



Regional Forum
Research Paper No. 1

Heartland Territory

An exploration of ideas for developing engagement at a regional level
between the voluntary and community sector and health and public
health agencies in Yorkshire and the Humber

Prepared by Linda Joy Mitchell
(LJM Development Consultancy)
Helen Bush

June 2005

CONTENTS

Executive Summary	3
1. Introduction – why this report, why now?	9
2. Observations and definitions	10
3. Methodology	12
4. Context	
4.1 Engagement: what does it mean?	14
4.2 Principles of engagement	15
4.3 The COMPACT	15
4.4 Engagement and health	16
4.5 Benchmarking with other regions across the UK	18
5. Key findings: Voluntary and Community Sector	20
5.1 Size and scope	20
5.2 Current levels of engagement and understanding	21
5.3 Interest in future collaboration	26
5.4 Suggested future structures	27
6. Key findings: Public Sector	29
6.1 Current levels of engagement and understanding	29
6.2 Interest in future collaboration	31
6.3 Suggested future structures	31
7. Conclusion	33
8. Recommendations	34
9. Delivery models	36
10. Consultation findings	38
Appendices	40
1. Mapping the structures	
How the health and public health function is organised and structured nationally, regionally and locally across the public and the voluntary and community sectors.	
2. Organisations contributing to this study	45
3. Policy presentation	
The White Paper on Public Health and the opportunities it presents the VCS	

Executive Summary

This study was commissioned by The Yorkshire and Humber Regional Forum for voluntary sector organisations (Regional Forum) with financial support from the Regional Public Health Group, and the Health Development Agency (now renamed The National Institute of Clinical Health Excellence) to explore ideas for developing regional level engagement between the voluntary and community sector (VCS) and the various public agencies involved in the regional health and public health agenda.

Whilst the aim of the study was to explore ideas for improved engagement of the VCS with *regional* health and public health agencies, it quickly became clear that most local VCOs do not have the resources, time or capacity to engage at the regional level. Many of the respondents discussed their experiences of *local* engagement and stated that for effective regional engagement, there is a need for a regional sector intermediary body to empower and facilitate better local structures and better networking between local organisations, which is where most activity takes place.

Although primarily a study into engagement of the VCS with the public health agenda, discussions showed that much of the 'public health' work VCOs undertake is not recognised or defined by them in that way. VCOs tend to see themselves as working in health or regeneration or community development and do not distinguish public health as a separate area of work. Therefore the scope of this study was widened to cover engagement with health more generally.

The report

The full report lays out the study methodology and considers the context of engagement between the voluntary and community sector and statutory health sector agencies in the region. A number of principles of engagement and structures or frameworks such as the COMPACT, the national strategic partnership agreement, public patient involvement forums and local strategic partnership health boards are explored and engagement practice within Yorkshire and The Humber has been benchmarked against other regions in England.

Details of the key findings from formal discussions with voluntary and community groups and with statutory health sector professionals across the regions are presented in the full report. These consider themes such as current levels of engagement and contact between the two sectors, and views about the relevance of the (regional) public health agenda to their work.

Views about the best way forward have been sought from agencies involved in the initial discussions and also at a consultation event attended by some 50 statutory and voluntary organisations. As a result, a series of recommendations have been developed which form the basis of a proposal for a regional health engagement programme.

KEY FINDINGS ARISING FROM THE STUDY

- Voluntary and community groups across the region engage with regional, sub regional and local health and public health agencies in two ways.
 - the commissioning and management of publicly funded services delivered by the VCS and wider VCS involvement in public service provision.
 - formal and informal VCS representation and participation in decision-making processes, planning and policy formation.

Service delivery

- The VCS undertakes a number of innovative and exciting activities and projects, all of which have a positive contribution to make to improving public health. Whilst there is some excellent practice across the region, it is somewhat disparate and un-networked. As a consequence, opportunities for learning and capturing good practice are being missed. This failure to aggregate local experience means that it stays local and the regional impact of the VCS contribution to improving regional public health is lost.
- Voluntary and community organisations are keen to engage with more public health service delivery but expressed a need for service commissioners to better understand what they are able to provide and an increased commitment to full cost recovery. Smaller organisations in particular need support to unpick the opportunities available to them and support with the actual commissioning process.
- Local VCOs engage primarily with their local PCTs and/or local authorities to deliver services and projects. There is recognition of the professionalism of, and crucial contribution made by, voluntary and community sector organisations amongst many front line public sector staff, managers and commissioners.
- However, for a very large number of voluntary and community sector providers it seems difficult to transform this recognition into formal consultation at an early stage of planning or automatic consideration when commissioning decisions are being made. There is some good practice but the lack of a coherent engagement or partnership framework within the health service in the region is hampering progress.

Representation and engagement

- Engagement within the health sector is not as well developed a concept or activity as it is within other parts of the public sector such as economic regeneration or learning and skills.
- The engagement of the local VCS with local health partnership boards and health sub-committees of Local Strategic Partnership boards is very patchy and not at all consistent across the region. There is currently no network for the existing local VCS health workers who support health engagement locally

or sub-regionally to enable them to link up across the region or feed into regional plans.

- Regional engagement on public health is beginning to take place. This is primarily happening with regional offices of national VCOs. Most local VCOs do not have the capacity to engage regionally, and some sort of intermediary body is required to facilitate this process.
- The need for second tier infrastructure support was consistently expressed in the course of this study: indeed it is difficult to see how regional engagement could be developed without support from an 'umbrella' infrastructure of some kind, particularly given the very diverse range of organisations that have a contribution to make and need to be 'engaged'. VCOs suggested that the most appropriate role for regional public health agencies and the Regional Forum was to link up better *local* engagement structures and facilitate their engagement rather than themselves engage directly with local groups.
- A variety of models to engage the voluntary and community sector with the public health agenda have been developed in other regions across the country. Most of these models have taken a broad approach to engagement covering both health and public health. All of these models have been commissioned from and led by the regional voluntary sector networks. Some involve funded posts while some are stand-alone or one-off pieces of work. Funded posts have been resourced either directly by the Regional Public Health Team and the Regional Health Development agency or by matched funds and contributions from the Strategic Health Authorities in the regions.

Regional strategy and policy

- Awareness of the key national and regional public health strategies and policies is low across the voluntary and community sector. VCOs are struggling to interpret these documents to see how they are relevant to their work. Any new policy documents or strategies must be presented in an accessible format and require the implications for the work of the sector to be well interpreted, analysed and presented in order for VCOs to get maximum benefit from them.

Cultural issues and terminology

- Engagement with the VCS is also perceived by the statutory health sector as 'ad hoc'. It was suggested that this might be because of the working culture of the NHS, which has less of a tradition of partnership working than other sectors. Engagement has worked better when it has been done in conjunction with, for example, local authorities who have a longer history of working with the VCS.

- The working culture of the health and the voluntary and community sectors means that they each have very different approaches to hierarchy and structure. Both sectors could benefit from clearer understanding of each other.
- The lack of any strategy for communication between the health service and the VCS, the lack of partnership skills and experience generally and the lack of performance measures that monitor community engagement in the broadest sense hampers engagement at all levels.
- The definition of public health work as a distinct activity or area of work is extremely complex and more easily understood within the public sector than the VCS. This means that clarity on the part of regional agencies and the VCS about the purpose of engagement on 'public health' and the terminology used is vital.

Interest in future work

- There is a high level of interest among the VCS in future engagement with public health work both from a service delivery and representative or advocacy point of view. There are currently no regional or sub-regional opportunities for VCOs working in health or public health to link up and many felt 'out of the loop', expressing an interest in a facility where they could access information and share best practice. VCOs were particularly keen to understand how they could unlock future commissioning opportunities
- Regular network meetings were not the preferred option for support but newsletters, themed events and seminars were popular, as was capacity building training for the sector about the health services and raising the profile within the health sector of what the VCS was capable of achieving or contributing.

Conclusion

Despite identifying some good, innovative practice locally, the engagement of the VCS with the regional public health agenda is fragmented. The lack of a coherent framework and the lack of any regional capacity to support engagement mean that the opportunity to share and learn from good practice is lost and dissipated.

VCOs are clearly operating within and providing services that have a strong impact in reducing health inequalities and improving public health. However they do not define their work as 'public health'. Consequently, opportunities to undertake further work in this area are being missed.

Better understanding within public sector health agencies of the contribution VCOs are able to make could engender opportunities for more VCOs to provide more

public health orientated services across the region. Conversely the VCS needs to have a better grasp of what public health is about, the policies, funding regimes and strategies that are driving change and how their activities could contribute to further reducing inequalities and engendering better health outcomes in the region.

Representation and engagement opportunities to influence and comment on public health policy and strategy formation, both at a regional level and more locally across the region, are also fragmented. The local strategic partnerships, community empowerment networks and regional assembly provide some structure but effective regional engagement requires the provision of regional voluntary sector intermediary support to aggregate local experience and empower and facilitate better local structures for engagement and networking.

Recommendations

In order to maximise the impact of the regional strategic framework for public health, a regional health engagement programme should be developed.

Such a programme, details of which can be found in the full report, should aim to carry out work in four main areas

- Information dissemination, collecting evidence of leading practice and profile raising
- Skills development and capacity building
- Supporting effective engagement and representation systems
- Service delivery and work with commissioners on full cost recovery.

However, any regional programme must be clear about its added benefit and not simply duplicate local activity. The most appropriate role for a regional programme seems to be one of interpreting and translating policy, developing and sharing good practice and building solid relationships along with supporting a two way flow of information to inform regional strategy making and facilitate better local engagement practices.

The delivery of such a programme should build on existing structures and not involve the creation of a separate or new agency. A discrete project situated either within the Regional Forum or the regional public health office could undertake a series of core functions, smaller individual local pieces of project work could be commissioned from agencies best suited to meet needs.

There is a need to identify and tackle any particular gaps in engagement, for example faith groups and BME organisations across the region seem to be less engaged and have fewer opportunities to link into the regional health/public health agenda.

Further investigation of what the National Strategic Partnership Agreement on Health, ChangeUp and the Government's *Choosing Health Delivery Plan* have to offer in terms of regional/local resources for supporting engagement of the VCS in the health/ public health agenda would be worthwhile. However, the Government's

capacity building programme for infrastructure, *Change Up*, offers little in the way of support for sector specific infrastructure, taking as it has a primarily generic approach.

There may be benefit in encouraging and monitoring the use of local compacts across PCTs in the region and the development of a regional public health/health compact with the VCS. An enhanced role for the strategic health authorities in developing specific performance targets for PCTs in engaging with communities and the VCS may also prove useful.

Activities that support skills development, information exchange and better understanding about the ways each sector operates seem to present the best way of increasing collaboration and engagement in the future.

Chapter 1. Introduction : Why this report, why now?

The Regional Forum commissioned this study to explore ideas for developing engagement between the voluntary and community sector (VCS) and the various public agencies involved in the regional health and public health agenda.

A preventative 'public health' approach to health and the reduction of health inequalities is gaining in momentum. The recently published government white paper on public health¹ and the accompanying delivery framework² both recognise that making real progress to enable people to make healthier choices depends on effective partnerships across communities. Whilst a new national strategic partnership agreement between the health service and the voluntary and community sector aims to facilitate closer working relationships between the two, all of these policy documents are short on the detail of how such partnerships are to be formed, resourced or monitored at a regional or local level.

The Regional Health Executive Forum has lead responsibility for designing and implementing the regional strategic framework³ on public health for Yorkshire and Humber. This document commits the public health group to forming and developing strategic partnerships that have the potential to improve public health along with working to support the development of organisations, networks and communities. The Regional Forum promotes an influential, coherent and organised voice for the VCS at a regional level, but it is currently not resourced to undertake work specifically on health or public health.

The public health agenda incorporates work on the "wider determinants of health" such as income level, housing tenure, employment status and access to services. Although voluntary and community organisations (VCOs) do not necessarily define their work in this area as 'public health' they do have a very well established role in work that both engages communities in civic renewal and delivers a whole raft of programmes and initiatives to improve the physical, social and economic environment for communities, especially in deprived areas. Whilst the established service delivery role of the VCS may be better realised, the actual engagement of organisations with health and public health agencies in order to shape and define policy and strategy is not well established *or* developed. Whilst the desire for better connections and engagement may be there, the structures are not.

The aims of this study were therefore to:

- *gain a deeper understanding of how voluntary and community organisations currently and potentially could engage with regional health and public health agencies; and*
- *develop models of engagement that best suit both sectors' requirements and resources.*

¹ Choosing Health: Making Healthier Choices Easier. Department of Health 2004.

² Delivering Choosing Health: Making Healthier Choices Easier. Department of Health 2005

³ Our Region, Our Health. 2004

Chapter 2. Observations and definitions

It has been a considerable challenge to unpick all the different levels of activity, and different definitions people use to talk about engagement and public health. Terminology commonly used and understood by health and public health staff in the public sector is often perceived quite differently by staff working in the voluntary and community sector.

The term 'health sector' is used here to refer to generic NHS organisations, including Primary Care Trusts (PCTs), Strategic Health Authorities (SHAs) and local hospitals and trusts. The term 'public health agencies' is used here to refer to members of the public health group including the regional public health team, the regional health development agency, directors of public health in PCTs and various other regional agencies with a stake in better public health outcomes across the regions such as the Yorkshire and Humber Assembly and Yorkshire Forward. The term 'voluntary and community sector' (VCS) is used to refer to the very wide and diverse range of voluntary and community or "not for profit" organisations (VCOs) across the region.

Whilst the aim of the study was to explore ideas for improved engagement of the VCS with *regional* health and public health agencies, it quickly became clear that most local VCOs do not have the resources, time or capacity to engage at the regional level. Many of the respondents discussed their experiences of *local* engagement and stated that for effective regional engagement, there is a need for a regional sector intermediary body to empower and facilitate better local structures and better networking of those local structures, which is where most activity takes place.

Although primarily a study into engagement of the VCS with the public health agenda, it has been necessary to focus on engagement with both the public health *and* the wider health agenda. This is because much of the work that could be defined as 'public health' or 'reduction of health inequalities' is not recognised as such by the VCS. VCOs tend to see themselves as working in health or regeneration or community development and do not distinguish between the sectors. Many VCOs are working in areas such as housing or literacy, which would not naturally fall into a health definition at all, yet still impacts heavily on the wider determinants of health.

The definition of public health work as a distinct activity or area of work is extremely complex and more easily understood within the public sector than the VCS. Public health work reaches across so many themes, such as poverty, housing, sexual health, older people, mental health and so many local government agencies such as learning and work, leisure and recreation, crime and community cohesion. In fact it is difficult to find an area of work not affecting public health.

All of this means that clarity on the part of regional agencies and the VCS about the purpose of engagement and what it is trying to achieve is vital. On the whole respondents to the discussions seemed to think engagement was a good thing, but were not at all clear about what it should specifically achieve. Some future outcomes and purposes have been suggested in the final chapter, but further consideration needs to be given to the specific aims and objectives of any future engagement.

There is a great danger that engagement is seen and experienced as a means unto itself rather than a method of actually achieving a specific outcome.

Chapter 3. Methodology

3.1 Project Advisory Group

The Regional Forum oversaw the study. Consultants were appointed and a project advisory group of some 31 members, drawn from the Regional Forum's membership, was set up to provide guidance and hear early feedback. This diverse group of people, all with an active interest in better regional engagement on health, has met three times during the course of the study. The group provided an initial brief for the consultants, contributed views to the consultation process, discussed some of the early findings and took part in a third sector foresight session designed to explore the ways in which VCOs already contributed to improved public health across the region and to anticipate future opportunities for doing so.

3.2 Early Discussions

A range of regional and local VCOs were consulted on their views and ideas about the best ways to improve engagement with health/ public health agencies and with the wider health agenda. It was decided that a blanket questionnaire approach to collating views would not yield the best results. Therefore a sample group⁴ of voluntary organisations who self-identified as having a specific interest in public health were targeted for more informal consultation. Regional public health agencies, Strategic Health Authorities and local PCTs were also targeted for consultation and discussions about their views on better engagement practices.

3.3 Interviews

A telephone interview framework was developed for consultation with voluntary and community organisations. It explored the following themes:

- levels of contact which VCOs currently had with local and regional health services and/or public health agencies;
- views or perceptions of the meaning and relevance of the (regional) public health agenda to their work;
- levels of understanding about the relevance of the Regional Public Health Strategy '*Our Region Our Health*' and the Government's White Paper on Public Health '*Choosing Health*'
- prior experience of engagement and/ or belonging to networks; and
- views on how better engagement might be of assistance to them and how it might best be provided.

An interview framework was developed for telephone consultation with members of the Regional Public Health Group which explored the following themes:

- current levels of contact with the VCS and views on the role of VCOs in the regional public health agenda;
- views on how better engagement might be of assistance to them and how it might best be provided; and
- exploration of potential resources needed to make this happen.

⁴ See Appendix 2

3.4 Other Activities

In order to benchmark good practice, other regional VCS networks across England were consulted to establish which, if any, models they had used to engender engagement of the VCS with the public health agenda.

A brief literature review drew on key findings from:

- research carried out by the National NGO PHorum into the contribution of national and regional VCOs to the tackling health inequalities programme for action⁵;
- a study commissioned by the National Forum of Public Health Organisations on the engagement of VCOs in local strategic partnerships in relation to public health⁶;
- a study commissioned by NIMHE Yorkshire and Humber and North East on voluntary sector involvement in mental health services⁷;
- a study into options for effective BME engagement across Yorkshire and Humber⁸;
- guidance from the Neighbourhood Renewal Unit on the setting up and evaluation of community empowerment networks⁹;
- the implementation plan for the National Strategy for Partnership Working within the Learning and Skills Council¹⁰;
- a selection of VCS publications reviewing good practice in community engagement and representation¹¹; and
- the national strategic partnership between the Department of Health and the Voluntary and Community sector¹².

An in-depth analysis of the current public health policy environment, including the regional strategy on public health '*Our Region Our Health*' and the White Paper '*Choosing Health*' was carried out in order to see where future opportunities might lie for improved engagement. An analysis of this policy context was presented at an advisory group seminar on 11th January 2005 and this presentation can be found in appendix three of this report. Findings from this seminar have also been incorporated into this report.

⁵ How national and regional non-governmental organisations contribute to the tackling health inequalities programme for action. Adam Crosier and Ann McNeil 2004.

⁶ The engagement of VCOs in LSPs in relation to Public Health. Linda Marks. Durham University 2004.

⁷ Voluntary sector involvement in Mental Health Services in the North East and Yorkshire and the Humber. NIMHE. Graham Frost. Volition. April 2004

⁸ Making a Difference. The Social Business Company 2004.

⁹ National Strategy for Neighbourhood Renewal. 2002. Community Empowerment Guidance 2003.

¹⁰ Working Together in Practice. The Learning and Skills Council. 2005.

¹¹ Benchmarking Community Participation in Regeneration. COGS 2000. Community Involvement Network. Leeds 2002. A Model of Experiences in Community Involvement. Leeds VOICE 2003

¹² Making Partnerships Work. Department of Health 2004.

Chapter 4. Context

4.1 Engagement – what does it mean?

Public sector engagement with the VCS takes place in two ways.

1. The commissioning and management of publicly funded services delivered by the VCS and wider VCS involvement in public service provision.
2. Formal and informal VCS representation and participation in decision-making processes, planning and policy formation.

This study is primarily concerned with the second form of engagement, rather than the first. However discussions showed that both service delivery *and* representation were interlinked. It was by providing and running community based services that voluntary organisations formed a view on what was missing or needed to change. It is those very experiences that enable VCOs to participate in decision-making, planning and policy development. This, along with their unique connection to local communities and their ability to '*reach parts of the community other organisations find hard to reach*', makes their contribution invaluable.

Key issue

In developing engagement, systems that support both the **service delivery** and the **voice** role of voluntary and community organisations are necessary. Both roles are inexorably linked and should not be separated from each other.

Increasingly national government is recognising that the VCS has a valuable role to play in influencing, planning and engaging in decision making, alongside it's already more established service delivery role¹³. This recognition has in turn led to the resourcing and establishment of a number of new structures, for example within the area of regeneration VCS led Community Empowerment Networks support the delivery of the National Strategy for Neighbourhood Renewal through Local Strategic Partnership Boards. The Learning and Skills Council (LSC) has also responded to the challenge of engagement by producing a partnership strategy and a toolkit¹⁴ which aims to support local LSC staff and their VCS partners to deliver best practice. The National Institute of Mental Health has established voluntary sector lead posts within their regional offices, and a number of regional and subregional forums have been resourced by European funding programmes in order to ensure the VCS has a collective and representative voice in planning projects to help reduce social and economic disparities across the region.

¹³ See, for example, the Compact code of good practice on consultation and policy appraisal and the cross cutting review of the role of the voluntary and community sector in service delivery. HM Treasury, 2002.

¹⁴ Working Together in Practice. The Learning and Skills Council. 2005.

Although somewhat later than other sectors, 'health' is beginning to catch up. A new national strategic agreement¹⁵ for closer partnership working between the Department of Health, the NHS and the voluntary and community sector has been produced but is short on detail as to how such partnerships are to be formed, resourced or monitored at a regional or local level.

Community engagement strategies abound and there are ever increasing demands on VCS agencies to find people to sit on decision making forums and partnership boards. Whilst this is a welcome move, it is crucial to recognise that meaningful engagement depends on trust and takes time to build. It has to be supported by resources and to be truly successful it has to achieve more than just 'ticking the box'.

4.2 Principles of successful engagement

There are a number of key principles for engagement¹⁶ that are widely recognised to be crucial to success.

1. Engagement mechanisms should be fit for purpose, follow principles of subsidiarity and use appropriate methods for different objectives and stages, different audiences and issues.
2. Effective engagement requires a commitment to better communication between public sector partners themselves as well as within the community.
3. Engagement must be an integral part of the mainstream planning processes of agencies. The outcomes of engagement must be owned by all staff. This may involve making changes to the way services are delivered.
4. It must be clear from the start what is 'on offer'. The purpose should be explained together with what can and cannot be influenced, how the results will be used and what feedback will be given.
5. Reaching the hard to reach and engaging at an early stage of planning rather than simply consulting once the decision has been taken are crucial.
6. Successful engagement requires investment in terms of time and resources to build capacity and to ensure people have access to the right skills and training to engage effectively.

4.3 The Compact

The Compact provides a national framework for a reciprocally beneficial and constructive partnership between the VCS and the statutory sector. The Compact is supported by a series of Codes of Good Practice which together list the rights and responsibilities to which both sectors should adhere in order to make the relationship work.

Local Compacts aim to achieve similar benefits locally between the sector, councils and other local public bodies including PCTs.

¹⁵ Making partnerships work for patients carers and service users. A strategic agreement between the Department of Health, the NHS and the Voluntary and Community Sector. 2004.

¹⁶ Benchmarking Community Participation in Regeneration COGS 2000.

Community Involvement Network. Leeds 2002.

A Model of Experiences in Community Involvement. Leeds VOICE 2003

A key principle which underpins the national Compact - and which is of particular relevance to this study - is that there is added value in working in partnership towards common aims and objectives. Indeed the Compact recognises that meaningful engagement, for example in consultation, builds relationships, improves policy development and enhances the design and delivery of services and programmes. It also recognises that the sector has a complementary role to play in the development and delivery of public policy and services. These principles are further interpreted in the Codes of Good Practice and in particular the Code on Consultation and Policy Appraisal.

However, the development of the Compact, and indeed Local Compacts, is more than the publication of a set of undertakings to which each partner has signed up. It is the start of an ongoing process and way of working to continually build and improve the relationship or partnership between the partners to the Compact. It provides a framework for annual review, which in turn forms the basis for further action to progress development and implementation of the vision which the Compact documents set out.

Key issue

Any engagement model adopted by public health agencies should build on existing structures and prior learning in other parts of the public sector about working in partnership with and supporting engagement with the voluntary and community sector. There may be benefit from encouraging and monitoring the use of Compacts across the PCTs and the development of a regional public health/health compact with the VCS which mirrors the national strategic partnership agreement.

4.4 Engagement and the health sector

Strategic partnership agreement

A new strategic agreement¹⁷ for closer partnership working between the NHS and the voluntary and community sector aims to:

- foster meaningful strategic engagement, understanding and partnership between the DOH, NHS, Primary Care Trusts and the VCS;
- make the VCS part of mainstream provision, whilst preserving and respecting its independence;
- contribute to the delivery of NHS priorities;
- provide a framework for supporting and developing a vibrant VCS in the context of long term strategic planning and investment by the NHS, whilst acknowledging and tackling the barriers that exist to truly effective joint working;

¹⁷ Making partnerships work for patients carers and service users. A strategic agreement between the Department of Health, the NHS and the Voluntary and Community Sector. 2004.

- challenge local organisations to sign up to local compacts; and
- promote diversity and fair access for BME organisations, those representing disabled and other socially excluded groups, and for the people they represent.

Whilst this partnership agreement is a welcome framework and commitment to closer partnership, both on the service delivery and on the representation front, it is far from explicit about how such partnerships are to be formed, resourced or monitored at a regional or local level.

NGO Phorum

A research report¹⁸ commissioned by the NGO PHorum into the contribution of national NGOs to tackling health inequalities found that:

- the broad term 'health inequalities' was widely misunderstood and misused and understanding of its meaning tended to be influenced by the central purpose of the organisation (i.e. it was highly context specific);
- there was considerable disillusionment with the rhetoric of health inequalities and the lack of any real progress to reduce them;
- respondents felt there had been considerable 'initiative overload';
- the historical purpose of NGOs was to act as agents of change on behalf of disempowered and marginalised groups, to lobby and campaign, to tackle vested interests and to work with government to improve and develop policy. As such they had a powerful role to play in tackling health inequalities;
- devolution and regionalisation presented considerable opportunity for public health NGOs. There were, however, serious concerns about capacity, the competitive funding environment and a lack of co ordination and leadership.

Patient and Public Involvement Forums

Health sector engagement with 'the wider community' has been taken forward by the patient and public involvement (PPI) forums. Their focus has been to empower patients to feel valued and have their say about the running of their hospital and primary care trusts, with the aim of bringing about an improved patient/carer experience. The focus of this work has been on *"getting the individual patient experience right"*. Despite some community based initiatives, the opportunity to more widely engage whole communities or the VCS in the planning and delivery of health services through the PPI forums seems to have been lost.

The VCS has had varying levels of involvement in PPI forums, which are soon to be reorganised. The national body is to be abolished and the Department of Health will establish a new centre of excellence to provide advice and guidance to local forums. This is not likely to be a new organisation but will work to ensure that the work of patient forums is reflected in cross government work on citizen engagement.

¹⁸ How can national and regional non governmental organisations contribute to the tackling health inequalities programme for action? A Scoping study. Adam Crosier and Ann McNeil 2004.

Local strategic partnerships and local health partnership boards.

There are a number of health partnership boards across the region which have been established by local authorities and local PCTs. Some of these address specific issues such as mental health, children's services or rural health. Some of these feed into the local strategic partnership (LSP), others formally constitute the health sub-group of the LSP.

VCS engagement with these structures is patchy and largely un-resourced. In the neighbourhood renewal areas VCS engagement is supported by funded community empowerment networks (CENs) and local councils for voluntary service (CVSs), however these structures are also subject to change. In other areas there are no formal structures so consultation and engagement is somewhat ad hoc. Some localities have funded specialist posts based within CVSs to support local VCOs who provide health and public health services and to engage groups and organisations more widely in planning and decision-making. These VCS health workers do not currently meet up or network in any way across the region; neither do the VCS representatives on the health sub-committees of the LSP.

Key issue

Engagement within the health sector is not as well developed a concept or activity as it is within other sectors such as regeneration or learning and skills. Further investigation of what the National Strategic Partnership Agreement on Health has to offer in terms of regional/local resources for supporting engagement of the VCS in the health/ public health agenda would be useful.

Engagement in the health sector has been developed primarily by the patient and public involvement forums. Because these have focussed on getting the *individual patient* experience right, there may have been a missed opportunity for broader, meaningful involvement and engagement with communities and the VCS.

The engagement of the VCS with local health partnership boards and health sub-committees of LSPs is very patchy and in no way consistent across the region. There is currently no network for the existing local VCS health workers who support health engagement to link up across the region.

4.5 Benchmarking with other regions across the UK

Other regions across England have developed a variety of models and structures to engage the VCS in region-wide consultation, strategic planning and health/public health policy formation.

In the **East of England** a full time network officer post, funded by the three strategic health authorities in the region, has been established within the regional voluntary sector network body. This project officer supports the engagement of the VCS in developing and implementing the health agenda, and is identifying where engagement could be strengthened. Proposals to do this, as well as action plans for better collaboration and partnership working between the health sector and the VCS, are being developed.

In the **South West** two regional infrastructure organisations undertook research to establish ways of strengthening VCS health infrastructure across the region. They found that few CVSS had dedicated health workers, a few representatives were found on a number of PCT partnership boards, but most engagement happened at the LSP level with varying levels of success. There was a lack of resources and a lack of understanding between the two groups of agencies (VCS and public sector) and a reluctance to work regionally. They found that the most appropriate role for a regional structure was to share best practice and information and bring consistency to work carried out across the region.

In the **East Midlands** the Regional Health Development Agency and the Regional Public Health team have funded a three year health development manager post. This project aims to support the VCS to contribute to and benefit from the regional public health strategy '*Investment for Health*'. The long-term aim of the project is to ensure the VCS has a clear and distinct voice in regional public health departments, the health service, the regional assembly and local PCTs.

In the **West Midlands** the Regional Voluntary Sector Network has run a series of events with the Regional Assembly and the Regional Health Development Agency. They have also produced a number of briefings and ran a joint research project with NIMHE to find best practice in the VCS in mental health service delivery.

In the **North West** the Regional Public Health team and the Regional Health Development Agency have funded a dedicated post for a network development officer. The health network provides a means for peer support and dissemination of information, prepares joint responses to consultation, links up the public sector and voluntary agencies working in the health arena and acts as a recognised channel of communication across the region.

Key issue

A variety of models to engage the voluntary and community sector with the public health agenda have been developed across the country. Most of these have taken a broad approach to engagement that covers both health and public health.

All of these models have been commissioned from and led by the regional voluntary sector networks. Some involve funded posts; some are stand alone pieces of work. Funded posts have been resourced either directly by the Regional Public Health Team and the Regional Health Development agency or by matched funds and contributions from the Strategic Health Authorities in the region.

Chapter 5. Key findings: Voluntary and Community Sector

5.1 Size and scope

Estimates about the size and scope of the voluntary and community sector in the Yorkshire and Humber region range from 20,000 - 45,000 organisations¹⁹. They are extremely diverse in terms of their size, their resources, their capacity and the activities they undertake. Some deliver direct services under contract. Others work to improve communities or work with specific groups of stakeholders such as children or disabled people. Still others provide self help or undertake campaigning activities. This diversity, whilst a strength in itself, means it is very difficult to make generalisations about 'the sector' and adds a considerable challenge to the task of regional engagement.

Nevertheless 'the sector' has a number of roles all of which can and do have an impact on public health, for example:

- education - providing resources and information for the public and/or specific targeted population groups, which includes health and other professional groups;
- advocacy and lobbying policy makers;
- provision of services, alone or in partnership;
- research and evaluation; and
- capacity building both voluntary and public sector organisations.

The VCS in Yorkshire and Humber is made up of regional and local offices of large national voluntary organisations, region-wide organisations, large and small local service providers, community groups, self help groups, special interest groups and support groups for carers and service users. Front line organisations are supported and networked by a number of local, regional and sub-regional VCS development agencies, such as councils for voluntary service, rural community councils and BME development agencies. The majority of organisations operate at a very local level, making links with the regional agenda through the regional voluntary sector forum.

There are a number of local thematic networks, for example on mental health, disability, children and young people. There are also a number of region-wide networks that support 'front line' organisations working in thematic areas such as learning and skills, social enterprise and community engagement. However there is currently no sub-regional or regional network or indeed any agency dedicated to providing second tier support and information around the theme of health or public health.

¹⁹ Mapping the contribution of the voluntary sector in Y and H. G Lewis. YHREG FORUM 2001.

Key findings

The VCS undertakes a number of activities all of which have a positive impact on public health. However the very diversity of organisations in the sector means it is difficult to make generalisations and is a challenge to the task of engagement.

The need for second tier infrastructure support has been consistently raised as a need throughout the course of consultation; indeed it is difficult to see how engagement could be supported without the provision of 'umbrella' infrastructure of some kind, particularly considering the very diverse range of organisations that may need to be 'engaged'.

5.2 Current levels of engagement

Regionally

At a regional level, engagement of regional branches of some national voluntary organisations with the regional public health agenda is beginning to happen. For example Age Concern has worked closely with regional public health agencies in setting up a regional ageing panel. The National Energy Action group is collaborating on the regional fuel poverty strategy and there are emerging models for organisations such as Shelter to work in partnership on the regional homeless strategy.

However the majority of voluntary and community organisations do not have the resources to engage regionally and most engagement on health therefore happens at a local level. There are also very few national VCOs in Yorkshire and Humber with established regional structures. Should the regional public health agencies wish to engage more widely they will need to develop a model that collects views from local groups and disseminates information as locally as possible. Some form of infrastructure or second tier organisation would be needed to coordinate and facilitate this. The Regional Forum, which already facilitates VCS engagement with other regional agendas such as sustainable development or learning and skills, was consistently suggested as the best placed organisation to take this role on.

The VCS has more formal representative structures with agencies such as the Regional Assembly where it is a key stakeholder and is represented on its many commissions such as the Quality of Life Commission. Public health issues are addressed within the Assembly so there is some opportunity for the VCS to have a voice in formulating policy and strategy related to regional public health there. The Regional Forum supports the VCS elected representatives, however there is currently no capacity to extend this way of working to public health.

Locally

The majority of VCOs in this study engaged with health/public health agencies at a local level, primarily with their local PCTs or local authority. Most of this contact is concerned with the joint delivery of projects, the provision of training or contractual/funding arrangements. Some frustration was expressed at the lack of a coherent framework for health sector partnership working with the VCS and an expressed desire for a single point of entry within the PCT to improve relationships with VCOs.

The representation or voice role was very patchy. Some organisations sat on local health partnership boards and had been asked to comment on strategy or policy formation but this seemed very ad hoc and not at all consistent across the region.

“...it's often just a question of being at the right meeting at the right time.”

Where it does exist, representation is supported mainly by local Councils for Voluntary Service, and resourced by funding from local authorities and PCTs. Some VCS representatives have quite sophisticated networks or constituencies of local groups behind them. This enables them to collect a wider community view which is fed back to their representative who takes this back to the partnership board. There was considerable support for this role. Other representatives had no such infrastructure and had adopted a more pragmatic advocacy or expert voice role rather than a fully developed sector representative role.

Some respondents had been asked to organise specific VCS consultation events. A good example of this was the consultation on action to improve people's health run by Hull DOC (Developing Our Communities) and New Horizons. Utilising the sector in this way to connect with the wider community resulted in a much greater response to the PCT consultation than would normally have been possible. Some respondents criticised the consultation processes used by the PCTs and the health sector in general. They cited the Regional Assembly as an example of good practice and felt that the health sector had much to learn about how to consult and engage with communities.

There were also examples of where the VCS contributed to the formation of local health policy and strategy. For example York CVS supports a number of VCS health forums which have commented on and contributed to the formation of “rehab to recovery” (a mental health strategy) and to the development of local children's trust pathfinders. None of this would have been possible without the provision of a health development officer's post which in this case was resourced by the local PCT.

The VCS is represented on most local strategic partnership (LSP) boards across the region. In the neighbourhood renewal areas community empowerment networks support this role. Many of the LSPs have health sub-committees. In Leeds, for example, a network of local health organisations contributes to the LSP's strategy for health and well being. This network is in turn serviced and supported by Leeds Voice, which is the local community empowerment network.

However, VCS representation on these sub-committees seems to be patchy and in no way consistent across the region. VCS representatives on local health partnerships were of the view that health had “*slipped down*” the list of priorities

within the local strategic partnerships and that a champion for health was needed. They were aware of the planned restructure of the LSPs and the move to local area agreements but were unsure how this would impact on their work. VCOs welcomed the new overarching 'healthier communities' objectives, but were unsure about how these would play out in practice.

"I sit on our local health strategy group but have no constituency behind me; colleagues tend to feed information through to me and I send it out in our local newsletters. It's a bit ad hoc. We are starting to link up with the local community empowerment network (CEN) who are keen to have a local health network. We all need to keep an eye on what will happen with LAAs. They just might swallow the CEN but they seem very public health focussed which is a good thing, however there is no new money in this, its just a paper reshuffle really."

Current contribution

Amongst those consulted, the range of contributions that VCS organisations saw themselves as making to improve public health was very diverse and included such examples as:

- smoking cessation clinics;
- community cafes;
- debt counselling;
- home safety officers;
- fuel poverty projects;
- sexual health clinics;
- first stage referrals for cardiac patients;
- exercise clubs;
- family and young people support;
- services for people affected by drugs misuse;
- food and drink festivals;
- parenting in prisons projects;
- lunch clubs for the elderly;
- healthy eating projects;
- multi-cultural training for NHS staff;
- over-eating support clubs; and
- drugs awareness training.

Voluntary sector organisations considered they took a more *"person centred approach to the services they provided, being closer to service users and their communities"*. Because they remain outside mainstream provision the VCS can offer innovative, creative viewpoints based on local realities and priorities. They also work within a paradigm of health rather than illness and treatment, which is far more in line with a public health approach to prevention of illness. Many felt they had much to offer the public sector about this style and culture of working. For example, some organisations had run training courses for NHS staff on community development and health.

Many organisations commented on the positive relationships they had with individual staff in the PCTs and cited examples of innovative, joint projects with clear benefits

to service users. However, this was again fragmented and seemed to depend on individual relationships, rather than a partnership framework or a firm, demonstrable commitment to work more closely together. Without this structure, translating the benefits of partnership working into tangible opportunities to input into health planning and decision-making proves an ongoing challenge.

Key findings

Regional engagement on public health is beginning to take place. This is primarily with regional offices of national VCOs. Most local VCOs do not have the capacity to engage regionally and some sort of intermediary body is required to facilitate this process. The Regional Forum was suggested as the logical body to take this forward.

Local VCOs engage primarily with local PCTs and local authorities to deliver services and projects. There is recognition of the professionalism of, and crucial contribution made by, voluntary sector organisations amongst many front line public sector staff, managers and commissioners.

However, for a very large number of voluntary sector providers it seems difficult to transform this form of recognition into formal consultation at an early stage of planning discussions or automatic consideration when commissioning decisions are being made. There is some good practice but the lack of a coherent engagement framework within the health service in the region is hampering progress.

Whilst there is some excellent practice across the region, it is somewhat disparate and un-networked; consequently opportunities for learning and capturing good practice are being missed. This failure to aggregate local experience means that it stays 'local' and the impact of the VCS contribution to improved public health is lost.

Awareness and understanding of issues

Across the local VCS, engagement with regional health/public health agencies is very low, as is awareness of the regional public health strategic framework. Where VCOs had heard of the regional strategy they felt by and large supportive of its general direction. But they were consistently unclear about what it meant for them and their organisations or the tangible opportunities it opened up to them in their day-to-day work.

"I've read the regional one and liked it a lot, but what I'm struck by is how can we make this all happen at a local level? Regional organisations seem to think that it is happening already, but it isn't you know."

Even where VCOs were beginning to see how they could better contribute to fulfilling public health targets and priorities, there was a feeling that *“the NHS would need to change its working culture”* for their contribution to be fully taken on board. In some cases VCOs expressed concern at their loss of independence if they were just seen as a means to fulfilling government-set targets and priorities.

Awareness of the Choosing Health White Paper was also quite low. Many organisations said they had heard of it but were struggling to understand how it impacted on their work. The exception to this being people who had attended a prior voluntary and community sector policy briefing on it. They commented that it had been extremely valuable for them to spend time considering the white paper from a voluntary sector perspective and with other people from the sector who were doing similar work to them.

The meaning of public health

Although the VCS has a long history of service delivery in the health and social care arena, and in the reduction of ‘poverty and disadvantage’, it clearly does not define itself as operating within the ‘public health’ arena.

In fact there seems to be considerable confusion about the terminology and definition of public health as distinct from health generally. Most VCOs understand that public health is about prevention and wider determinants of health. This makes it natural territory for them. But a view was consistently expressed that public health and health care generally should not be separated from each other. It was not seen as a natural division either in the planning or in the delivery of services, and many felt that a more holistic approach should be taken. The distinction between the two was seen as important to health professionals in different NHS departments, but not to service providers or to the general public or communities.

“Public Health is about prevention and I suppose health and social care is more about children’s homes, child protection, intervention etc. We get involved in both, more on the public health side but I wouldn’t call it that. The key to public health is poverty but I’ve never come across a specific public health agency that deals with poverty. In fact I’ve never come across a public health voluntary sector project.”

“The statutory sector see public health as very different, a different way of operating. The VCS don’t operate like this. Public health work is actually heartland territory for us, we can grasp the concepts easily enough but don’t make the distinction. For example if a PCT public health director wants to run a debt counselling project, we could provide this but we would not naturally call this public health work.”

Key findings

Awareness of the key national and regional public health strategies and policies is low across the voluntary and community sector. Organisations are struggling to see how these documents are relevant to their work and need support to interpret them.

New policies or strategies must be presented in an accessible format and require the implications they may have for the work of the sector to be clearly interpreted, analysed and presented in order for VCOs to get maximum benefit from them.

There is a general confusion about the meaning and use of the term 'public health'. VCOs do not generally define their contribution as 'public health' and do not see it as distinct from other health-type activities they undertake.

This would seem to indicate that any engagement mechanism would need to take a very wide definition of public health in order to attract the largest possible number of organisations to contribute. Attention should be paid to the use of language and any terminology that might be confusing when engaging with the voluntary and community sector.

5.3 Levels of interest in closer engagement

Many of the interview respondents expressed interest in joining a 'health network' in order to get access to better information. Many felt 'out of the loop', especially on regional health issues. The majority quoted the Regional Forum, their local PCT or local authority as their main current source of information.

There were no identified opportunities for VCOs which were working in health/public health projects across the region to link up, discuss the types of projects they were running or consider good practice.

"I need to be given keys to open the door to help my local community work out how to get in there and change things about unhealthy communities and children. I need to hear about initiatives, engage with them and pass information on – but I don't know where to start."

One respondent expressed a view that much local activity was being "wasted" because it was not being joined up. They commented that better networking would prevent duplication and reinventing the wheel. Having recently attended a meeting about health initiatives in the city, she found that half the groups there had never met each other and had no idea about what was going on in the city, let alone what was happening in health.

It proves a challenge for many local groups to understand and respond to local initiatives let alone regional ones. Whilst there was interest in understanding regional policy and how it related to their work, many felt that the region was too far removed a level for their work. The majority of respondents used the Regional

Forum as a source of information on regional issues and there was strong support for its continued role as a channel of information and as a facilitator of better networking structures.

Key finding

There is a high level of interest in future engagement with public health work both from a service delivery and a representative point of view. However many VCOs felt 'out of the loop', found it difficult to access information and expressed interest in linking up to learn from the work of other VCOs across the region.

VCOs felt that the most appropriate role for regional public health agencies and the regional voluntary sector forum was to link up and facilitate better local engagement structures rather than engaging directly with local groups.

5.4 Suggestions to improve engagement.

Suggestions for improved engagement seemed to fall into one of two categories.

- Improved engagement of VCS *service providers* with each other and with the public sector agencies who commission them.
- Improved engagement of VCOs with strategy makers, planners and decision makers.

Overwhelmingly, the expressed preference was for the provision of some sort of central resource that could bring VCOs together, to share information and to act as a conduit of information and intelligence about public health initiatives in the region. The Health Network which operates nationally, www.healthvoice-uk.net, was cited as a good model of a virtual network. Something like this that operated regionally was thought to be of use.

Respondents did not seem to want a series of regular regional network meetings: attending these would be costly and time consuming and might duplicate what was already happening locally. It was suggested that any network would have to be a 'light touch' initiative with a couple of face-to-face meetings or seminars a year and a regular newsletter to keep people in touch. Joining up the VCS workers who ran local health networks might be one way of building on existing structures rather than creating an entirely new structure.

Themed planning meetings and seminars for both VCS and public sector organisations were also suggested. For example, it was suggested that it might be possible for the regional public health group to bring together all the public sector and voluntary sector organisations across the region involved in 'sexual health' or 'youth services' to discuss what could be done about teenage pregnancy or alcohol abuse; to look at the shared agendas; and to come up with some specific actions each could take. There was a suspicion that these sorts of meetings were already being held, "*it's just that no one thought to invite the voluntary sector to contribute*".

Targeted training for VCS workers running public health type projects was another suggestion. It was suggested that these could be run at six-monthly intervals. It was thought that the opportunities in the regional strategic framework and the Public Health White Paper needed to be better explained and laid out for the VCS if they were to take advantage of this at a local level.

In addition it was suggested that health sector staff may also need some capacity building in terms of their understanding about the voluntary and community sector and what it has to offer. Some work with commissioners to open up better commissioning practice was also thought to be of use.

Key Findings

There are currently no regional or sub-regional opportunities to link up for VCOs working in health or public health. Many felt 'out of the loop' and expressed interest in a facility where they could access information and share best practice. VCOs were particularly keen to understand how they could unlock future opportunities.

Regular network meetings were not the preferred option for support, but newsletters, themed events and seminars were popular, as was capacity building training for the sector about the health services and raising the profile within the health sector of what the VCS was capable of achieving.

Chapter 6. Key Findings: Public Sector

6.1 Current engagement practices

Public sector respondents also described the engagement of local VCOs with the health sector as ad hoc. Although some good local practice clearly exists, many commented on the lack of a strategic framework and the lack of resources to support this. Engagement with local VCOs working in particular areas such as mental health, crime or drug prevention was fairly well developed but was complicated by the fact that many VCOs were also providing services under contract and this could change the nature of any representative role. There seemed to be some anxiety that the VCS primarily engaged in order to access funds to support their own projects, and whether this was appropriate.

Some PCTs had commissioned specific consultation events around the regional public health framework, but input from communities and organisations was felt to be un-strategic and tended to rely on individual staff who were *“on the ball”* about the benefits of VCO engagement.

Engagement seemed to be better developed where there was a shared agenda with, for example, Social Services or with the Local Authority. Joint initiatives, such as the provision of specific mental health services, drug treatment services or children’s services, seemed to involve the VCS and take account of their views quite well. One respondent thought this was primarily *“because social services had a much longer history of working with the sector and had developed closer relationships over time; social services were more accustomed to engaging voluntary sector providers and working with them in partnership”*.

One respondent felt that *“getting the PCT to work with the police and social services was hard enough, so it wasn’t surprising that the voluntary sector didn’t even get a look in”*. Another commented *“with such a top down approach even local managers and staff in the NHS feel they don’t get a say, so what chance the voluntary sector.”* What seems to be required is a change in the working culture of the NHS. This is undoubtedly a huge task, but one it was suggested could be initiated by increasing the understanding of health service professionals about the VCS, its community development approach, and the value of the contribution it makes to better health and public health outcomes.

One respondent thought that the reason engagement was not well developed was because the PCT staff had not *“gone out there to the grass roots”* and developed contact with communities. In order to address this, one PCT had established a specialist community development post, but this alone had not really made much difference. The post holder had made lots of links but found that people in the sector frequently moved on, making lasting change difficult.

The voluntary sector was seen as providing public health services in a more accessible fashion. One public sector official said, *“They offer support in a more holistic way not just about ticking the box”*. It was also suggested that the values and ethos of the VCS were closer to a more public health way of working, for example, *“it is about what they do **and** also how they do it”*. Public sector agencies saw the voluntary

and community sector as having a unique role in educating health professionals about working in a less bureaucratic, more flexible and more informal way with communities. They felt that sector representatives *"brought a community perspective and had a more instinctive understanding of what was needed to change health behaviours"*.

The purpose of engagement was expressed as being *"better public health outcomes for all"* however one respondent queried whether *"people on the ground had adequate information about how to approach their PCT if they wanted to feed in views; if the channels of communication were adequate and open enough"*. Another respondent stated the purpose of engagement as *"primarily to support the VCS to engage more effectively at local and sub regional levels"*

Key findings

Engagement with the VCS is also perceived by the health sector as 'ad hoc'. It was suggested that this may be because of the working culture of the NHS which perhaps has less of a tradition of partnership working than other sectors. Engagement has worked better when it has been done in conjunction with local authorities who have a longer history of working with the VCS.

Barriers to engagement

Barriers such as a lack of understanding within public sector agencies about the make up and structure of the VCS were identified. It was often hard for health sector workers to see what the sector could offer and it was difficult to understand the structure and make up of the VCS or know who to actually engage with or about what specifically.

"We don't really know what we want to engage about but we seem to think it's a good thing to do."

Respondents recognised that they sometimes had very unrealistic expectations of VCOs, who were struggling with limited staffing and resources. And *"the lack of specific identifiable resources to facilitate engagement"* was cited as one of the reasons VCS engagement did not happen as it should.

One respondent felt that there was a skills gap, that individual VCS worker's capacity to engage was limited by their understanding of the health sector and how it operated. VCOs often had specific projects they were trying to find funding for without any reference to the specific targets that health sector staff were working to. It was felt that with better understanding the VCS could exploit more opportunities for partnership working, but it was also recognised that this could lead to a loss of independence if VCS work was primarily driven by health sector needs and targets

The lack of coterminosity of health services with local authority and regional structures was also identified as a barrier to better engagement. Some PCTs cross two LSP areas, and the Strategic Health Authorities do not fit with the sub-regional structures of North Yorkshire, West Yorkshire, South Yorkshire and the Humber.

Despite the goodwill and commitment to engage with the VCS and communities generally, there are few mechanisms, no targets and no framework within which to undertake this work. The SHAs, who monitor local performance on community engagement, have only one performance measure for this, which is on the Patient and Public Involvement forums (PPI). The PPI framework has tended to concentrate on involving patients and individuals rather than communities or organisations. Consequently there is no measurable target or method of evaluating how well PCTs are engaging with the local VCS providing public health type services.

Key finding

The working culture of the health and the voluntary sectors means that they each have very different approaches to hierarchy and structure. Both sectors could benefit from clearer understanding of each other. The lack of a communication strategy for the health service with the VCS, the lack of partnership skills and experience, along with the lack of any specific engagement performance targets generally hampers engagement at all levels.

6.2 Interest in future collaboration

There was strong support for the role of the sector as an equal partner in the delivery of better public health outcomes. But there was also a recognition that although the will and commitment may be there, more resources, along with cultural change about how VCS organisations are perceived by public sector agencies, were needed to actually make it happen. There was much support for working within a local Compact framework.

6.3 Suggested future structures

Few respondents were able to comment in any detail about how engagement should be structured in the future. However some broad suggestions were made.

Many public sector respondents felt that even though most activity takes place at a local level, not all VCOs need to engage all the time. Rather, it is more important to get the right level of engagement at the right time. Local organisations needed to engage with PCTs and local partnership boards about local public health matters. Sector wide engagement was needed when significant regional policies were being formulated. It was suggested that the Regional Forum should have the lead role in collating local views and presenting them to regional agencies, whereas local

development agencies were most appropriate for collating and presenting local views.

Respondents suggested that the creation of lead roles within the strategic health authorities to monitor engagement with the VCS at a local PCT level would be useful. Specific targets for local PCT engagement with the VCS could be set and monitored by the Strategic Health Authorities as part of its performance monitoring role. Work could also be undertaken with the PCTs to raise awareness of the contribution the VCS could make to improved public health. Commissioning processes should also be opened up.

It was suggested that training to empower local VCS leaders to engage and influence health structures more effectively would be useful, and that this could be provided by voluntary agencies such as the Workers Educational Association (WEA) or the Open College Network who already have an established track record in this sort of work. Inducting VCOs to the work of the health sector and the public health agencies, their values and ways of working, along with better understanding of the structures they work within, was seen as valuable. Health sector workers would also benefit from a similar induction with the VCS.²⁰ The *Common Purpose*²¹ model of exchanging understanding and experience across different sectors was thought to be a useful example of how to make this work.

²⁰ The Regional Forum already runs a similar programme across other public sector agencies

²¹ <http://www.commonpurpose.org.uk/>

7. Conclusion

Voluntary and community groups across the region engage with regional and local health and public health agencies in two ways.

- The commissioning and management of publicly funded services delivered by the VCS and wider VCS involvement in public service provision.
- Formal and informal VCS representation and participation in decision-making processes, planning and policy formation.

7.1 Service delivery

Despite identifying some good, innovative practice locally, the engagement of the VCS with the regional public health agenda is fragmented. The lack of a coherent partnership framework and the lack of any regional capacity to support engagement mean that the opportunity to share and learn from good practice is lost and dissipated and there is a danger that wheels will be continually reinvented.

VCOs are clearly operating within and providing services that have a strong impact on reducing health inequalities and improving public health. However they do not define their work as 'public health'. Consequently, opportunities for the VCS to undertake further work in this area are being missed.

Better understanding within the public sector agencies of the contribution VCOs are able to make could engender opportunities for more VCOs to provide more public health orientated services across the region. Conversely the VCS needs to have a better grasp of what public health is about, the policies, funding regimes and strategies that are driving change and how their organisations could contribute to reduced inequalities and better health outcomes in the region.

7.2 Representation

Representation and engagement opportunities to influence and comment on public health policy and strategy formation both at a regional level and more locally across the region are also fragmented. The Local Strategic Partnerships, community empowerment networks and Regional Assembly provide some structure but effective regional engagement requires the provision of regional voluntary sector intermediary support to aggregate local experience and empower and facilitate better local structures.

8. Recommendations

In order to maximise the impact of the regional strategic framework for public health across the region, there is a need to move from an ad hoc system that is based on individual interests and relationships to a more consistent model that:

- translates and links all the different agencies, acts as an information conduit across the region and helps agencies to speak to each other;
- aggregates local experience and draws out the policy and practice implications of regional public health work;
- enables regional public health agencies to communicate with the voluntary and community sector in the region and not feel overwhelmed by the disparate nature of the sector;
- positively impacts on the working culture of both sectors and fosters greater opportunities for partnership working.

Improved engagement should aim to achieve the following outcomes:

- Better understanding between the VCS and the health sector about each others operating environment, working culture, priorities, targets and working practices.
- More partnership working and increased opportunities for the VCS to deliver services, where they wish to do so.
- An effective framework to ensure VCS engagement in the planning of local public health services and the setting of regional strategy on public health, as well as delivery.
- Support, and particularly financial support, to develop the capacity of VCOs to become more engaged in public health work.

In order to achieve these outcomes, there is a clear need for capacity building and regional infrastructure support in the following areas:

Information dissemination and profile raising

- Build and service an information network or database of VCS networks and organisations operating within the public health arena, especially encouraging membership from those who do not naturally perceive themselves as having a public health role.
- Interpret and translate regional and national policy and strategy into formats that are more readily accessible to the VCS
- Collect, disseminate and showcase examples of good and innovative practice where the VCS is engaging and delivering on public health issues.
- Develop an annual public health VCS award scheme to reward excellent practice and raise the profile of the contributions the VCS is able to make to improved public health in the region.

Skills development and capacity building

- Run a skills development programme to capacity build the VCS's understanding of public health and its ability to develop projects that make a contribution to improved public health. Participants on the health skills training/learning sets might become health champions who could dialogue with the regional health teams.
- Run a similar programme for public sector staff working in the health sector to raise awareness of different ways of working and the added value the VCS brings to health and public health work. Both these programmes could be developed in conjunction with the new NHS National Institute for Learning Skills and Innovation.
- Run a series of thematic seminars or conferences, for example, on sexual health, obesity or housing, in order to bring the two sectors together to exchange information and contacts.

Effective engagement and representation systems across the region

- Support existing VCS representatives on local strategic partnerships or health partnership boards across the region and support the development of better structures where they do not currently exist.
- Work with the strategic health authorities to monitor and evaluate how the local primary care trusts engage with 'the community' and VCOs.
- Work with faith groups and BME organisations to ensure marginalized groups and communities are engaged with public health agendas.
- Create a framework or work within the existing framework of local Compacts to create single entry access points for VCOs within the local PCTs.
- Develop a regional Compact with the regional public health group.
- Build links between the PPI forums and the VCS.

Service delivery

- Work with the strategic health authorities to open up better commissioning opportunities for VCOs to deliver more public health-specific projects.
- Work with individual PCTs to develop a commitment to full cost recovery for both service delivery and engagement
- Collect and disseminate examples of service delivery from the VCS and use it demonstrate the added value the sector can bring

9. Delivery models

Two proposals are presented here for how these outputs and outcomes could be achieved and the tasks and actions undertaken. Each has been analysed for their relative strengths and weaknesses. The decision on which model to take forward should not be made on the basis of available resources alone, but on which model stands the greatest chance of effecting real and lasting change.

1. A voluntary and community sector public health partnership programme hosted by the Regional Forum.

The programme would bring together under one umbrella all the VCOs across the region with an interest or stake in improving public health. A development officer could undertake a range of specific activities (listed above), all of which have considerable potential to improve engagement of the VCS with the various regional, sub-regional and local agencies concerned with public health. The list above is long and comprehensive and as such may be beyond the scope of such a programme. Consequently, consideration would need to be given to the areas of greatest need and priorities for the programme to deliver on.

The programme would aim to address issues related to opening up more service delivery and better commissioning practices, as well as opening up better consultation processes and developing the VCS 'voice' or representation role in service planning and strategy formation. This would need to be done both regionally and locally.

A full or part time post could be part funded by the regional public health team and match funded by each of the three Strategic Health Authorities in the region, and should be situated within the Regional Forum.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Would provide the regional infrastructure without which it is hard to envisage longer term change taking place. • Would provide concentrated energy and focus of resources. • Is a recognised and successful model of working at a regional level. • Could be easily slotted into existing structures. • Opens up potential to attract a wide range of VCO interest from across the region, and presents opportunities for individuals from 	<ul style="list-style-type: none"> • Needs ongoing resources and would need to develop a strategy for longer term sustainability. • Such networks and programmes can find it difficult to demonstrate impact and quick wins: capacity building takes time to achieve.

lesser-known voluntary and community organisations to get involved.	
---	--

2. A 'light touch' programme of stand alone capacity building projects in order to achieve specific aims and objectives.

This delivery option would involve the regional public health team in commissioning individual capacity building projects as stand alone or one-off pieces of work. The list of activities above would operate as a menu. Possibly the most pressing need is for a training and skills development programme, and activities which foster greater understanding between the health sector and the voluntary and community sector.

Whilst this model may develop local engagement with the delivery of public health services, it is difficult to see how it will develop the actual engagement of the VCS with policy formation and health planning.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Short, light touch, quick-win pieces of capacity building could have bigger impact and drive change. • Less resource intensive: the need for sustainable funding less of an issue. • Does not get caught up in any organisational structures or change 	<ul style="list-style-type: none"> • The desire to work in partnership with the wider voluntary and community sector across a growing range of policies is stretching the VCS's ability to engage effectively if not resourced adequately to do so. This could undermine confidence, as there is still frustration that the VCS remains a junior partner with little influence. • Danger that dissipated, unrelated activity does not bring about desired change.

10. Consultation Event

An event to “road test” and consult on the proposals and recommendations developed in the report was held on the 26th May 2005. Over 50 individuals from both voluntary and statutory sector organisations attended the consultation, participants debated:

1. Whether the elements of engagement identified in the report were the right ones and if there were any missing elements;
2. If the suggested outcomes for the programme were the right ones or if there was anything else engagement should aim to achieve in the region;
3. Which were the top three priority tasks from the menu of tasks in recommendation 3 and why;
4. Which of the 2 delivery models was the preferred option.

Feedback points from the consultation.

There was broad support for the principle of creating a region-wide programme to facilitate better engagement of local voluntary and community groups with health and public health statutory agencies, and with the public health agenda in the region.

However, it was thought that any regional programme must be clear about its added benefit and not simply duplicate local activity. The most appropriate role for a regional programme was thought to be one of interpreting and translating national and regional policy, collecting and sharing good practice and supporting a two way flow of information to inform regional strategy making and facilitate a regional voice.

A number of participants felt that the preventative approach to health, which was now more apparent was very positive for the VCS and that as a result more long term funding was available for VCOs.

However, participants commented on the lack of communication between the VCS and the statutory health sector, and fully supported a signposting and interpreter role for a regional programme. It was suggested that the National Institute of Clinical Health Excellence (the Health Development Agency) could play a greater role in collecting and showcasing concrete examples of how the VCS had worked in partnership with health sector agencies to improve services.

It was suggested that a specific task (and target) for any regional health engagement programme would be to work specifically with BME groups and communities to address the specific needs of excluded and marginalized communities.

Opportunities for the VCS and the statutory health sector to build bridges, work together and understand each other's way of working were also required. Training for health sector workers about the VCS, what it is, how it operates and how to work together was thought to be of great value. Support for VCS organisations to help them understand the nature of the NHS and how it operates was also strong.

There was considerable support for the role of a regional programme to engage more VCOs in the commissioning and delivery of health and public health services.

However, it was felt that work needed to be undertaken with health sector commissioners to

- facilitate awareness of the potential role both in service delivery and in the planning and design of projects and services as well as the development of strategic plans;
- and to develop a commitment to full core cost recovery for both service delivery and the costs of engagement.

The key outcome of a regional engagement model should be a cultural shift in how the VCS and the statutory health sector work together. It was suggested that different models of health affect the relationship and interactions between the VCS and the NHS. The Strategic Health Authorities performance improvement role could be used as a lever to monitor better partnership working between the two.

The following were identified as the top priorities for action:

- Communication – Building and servicing an information network to interpret policy for the VCS and disseminate opportunities for future work and partnerships
- Skills development – for statutory sector staff working in the health sector and for VCS staff working in health
- Providing support for and linking up of VCS reps in existing health partnership boards or LSPs.
- Running themed innovative events for VCS and health sector workers.

Delivery models

Overwhelmingly participants supported a mixture of the two suggested delivery models.

It was suggested that a programme run by one regional agency could act as a central point of information and support. But that additional projects or short pieces of work could be commissioned from other more local agencies better placed to provide those elements. For example training providers in the region could deliver the public sector training courses. Youth groups or sexual health groups in the region could deliver themed events on teenage pregnancy.

Participants expressed a desire for something to happen beyond this report, there was little appetite for another pilot project and a strong plea for a simple project that did not over complicate and try to do too much but actually ended up achieving very little.

Appendix 1

Mapping the structures: How the public health function and public health policy is organised and structured nationally, regionally and locally across the public and the voluntary and community sectors.

National

The policy framework for public health is set out in the **White Paper on Public Health, 'Choosing Health'** published in November 2004. This states that real progress on healthier choices depends on effective partnerships across communities including government, the NHS, business, retailers, the voluntary sector, media, faith organisations and many others.

The White Paper details a range of measures and strategies aimed at supporting community engagement, such as piloting 12 'communities for health' and working with the new local area agreement arrangements. However it has much less detail on the provision of structures to support such engagement or the review and accountability mechanisms that are needed to ensure that engagement and partnership really do happen in a meaningful way. The delivery plan *'Delivering Healthy Choices: making health choices easier'* was published in March 2005. Despite some strong commitments to working with the VCS, it remains short on detail about how engagement is to be supported.

In October 2004 the Health Development Agency established a **National Collaborating Centre** to work with it to support the development of more effective ways of engaging with communities to reduce health inequalities in England. The centre is based at Lancaster University.

The Commission for Patient and Public Involvement in Health (CPPIH) was established in January 2003 and is an independent, non-departmental public body sponsored by the Department of Health. It is responsible for supporting the patient and public involvement forums which exist for each NHS trust and foundation across England. As a result of a review the Commission is to be abolished to free up more resources for local PPI forums. The Government has committed itself to considering further options for developing and supporting regional and national networks for the forum.

The National PHorum of non-governmental organisations was established in 1999. The Phorum is a national umbrella organisation with no regional or local structures. It seeks to improve the active engagement of national voluntary and community sector organisations and other non-governmental organisations in developing public health policies, strategies and plans. It also aims to promote the contribution of the VCS and other NGOs to improved health and reducing health inequalities.

The relevant key national policies and public health agencies are

- The White Paper – *Choosing Health* (2004).
- *Delivering Choosing Health: Making health choices easier* (2005).
- *Tackling Health Inequalities – A Programme for Action* (2003).
- The Commission for patient and public involvement in health.
- The national collaborating centre for community engagement in public health.
- The National PHorum of non-governmental organisations.

Regional

The Regional Strategic Framework for Public Health in Yorkshire and the Humber²² sets out eight strategic priorities for tackling some of the 'killer facts' about poor health in the region. The document demonstrates a strong commitment to working collaboratively, adding value to local health improvement and tackling health inequalities in order to achieve a healthy region. It recognises that the role of the VCS in supporting the delivery of the framework is vital and needs fostering. The document makes a firm commitment to work in partnership with the regional voluntary sector forum and others to support the development of the public health role of the VCS. As with the White Paper there are no details about how such support will be provided. An implementation plan is awaited.

The Regional Public Health Team is based at Government Office Yorkshire and Humber. The departmental aims are to:

- protect the public's health;
- address the wider determinants of health & inequalities;
- support the NHS in tackling serious failures in clinical care;
- lead public health development at a regional level; and
- develop public health intelligence.

The regional public health team is not a delivery agent; the team works in close partnership with other regional agencies with an interest in, and responsibility for, public health, e.g. the Assembly and Yorkshire Forward. One of the key objectives of the public health team is to maximise opportunities within the regional economic strategy to ensure that economic regeneration is underpinned by principles of tackling social exclusion, poverty and health inequality.

The Regional Health Development Agency (soon to be merged with NICE, the National Institute for Health Clinical Excellence) is also based within government office and its aims are to:

- provide information and support on what works to improve people's health and reduce health inequalities;

²² Our Region Our Health: The Regional Strategic Framework for Public Health in Yorkshire and the Humber. Regional Public Health Group, 2004

- work in partnership across sectors, nationally, regionally and sub-regionally, to promote and support evidence based approaches to action, including evidence based decision making and the development of effective practice.

The newly merged organisation will publish guidance on public health for those working in the NHS, local authorities and the wider public and voluntary sector. The regional functions will be reviewed and are subject to a consultation.

The Regional Health Executive Forum is the lead strategic partnership for overseeing implementation of the regional strategic framework on public health and work on the regional public health agenda. It is constituted with representatives from the Regional Public Health team, Yorkshire and Humber Assembly, Yorkshire Forward, Government Office, Directors of Public Health (who chair public health networks), Strategic Health Authorities, the Public Health Observatory and NICE (regional team).

There is currently no voluntary sector representative on the executive, although the executive forum is keen to recruit one. The executive has led on the production of a Compact (called a pledge) which formalises the working relationship between the Public Health Team and the three Strategic Health Authorities. The Assembly has recently just signed up to the pledge, and there are plans to work with the VCS to develop a similar framework for working together in the future.

The Regional Public Health Observatory supports local agencies and PCTs by drawing together information from different sources about new ways to improve health. It also commissions research into particular public health issues and disseminates information on trends and comparative data analysis.

There are three **Strategic Health Authorities (SHA)** in the region. They are each tasked with delivering the improvements and vision in the NHS plan.²³ The NHS plan outlines the need for Health Service reform and aims to put patients and staff at the heart of the NHS. Strategic Health Authorities are responsible for ensuring the NHS is delivering health improvement through their performance monitoring, improvement and management role with local PCTs. Each SHA operates independently and defines their aims and objectives differently but broadly their role is to:

- develop plans for improving health services in their local area;
- make sure local health services are of a high quality and are performing well;
- increase the capacity of local health services - so they can provide more services;
- make sure national priorities - for example, programmes for improving cancer services - are integrated into local health service plans.

Each SHA has a lead official for public health whose role is to measure and monitor performance in relation to specific public health targets. Information about how public and patient involvement forums are running across the region is also collated by the SHAs, some of whom have also begun to collect information about how the PCTs go about engaging, involving and consulting with the community.

²³ Shifting the Balance of Power. The Next Steps 2003.

The **Regional Forum** is the strategic agency for the VCS. It promotes an influential, coherent and organised voice for the sector at both the regional and sub-regional level. It is not a delivery agent. It is a regional strategic partnership helping to promote and develop the role of the voluntary and community sector as an influential and leading partner in policy, planning and service delivery in the region so that it can play a full part in tackling disadvantage and exclusion and promoting sustainable development.

The Regional Forum supports the engagement of the VCS with a number of regional themes most notably social enterprise, learning and skills, European funding programmes and regeneration. The Active Partners Unit at the Forum has built up a wealth of expertise and best practice information about engagement of the VCS in policy, planning and representation, and uses this to bring together and link up the region-wide representatives from local strategic partnerships. The Regional Forum does not currently have a specific public health/health focus as it does not have the capacity or resources to provide one. However, it has noted a strong level of interest from its membership, many of whom are directly involved in either public health or health activities.

The relevant key regional policies and agencies are

- The regional strategic framework for public health in Yorkshire and the Humber – *Our Region, Our Health* (2004).
- The Regional Public Health Group.
- The Regional Health Development Agency (NICE).
- The Regional Public Health Observatory.
- The Regional Health Executive Forum.
- The 3 Strategic Health Authorities.
- The Regional Forum.

Local

Locally public health is the responsibility of the **Directors of Public Health** within the PCTs. Local authorities and PCTs work together to share a responsibility for improved health and to produce their **community strategies** and **local health delivery plans**. There are a number of local community health partnerships, some of which are themed (e.g. mental health, children or older peoples services), some of which constitute the health sub-group of the local strategic partnership.

Health and public health is also the responsibility of the **Local Strategic Partnership (LSP)**. The LSPs have health sub-groups or committees which feed a health perspective into the overarching plan. Some of these health sub-groups have representatives from the voluntary and community sector. Some of these representatives report back to wider constituencies of local VCOs. Some are there as an expert voice rather than as a representative.

The LSPs are subject to change and a new system of **Local Area Agreements** (LAA) is being piloted at the moment. LAAs are agreements between local authorities and central government which will allow the local authority more flexibility in how they allocate budgets to address community needs in three service areas: children and young people; safer stronger communities; and health and older people. The intention is that pilot authorities will work with partners, including the voluntary and community sector, to identify the targets and outcomes they will address in their LAA.

Guidance has been issued that stresses the role of the VCS in helping to identify, shape and deliver local services. The LAAs that are finally agreed will be expected to include a statement on the involvement of the VCS in the design and delivery of the agreement. Increased community engagement is a mandatory outcome for the safer stronger communities funding block. This funding block is of particular significance to the VCS because it includes the funds which currently come under the single community programme (including **Community Empowerment Funds**). There is considerable anxiety within the VCS that funding to support engagement will be lost. It has already been subject to an 18% cut this year.

The relevant local polices and agencies are:

- Community strategies and local health delivery plans.
- Local Area Agreements (in pilot areas).
- Primary Care Trusts.
- Local Strategic Partnership Boards.
- Local Authorities.
- Hospitals and care trusts.
- Local VCS development agencies (e.g. CVSs and RCCs).
- Community empowerment networks.
- Local VCOs delivering local services.

Appendix 2

Organisations which contributed to this study

Voluntary and Community Organisations

Active Faith Communities
Age Concern Yorkshire and Humber
Barton and District Healthy Living Project
Bradford Council for Voluntary Services
CLISK
Community Development Foundation
Home Start Yorkshire and Humber
Hull DOC (developing our communities)
Humber and Wolds Rural Community Council
Leeds Voice
Netherthorpe and Upperthorpe Community Development Trust
Pennine Camphill Community College
North Yorkshire Rural Support Group
Rethink Yorkshire and Humber
Scarborough CVS
The Active Partners Unit of the Regional Forum
The Community Development Company
Voluntary Action Kirklees, health project
Voluntary Action Leeds
York CVS health network

Public Sector Agencies and Organisations

Health Development Agency Yorkshire and Humber
Public Health Team Yorkshire and Humber
Regional Public Health Executive
Voluntary Sector Team, Government Office Yorkshire and Humber
Yorkshire and Humber Assembly
South Yorkshire Strategic Health Authority
West Yorkshire Strategic Health Authority

North East Yorkshire and North Lincolnshire Strategic Health Authority

Yorkshire Wolds PCT

North Lincs PCT

East Yorkshire PCT



Engaging with the health agenda: the Public Health White Paper & implications for the VCS

Helen Bush
Policy Consultant
11th January 2005

Email: bushhelenm@aol.com



Policy Context

- SR2004 – devolution, choice and personalisation
- Wanless Reports – the ‘fully engaged’ scenario
- Sustained investment and reform in the NHS
- Fairness and equity – good health for *everyone*
- Tackling the causes of ill-health and reducing inequalities
- Greater recognition of the role of the VCS in public service delivery generally
- Strategic agreement between DH, NHS and VCS
- Increased resources available to support public service delivery by the VCS inc the sector’s infrastructure



