

**From:** Roger Gough – Cabinet Member for Education and Health Reform

**To:** **Kent Health and Wellbeing Board -23<sup>rd</sup> November 2016**

**Subject:** Developing the relationship between Kent's Health and Wellbeing Board and the VCS

**Status:** Unclassified

**Summary:**

Following the Kent Health and Wellbeing board (KHWB) meeting in September a short survey has been undertaken by Healthwatch with the Voluntary and Community sector (VCS). This was intended to gather the view of the VCS in relation to its future relationship and engagement with the KHWB. This proposal was made following a previous paper to the KHWB which raised the question as to whether the board should have a relationship with the VCS in the future.

This report provides an update on the findings of the survey and possible next steps for the board's information and consideration.

**Recommendation(s):**

**For the Kent Health and Wellbeing Board to:**

- 1) To note the findings of the recent survey conducted by Healthwatch
- 2) To note and comment on the proposals to engage with the VCS
- 3) To agree the establishment of a working group to consider how engagement is best taken forward over the longer term.

**1. Introduction:**

- 1.1 Following a previous report and discussion at the Board regarding its relationship with the VCS, Healthwatch has undertaken a survey of the VCS in Kent over a 4 week period with 53 organisations taking part in the survey. The survey aimed to gather insights into the following areas:
  - The top 3 challenges the sector believes the health and social care system faces and which they would like to share with the board
  - If they would like the opportunity to engage with and influence the work of the board
  - The best way to achieve meaningful engagement with the board in the future
- 1.2 The purpose of this survey was to inform the KHWB's discussion on what, if any relationship it should have with the VCS and to begin a dialogue with the sector. The sample size was relatively small and therefore the results must be viewed with some caution; however, they do provide a sound basis for

exploring the future KHWB's relationship with the sector. The results of the survey are summarised in the report (Appendix 1) but the key findings were:

- 88% of respondents would like the opportunity to influence the Health and Wellbeing board
- 94% of respondents had issues they thought would be beneficial to share with the Board
- When asked how they would like to engage with the Board, the majority of organisations preferred email or communications via an umbrella organisation
- The top challenges identified which respondents would welcome the opportunity to engage the Board on were in relation to the extent and level of provision, improving joint working and funding.

## 2. Context

2.1 Whilst it is for the Board to determine if it ultimately wants to have an established relationship with the VCS, it is clear that respondents of the survey see value in a relationship with the KHWB. Indeed the survey also reveals a range of important insights into those areas of the health and social care system which pose challenges to communities and individuals. and it would be beneficial to explore these in more detail if an engagement mechanism is established.

2.2 However, increasingly there are external drivers in addition to the findings of the survey which make it pertinent to establish a relationship with the VCS. As referenced in the previous report to the Board, the review by the Department of Health (DH), Public Health England (PHE), and NHS England on the role of the VCSE (Voluntary, community and social enterprise) sector in improving health, wellbeing and care outcomes, has now made its recommendations (May 2016) and the following provide a strong rationale for developing a strategic relationship between the KHWB and the VCS:

1. When preparing their joint strategic needs assessment (JSNA), Health and Wellbeing Boards should ensure that it is a comprehensive assessment of assets as well as needs, based on thorough engagement with local VCSE organisations and all groups experiencing health inequalities. The Department of Health should consider including this when next updating the Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.
2. Any future transformation programmes (e.g. Integrated Personal Commissioning) should only be approved if proposals are included for involving the full range of local VCSE sector, taking its views into account in strategic decisions and utilising its delivery expertise. Existing transformation programmes should also be issued guidance to support better involvement of the VCSE sector.
3. Health and Wellbeing Boards should work closely with local VCSE organisations to ensure that their strategies are co-designed with local citizens, particularly as they try to reach those groups and communities which may be under-represented or overlooked. Local and national government should consider how to support and facilitate HWBs to achieve this goal.

- 2.3 Furthermore, the increasing emphasis on the role of the community within the future health and social care system, an integral part of the delivery of Sustainability and Transformation Plans (STP), will require a robust mechanism for the system to have at the very least an oversight of engagement with the VCS, if not a collective approach. Indeed, for this engagement to be effective it must be broader than simply an engagement between individual commissioners and providers.

### **3. Next steps:**

- 3.1 The health and social care system is of course in a period of flux in terms of its future leadership; however, what is certain is that as a representative of the system, the Health and Wellbeing Board should have a relationship with its key stakeholders of which the VCS remains central. However, if the Board accepts the proposal that a relationship with the VCS should be pursued then it must be willing to engage on those areas where the VCS feels it can add value, some of which have been highlighted in the survey. Of course, these issues may be tackled through engagement on a number of levels and indeed in some cases this may be more effectively dealt with at a local level.
- 3.2 KCC has recently re-commissioned its infrastructure support to the sector through an outcome based contract and a new consortium will deliver this from January 2017. This contract focuses on business support to the sector, support around volunteering and social action but also building a more strategic relationship between KCC and the wider VCS. The consortium will act as a representative of the wider sector and as a conduit for information and intelligence and in this sense represents new opportunities for the KHWB to engage with the wider sector. Of course, true representation of a diverse sector of around 4000 organisations will be a challenge but the new consortium provides a refreshed opportunity to rethink how this may work.
- 3.3 Given the challenges and insights gathered in the survey alongside best practice recommended by the recent DH review (set out in 2.2), there is scope for an immediate and tangible engagement between the Board and the VCS in shaping and influencing the development of the new Joint Health and Wellbeing Strategy (JHWS). This could provide an opportunity to begin to develop the engagement between the sector and the Board and it is therefore proposed the sector is involved in the working group set up to develop the strategy and that this could be conducted through the new infrastructure provider from January 2017. In addition the Board could use an established engagement mechanism on an ongoing basis to seek assurance that the JHWS is influencing delivery at the local level and that indeed the strategy continues to reflect local needs.
- 3.4 It was previously agreed that Local Health and Wellbeing Boards would have VCS representation. Given many of the challenges and insights gathered in the survey relate to the operational and local delivery of services, the KHWB should look for assurance that there are appropriate mechanisms in place at the local level to capture the intelligence of the VCS to inform local delivery models.

### **4. Conclusion:**

- 4.1 The recent survey provides sound evidence that there is a desire amongst the VCS to engage with the Board and to influence the design and

delivery of health and social care services, in the broadest sense. Whilst for this to be effective there must be a well-defined purpose and parameters underpinning that engagement, the development of the JHWS provides an opportunity to test out how this relationship could work in practice. Whilst the new infrastructure provider could provide a more effective mechanism for ensuring that engagement with the sector can be truly meaningful and representative.

- 4.2 It is therefore proposed that in addition to the immediate involvement of the sector in the development of the JHWS a small working group is set up to consider how engagement may be best taken forward over the longer term and will report back to the Board in due course.

**Recommendation(s):**

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**Background reports:**

Appendix 1 Healthwatch survey report

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