the VCSE sector need support to measure and demonstrate?**

**What kinds of outcomes and impact does the VCSE sector need support to measure and demonstrate?:**

Preventative work is an important part of health interventions, but it can often be challenging for VCSE organisations to measure their impact, especially in a way that is comparable with other service delivery.

Living Streets has used a range of tools to demonstrate the effectiveness of our work, including the World Health Organisation's HEAT tool, Social Return on Investment and other quantitative and qualitative approaches.

It is unclear which approach is most useful to public health commissioners, so deciding how to evaluate our interventions (and subsequently present it to commissioners, to best meet their needs) is difficult.

Commissioners also adopt different approaches to assessing the value of interventions, so what may be considered appropriate in one geographical area may not be useful in another.

This could be tackled through the introduction of simple evaluation tools that can be used by the VCSE sector to demonstrate our impact, or an indication of the existing approaches that are most useful to health commissioners.

**24 How could learning from funded grants and projects be better shared and disseminated?**

How could learning from funded grants and projects be better shared and disseminated?:

**Promoting equality and addressing health inequality**

**25 How can we best prioritise progressing equality and addressing health inequalities?**

How can we best prioritise progressing equality and addressing health inequalities?:

**26 Please provide any evidence of good practice in promoting equality/addressing health inequality through funding that you are aware of.**

Please provide any evidence of good practice in promoting equality/addressing health inequality through funding that you are aware of::

**National investment in the VCSE sector**

**27 Do you agree with the new aims?**

Yes

If no, please let us know how you would change these::

**Developing services and policies together**

**28 Do you think the VCSE is better placed than the statutory sector to achieve improved health and care outcomes in some areas?**

Yes

**If yes, please let us know which outcomes and why you think the VCSE sector is better placed to achieve these.:**

Many VCSE organisations, including Living Streets, are particularly effective at achieving preventative outcomes, such as promoting and supporting healthy lifestyles. Similarly, the sector has a particularly strong track record for working with the most hard to reach groups, and so making a significant contribution to reducing health inequality.

Reasons for these strengths include:

- Understanding of local communities' needs, which can be used to target those most in need.
- Links with existing decision makers, including those in different departments and public sector bodies (e.g. health, transport, community engagement) and an ability to bring them together to achieve shared objectives.
- Existing links and goodwill with local communities, who may respond better to a VCSE organisation giving advice and support about lifestyle changes.
- Ability to act as an 'honest broker' between communities and decision makers, so people's needs are met.

Investment in health and social care interventions should reflect and support this important role.

**29 How can social prescribing (or similar mechanisms) be used in building better partnerships and strengthening collaborative working?**

How can social prescribing (or similar mechanisms) be used in building better partnerships and strengthening collaborative working?:

**30 We are looking for examples of good practice of co-production in the development of plans or strategies either in localities or in particular specialisms. Please provide examples of any such plans that you have come across.**

We are looking for examples of good practice of co-production in the development of plans or strategies either in localities or in particular specialisms. Please provide examples of any such plans that you have come across.:

### **Local partnerships**

**31 How can we ensure voluntary organisations are able to work in equal partnership with statutory sector in the design of services or local plans?**

How can we ensure voluntary organisations are able to work in equal partnership with statutory sector in the design of services or local plans?:

**32 What kinds of infrastructure or organisations are needed to support better partnership working?**

What kinds of infrastructure or organisations are needed to support better partnership working?:

**33 Is there a VCSE representative on your local Health and Wellbeing Board?**

Not Answered

**34 Do you think VCSE organisations in your area have a good and effective route to the Health and Wellbeing Board?**

Not Answered

**35 Do you think there is a good relationship in your area between the statutory sector working in health and care and the VCSE sector?**

Not Answered

If yes, please let us know what makes this successful in your opinion. If no, please let us know how you think this could be improved.:

### **Improving national relationships with the sector**

**36 How best can national VCSE infrastructure organisations be supported?**

How best can national VCSE infrastructure organisations be supported?:

**37 What, if anything, needs to change about national VCSE infrastructure organisations to enable them to better support the wider VCSE sector?**

What, if anything, needs to change about national VCSE infrastructure organisations to enable them to better support the wider VCSE sector?:

### **Promoting equality and addressing health inequalities**

**38 What is needed to support better co-production with organisations focusing on progressing equality and tackling health inequalities?**

What is needed to support better co-production with organisations focusing on progressing equality and tackling health inequalities?: