REPORT TO THE TRUST BOARD: PUBLIC
3 December 2020

Title	Voluntary sector update
Authors	Carys Eseen, Programme Director
Accountable Executive Director	Richard Fradgley, Director of Integrated Care

Purpose of the report

To outline proposals to strengthen the Trusts approach to working with voluntary and community sector partners.

Summary of key issues

The Trust has a strategic commitment to improving population health, quality and value. To deliver on the Trusts strategic commitments it is essential to develop the Trusts approach to working with the voluntary and community sector, which brings deep connections into the communities we serve, and huge agility and creativity in identifying and meeting individual and community needs and aspirations early and in a responsive manner.

This paper outlines seven recommendations for the Trust to consider adopting to inform our approach to building on and maturing our partnerships with voluntary and community sector partners, in order to deliver on our Trust Strategy.

Strategic priorities this paper supports

Improved experience of care	☒	Developing our partnerships with the voluntary and community sector has the potential to support all four strategic commitments within the Trust Strategy.
Improved population health outcomes	☒	
Improved staff experience	☒	
Improved value	☒	

Committees/meetings where this item has been considered

Date	Committee/Meeting
	The paper has been developed in discussion with the Council of Governor lead for the voluntary sector, Viv Ahmun, and governors Shirley Biro and Caroline Diehl.

Implications

Equality Analysis	The Trust strategy has a specific focus on tackling health inequalities. The voluntary and community sector are a key partner to tacking inequalities, given the depth of their connection into the communities we serve, and the high levels of trust with which the voluntary and community sector tends to be regarded.
Risk and Assurance	The paper provides assurance to the Trust Board that the Trust is appropriately considering how to develop more effective and deeper partnerships with voluntary and community sector partners.
Service User/Carer/ Staff	The Trust Working Together Group priorities for 2020/21 include developing more social connections and more co-production with other organisations, both of which will be accelerated through developing our partnerships with the voluntary and community sector. Our co-produced community mental health transformation programme has the voluntary sector at its heart.

Financial	In the north east London community mental health early adopter, the Trust has uniquely invested c. 30% of total investment into the voluntary sector, which we are working with commissioners to sustain into 2021/22 and grow through to 2023/4.
Quality	In the north east London community mental health early adopter, the Trust has formed a clinical governance workstream, in part to ensure that as we build blended community teams including the voluntary sector, that we have robust and appropriate clinical governance arrangements in place.

Supporting documents and research material

N/A

Glossary

CCG	Clinical Commissioning Group
STP	Sustainability & Transformation Partnership
ELHCP	East London Health & Care Partnership
NELCA	North East London Commissioning Alliance
BLMK	Bedfordshire, Luton & Milton Keynes
5YFV	Five Year Forward View
CQC	Care Quality Commission
INEL STB	Inner North East London System Transformation Board
FYFVMH	Five Year Forward View Mental Health
IHI	Institute for Healthcare Improvement
ICS	Integrated Care System
PCN	Primary Care Network
WEL	Waltham Forest & East London, i.e. the boroughs of Newham, Tower Hamlets, and Waltham Forest
VCS	Voluntary and community sector
Place based system	The Trust works with seven place-based systems: BLMK: Bedford Borough, Central Bedfordshire, Luton ELHCP: City & Hackney, Newham, Tower Hamlets South West London: Richmond

1. Introduction

1.1. The importance of the voluntary and community sector (VCS) in improving health and wellbeing outcomes, and enhancing the quality of life of citizens cannot be over-stated. The VCS has distinctive qualities that enable its organisations to connect with and support communities in ways that are impossible for public institutions to achieve on their own. This makes them vital partners for any organisation looking to improve quality of life for all, our Trust mission.

1.2. In recognition of this fact, public bodies have frequently used commissioning and contracting arrangements to harness the power of the VCS in improving health and care outcomes for the populations they serve: the Trust alone spent over £4 million on contracts with the VCS last year[1]. However, current approaches to contracting can be problematic for the voluntary sector, in particular smaller organisations.

1.3. The voluntary sector is uniquely placed to reach communities the Trust is not always able to, or as able to do so as effectively, in particular those communities that are poor or disadvantaged, or not

[1] ELFT spent £4,024,860 on contracts with charities, social enterprises, educational institutions and community interest companies in 2019/20

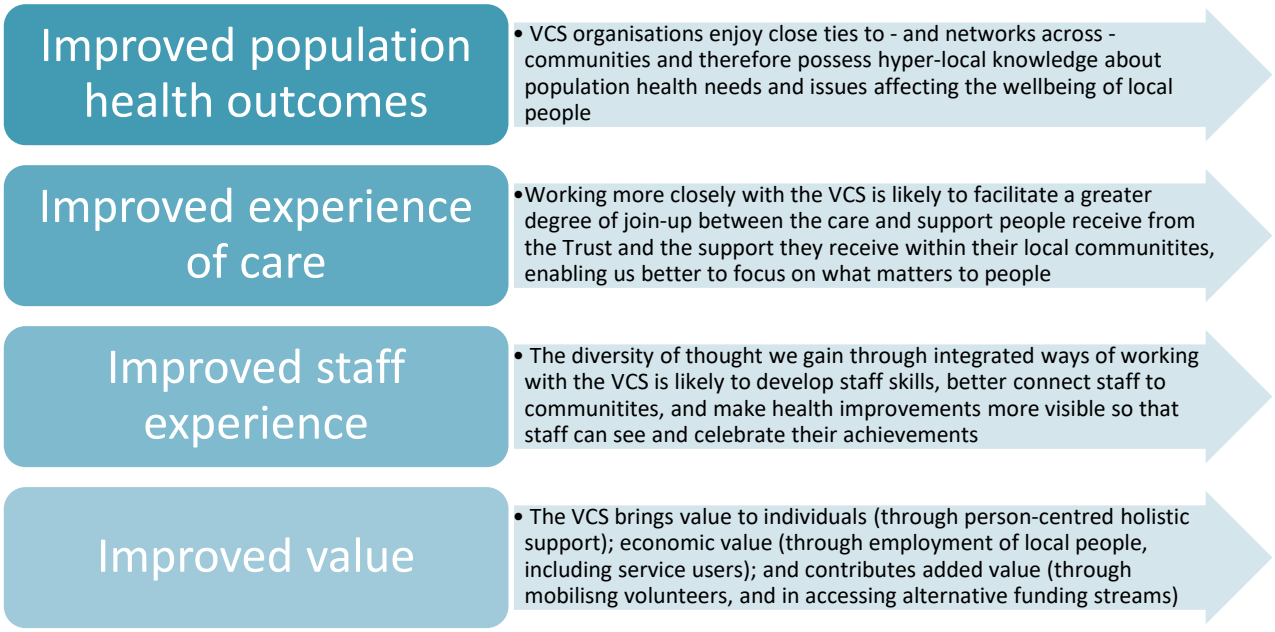
well connected with/trusting of NHS institutions, and who as a consequence are exposed to significant life and health inequalities. The VCS is also well placed to support improved access to community health services by underserved populations; in particular, people from Black, Asian and Minority Ethnic communities.

1.4. While traditionally the purview of commissioners such as Local Authorities and Clinical Commissioning Groups; as a consequence of the NHS Long Term Plan, NHS Trusts are increasingly assuming a greater role in building effective strategic relationships and leading integrated care arrangements involving the VCS. It is therefore time to rethink the way that the Trust works with the sector if we are to achieve better population health outcomes; reduce health inequalities; and deliver services focused on what matters to people.

2. The role of the voluntary sector in delivering the Trust Strategy

2.1. The voluntary and community sector is a powerful ally in helping the Trust to achieve our mission to improve the quality of life for all we serve. VCS organisations represent key members of the place-based based integrated care partnerships that are emerging in each locality across the Trust; both as direct providers of services, but also as amplifiers of the voices of service users, carers and citizens. Building closer relationships with the sector will not only help us to achieve our strategic outcomes, but will also help us to realise the health improvement benefits for our local populations that is afforded to us by our status as an anchor institution.

2.2. The diagram below explores the role that the VCS could have to play in helping us to achieve the outcomes of the Trust Strategy:



3. ELFT's existing relationships with the VCS

3.1. In each place in which the Trust works, there are a wide range of local voluntary sector organisations and services for people to use; either in addition to care received by health bodies, or as part of a universal offer for local residents. In some cases, these VCS services are independently funded; some are commissioned by the local authority, the CCG, or both; and a small but increasing number are directly commissioned by the Trust. The vast majority of VCS

organisation in each locality are not national charities, but hyperlocal small and medium-sized charities (SMCs[2]), grass-roots community organisations faith groups.

3.2. Joint working arrangements with the VCS can augment and/or complement the support offered by the health and care system; particularly where a VCS provider is highly specialised. For example, there are effective partnerships in place across most of the Trusts localities with charities such Carers UK, Age UK and the Alzheimer's Society to support people under the care of Older Adults CMHTs and Memory Clinics. Similarly, charities such as Mencap and the National Autistic Society are frequently partnered with the Trust's specialist LD and Autism services. In adult mental health, it is not uncommon to see arrangements between Trust services and supported housing providers (Look Ahead, Penrose etc.) or Local Mind Associations as part of IAPT, crisis or hospital discharge pathways.

3.3. The Trust is one of twelve national pilot sites for transformation of community mental health services, as part of which we are testing creating new blended mental health teams working around primary care networks, incorporating primary care, secondary mental health care, social care professionals alongside voluntary sector and community groups, most of which are SMCs. The Trust has, uniquely, invested over 30% of the c. £3.7m pilot funding received into the voluntary sector, and the impact is already beginning to show: SMCs are employing community connectors, who are responsible for bringing a community orientation to formulation and care planning and support.

3.4. However, there are a number of issues that have been identified by service leads across the Trust that indicate wicked problems with the way our services have been set up in relation to each other:

i. Eligibility for commissioned VCS services is often closely aligned to diagnosis and/or to acceptance by another service. For example, in some cases, people cannot access support from the VCS around learning disabilities or autism unless they have first been assessed under the Care Act as having eligible social care needs; and in some instances, people have been told they cannot have a social care assessment unless they have already received a clinical diagnosis. Similarly, many VCS mental health services have been commissioned in such a way that only people who are 'open' to secondary care services are eligible to access support.

ii. These contingent eligibility requirements can therefore lead to people with 'low-risk' presentations being denied access to services, regardless of the complexity of their needs; or to people feeling that they have to 'jump through hoops' to access the help they need. It can also contribute to a 'cliff edge' effect when people are discharged from statutory services, as they can simultaneously lose access to a number of services that have been aiding their recovery. In both scenarios, smaller community organisations, faith organisations, BAME organisations and charities are often left to meet the needs of their local populations without the support of specialist health and care services, which in some localities has fostered bad feeling and animosity between the VCS and the Trust.

iii. These barriers to access can also serve to perpetuate health inequalities for populations that experience disproportionalities in their uptake of specialist health and care services. For example, the BAME Access Service Leads in City & Hackney and Tower Hamlets report that the Trust is sometimes referred to as 'fortress ELFT' because of the barriers experienced by citizens from BAME communities when trying to access mental health support, including psychological therapy. This suggests that both statutory and commissioned VCS services have historically been organised in ways that can perpetuate systemic and structural inequalities, rather than dismantle them.

[2] SMCs are defined by the Centre for Regional Economic and Social Research as organisations whose incomes fall between £10,000 and £1 million p.a. ('The Value of Small', June 2018, http://shura.shu.ac.uk/21956/1/value-of-small-final.pdf)

iv. As suggested above, there are a variety of hyperlocal micro and SMCs that often work to support people whose health and care needs are not being met through statutory or commissioned VCS services. These organisations often rely heavily on volunteers, charitable donations and small grants to fund their operations, which can be notoriously unsustainable. While these arrangements can confer greater flexibility for the organisations in responding to communities' needs, it can also lead to financial and operational instability. For example, support groups or activities operated by SMCs can end abruptly when short-term funding dries up, which can lead to participants experiencing loneliness, social isolation and increased risk of crisis presentations.

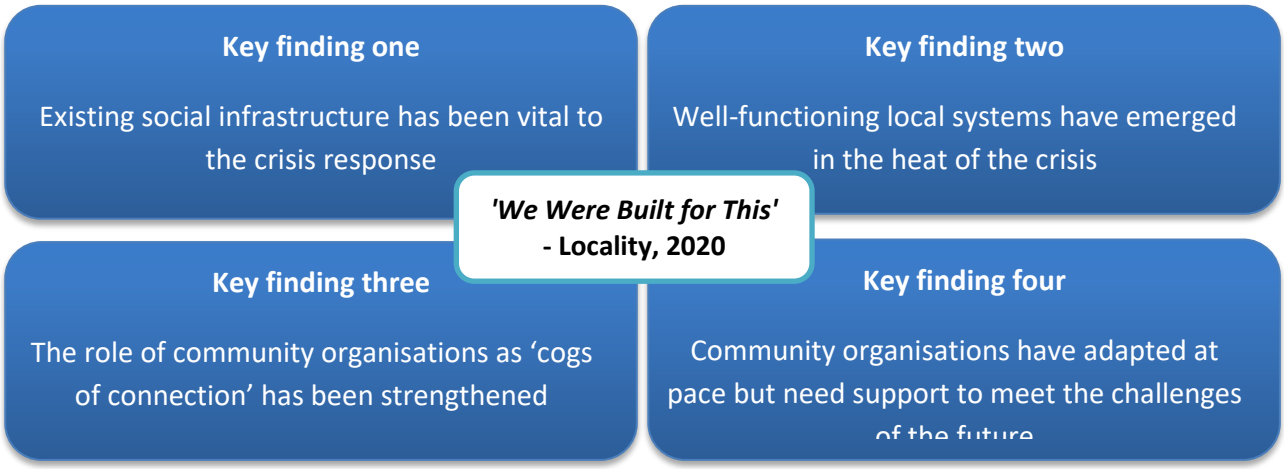
v. The UK Civil Society Almanac 2020 asserts that despite making up 96 per cent of the VCS, micro and small to medium-sized charities received only 18 per cent of the sector's income in 2017/18. While there is a slightly more mixed economy across our Trust localities, a review of the Trust's 2019/20 contracts reveals that 31% of VCS spend goes to Local Mind Associations, and a further 30% of our spend goes to charities with a national platform. The imbalances between size / geographical coverage and market share most likely relates to the increasing emphasis on value and economy of scale in procurement practices; and the inability of SMCs to compete against larger organisations with expertise around tender writing. As local authorities are set ever larger savings targets, we can expect to see both reductions in funding to the VCS over the coming years, and a move towards bigger scale procurements that will favour national charities over SMCs.

3.5. Since smaller VCS organisations tend to employ local people, are closely connected to communities, and often use local supply chains for goods and services; it is important to consider how our funding and contracting processes are helping or hindering our ability to harness the potential of these local organisations to improve the local economy and by extension, to improve population health outcomes.

4. The impact of COVID-19 and relaxation of procurement rules

4.1. The VCS in every Trust locality has shown incredible versatility and agility in responding to the challenges brought about by COVID-19; and has provided a lifeline for many isolated and vulnerable people and families. Out of necessity, brand new connections and relationships have been forged between the Trust and non-traditional VCS partners (including Mutual Aid organisations) during the past six months. For example, the Bedfordshire Rural Communities charity is based in villages across the county and provides friendship schemes and other practical support to local residents. A relationship is now developing between the Trust and this charity, having recognised the key role it has to play in supporting service living outside of urban centres.

4.2. However, the longer-term impact of COVID-19 on the VCS – which has already been destabilised by a decade of austerity – is likely to be profound. Locality, a national network supporting more than 600 community organisations across the country, published a report in June 2020 outlining the myriad ways that their member organisations adapted in response to the pandemic. One of the key findings of this report is the widespread concern about the financial security of micro and SMCs; and their ability to withstand subsequent waves of infection, the cessation of furlough payments, and meeting their utility and rental liabilities.



4.3. Many within the Trust have observed that the pandemic proved to be a catalyst for the formation of effective cross-agency collaborations and system-wide working arrangements at a pace that would have been unthinkable in normal circumstances. In the paper referenced above, Locality suggests that the rapid creation of well-functioning system-wide working presents us with an opportunity to create collaborative public services that 'unlock community power'. One way they suggest this could be achieved is by permanently embedding the flexibility in procurement process that was introduced during the crisis, and by shifting from competitive tendering to community collaboration.

4.4. This recommendation is not a wholly new idea. Two years ago, the Centre for Regional Economic and Social Research[3] made a similar plea to public sector institutions; calling for a reform of funding mechanisms. They suggested that grants should be awarded over contracts wherever possible; and that where contracting is required, a collaborative approach based on trust and strong relationships is undertaken, as opposed to competitive tendering.

4.5. The National Audit Office Successful Commissioning Toolkit explores in depth the differences between grant funding and contractual funding, and the circumstances within which it is appropriate to use each one. Although this is a complicated area, the principal difference between the two forms of public sector funding come down to intended outcome. If a body is seeking to engage a provider to undertake a specific set of activities in order to meet an identified health or social care need, then the funding should be dispensed via a contract. If a public body is seeking to build capacity amongst VCS organisations, or is looking to target health improvement activities at a particular community, then it is appropriate to issue funding via a grant.

5. Recommendations and opportunities

5.1. Based on the themes explored in this paper, and the ideas of contributors, there are a range of approaches that the Trust could explore to both harness the growing energy and enthusiasm for collaboration with the VCS, and to build sustainable integrated working practices that will bear fruit long into the future. However, it should be acknowledged that there may be an element of repair or trust-building with VCS organisations and communities that's required in order for these improvements to be realised.

5.2. In this vein, it is not recommended that we launch into a programme of lengthy surveys and listening exercises. We already have a great deal of feedback from the VCS and Trust staff about what is and isn't working well in each of our localities, and asking organisations and communities to tell us what we can do to improve is likely to breed apathy and/or risk further deepening tensions. It is our actions, not words, that will ensure we gain and retain the trust of our communities and partners.

[3] 'The Value of Small', June 2018, http://shura.shu.ac.uk/21956/1/value-of-small-final.pdf

5.3. The seven key recommendations of this paper are therefore as follows:

The Trust should further develop relationships with the VCS at a place-based level and corporately

Following the example of the Luton Recovery Board, the Trust corporately, and through the Directorates, we should consider how we are taking responsibility for cultivating relationships with local VCS organisations; particularly SMCs with a wealth of community expertise and knowledge about population health needs. This means moving beyond individual practitioner relationships with commissioned organisations, to a staff-wide strategic ownership of partnerships with a commitment to agree and focus on shared priorities.

The Trust should communicate more effectively with the VCS

There are hundreds of VCS organisations across the Trust, which have a close connection into the communities we serve. However the Trust's profile is low with many VCS organisations, which do not necessarily know what ELFT does, and what we aspire to do, in particular our strategy to improve population health. As potential allies, the Trust should strengthen its approach to communicating systematically, locally and corporately, and using a variety of channels.

The Trust should in particular engage smaller grass-roots VCS partners

Improving the quality of life of the people we serve requires us to work beyond our partnerships with national VCS organisations, and to engage with a greater number of local community and social interest groups. Our populations are diverse in their circumstances and characteristics, and we need a plurality of voices and perspectives when considering how best to meet their needs. This is particularly critical in our aim to reverse and dismantle the health and structural inequalities facing BAME communities in our localities. Smaller VCS groups are often the experts in assets-based approaches to supporting community health and wellbeing.

The Trust should pursue internal culture change

In order to elicit the benefits of closer working with the VCS, we must also challenge our unconscious assumptions about what the sector can and can't do, and where *we* think they can add value to a service users' care plan. The Trust must recognise and appreciate the expertise that VCS organisations bring to the table, and see it as equal in value to the clinical expertise that we bring. Key to this will be ensuring that people participation and service user leadership is prominent at all forums that bring statutory and VCS organisations together.

The Trust should explore opportunities to contract with the VCS differently

While the Trust is obliged to act in accordance with SFIs and procurement regulations, there are approaches to contracting that we can explore that may increase opportunities for smaller VCS organisations. In addition to grants, there are other approaches that could potentially be adopted where we want to try out new approaches to delivering services but aren't able to define in advance what the final model of care needs to look like. This could provide financial security to smaller organisations, while supporting a QI approach to service development and improvement

The Trust should issue contracts that focus on shared outcomes

Commissioners, including the Trust, at times include KPIs or outcomes in contracts with VCS organisations that are separate to our own. This perpetuates a division between 'their' work and 'our' work, which can lead to fragmented care planning and disjointed support for service users. If we must issue a contract, using shared outcomes based on what matters to service users is likely to reduce duplication, share risk across organisations, and open the door to a wider range of VCS partners which may lack the infrastructure needed to measure performance and outcomes on their own.

The Trust should explore how the ELFT Charitable Fund and our links to Community Interest Companies can enhance our connections to the VCS

The pandemic has shown that there is immense support for the NHS in our localities, both in terms of social attitudes and charitable giving. We therefore have a window of opportunity to consider how the ELFT Charitable Fund - and it's links to Bart's Health - could be used creatively to support our efforts to positively impact the broader health and wellbeing of the people we serve; and how we can use it to support the work of other VCS organisations . In the context of our work to develop our approach to charitable activity, there are potentially significant opportunities for the Trust to raise funds to support VCS partners. Similarly, our links to Community Interest Companies could similarly present opportunities for working more flexibly with the VCS to pursue joint priorities.

The Trust should work with its partners

In each of our six place based systems, the Trust has multiple partners both voluntary sector, and with an interest in the voluntary sector. There are many opportunities for the Trust to work in partnership with commissioning organisations, and with umbrella organisations, and with the VCS themselves, to deliver on our aspirations as above.

5.4 The Trust can begin to move quickly with the recommendations as above, in developing a more detailed plan, and further testing our approach through the community mental health transformation programme.

5.5 It is proposed to develop a small group within the Trust to develop our plans, and to develop our leadership arrangements to deliver them.

Author	Carys Esseen, Programme Director – Community Mental Health Transformation Richard Fradgley, Director of Integrated Care
Contributors	Viv Ahmun, Shamsul Alom, Shirley Biro, Angela Byrne, Paul Calaminus, Charlotte Carthy, Jenny Cooke, Ruth Cooper, Gail Dearing, Caroline Diehl, Lindsay Hobson, Dr Dudley Manns, Nina Wright