The White Paper in summary

- Informing, encouraging and enabling people to *choose* health for themselves – to be healthier
- Protecting people's health from the actions of others
- Recognising the particular needs and the importance of physical and emotional development of the young
- Coordinating and personalising services to the realities of people's lives
- The start, not the end, of a journey – a long term strategy to improve health
- Collaboration and joint working

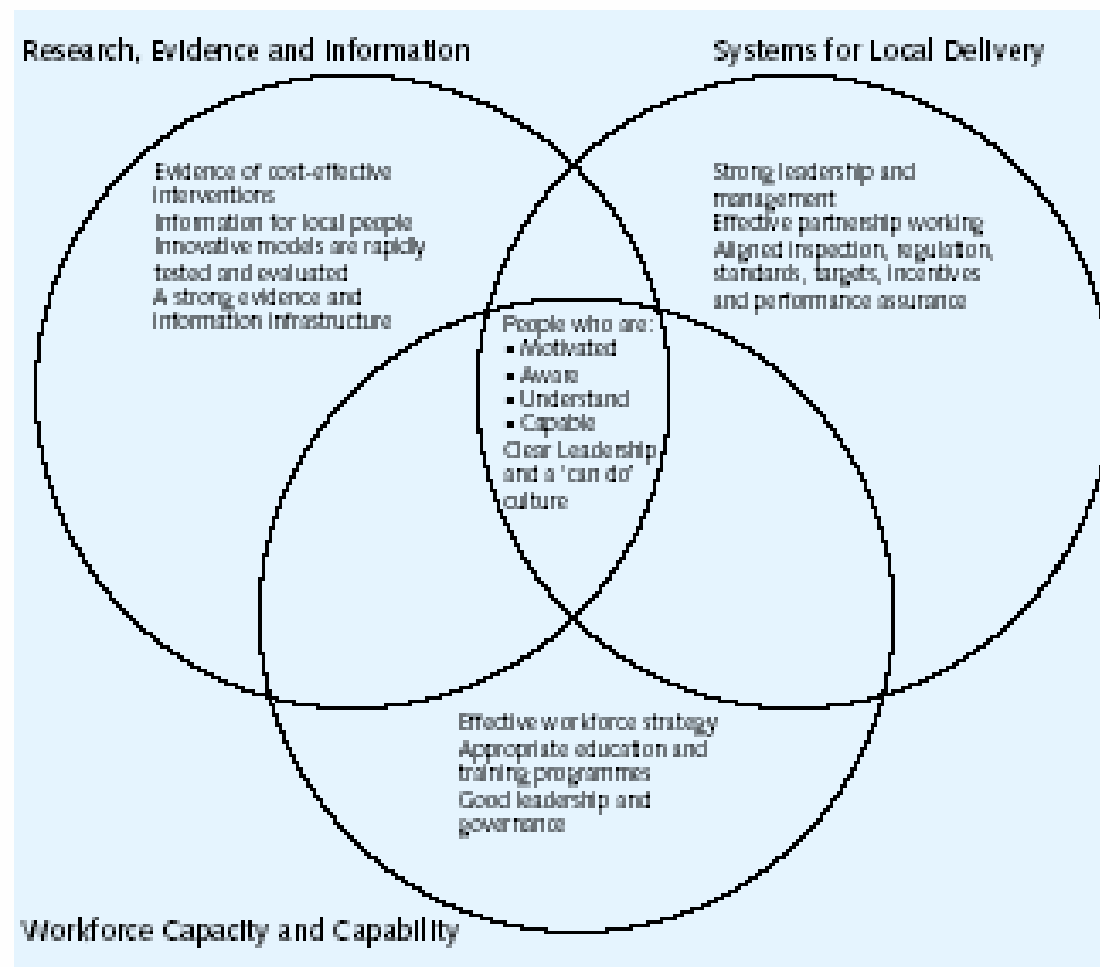


Principles and Priorities

- Informed choice
- Personalisation
- Working together

- Six priorities for action: smoking; obesity, diet and nutrition; exercise; sensible drinking; sexual health; and mental health.

Building momentum for change





What the Government will do

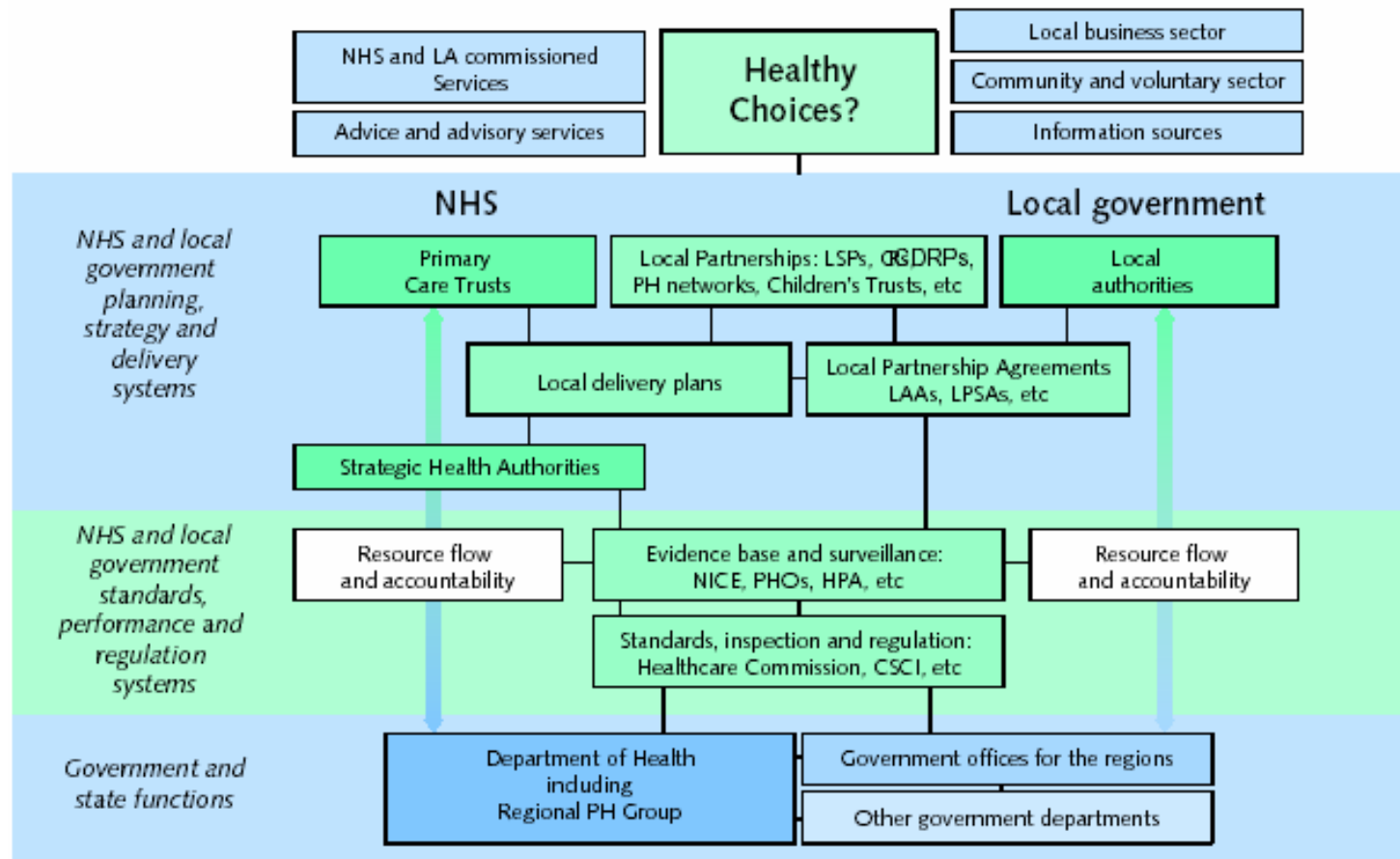
- Make it easier for people to choose healthy lives
- Help children and young people to be healthy
- Help local communities to help people to be healthier
- Make health a way of life
- Support the NHS to help people to be healthier
- Help people to be healthier at work



Structures and strategies

- A 'marketing health' strategy & 'Health Direct' service
- Children's Trusts, Children's Centres & extended schools
- Local authorities & PCTs - central role & key to success
- Local Area Agreements: local delivery of national priorities
- *Communities for Health* pilots – joint working for health
- Neighbourhood Renewal & health: new guidance
- Safer and Stronger Communities Fund: new single pot
- Local health champions
- Health trainers, health guides and personal health plans
- Health Information & Intelligence Task Force & PHOs
- Innovations fund from 2006/07

Mapping public health structures





Implementation

- Delivery plan early 2005 – linked to existing activity (e.g. health strand of *Every Child Matters*)
- Specific contribution of VCS to be set out in delivery plan
- Key to success: local partnerships led by local govt & NHS
- Joint planning by LAs and PCTs and others (e.g. Children's Trusts)
- Local Area Agreement pilots from 2005
- PCTs to develop targets to meet local needs by April 2005
- 2500 Children's Centres by 2007/08, 3500 by 2010
- Children's Trusts: integrate different services - commissioning agent



So what might the future might look like?

- The NHS – a ‘health’ service not a ‘sickness’ service
- More evidence on effective approaches to public health
- Public as ‘consumers’ with ‘choice’
- Transformation in communication of information
- Stronger partnership working, joint planning and design of services – greater role for VCS
- Stronger social and organisational community infrastructure to tackle health challenges
- All orgs promote health as employers & service deliverers
- Reduced health inequalities – healthier people?



A role for the VCS?

- Service delivery
- Engaging the 'hard to reach'
- Effective engagement of communities
- Teaching the public sector skills
- Increasing community-based opportunities for people to make healthy choices
- Co-operation and partnership – national (e.g. the Phorum) and local (e.g. LSPs and LAAs)
- Experience, enthusiasm and skills



Challenges and opportunities

- Provision of reliable and trustworthy information
- Convenience of access to information
- Need for better information sharing – inc. good practice
- Designing more tailored and integrated services
- User empowerment and involvement
- Demonstrating distinctive and added value
- More contracts for service delivery
- Mainstreaming VCS approaches
- Greater mutual understanding – but will take time
- Can sector meet demand and expectations?

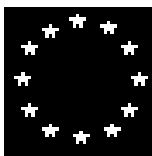


Conclusion

- Clear role identified for sector in delivery of PH agenda
- Step change in NHS = step change in role of VCS
- Rising recognition of VCS = rising expectations
- Challenges to VCOs who wish to engage, e.g.
 - Maintaining quality services - meeting 'consumer' expectations
 - Improving accountability
 - Continuing and developing professionalism
 - Handling competition – inc from public sector
 - Avoiding mission drift
 - Involving users
 - Tension between those VCOs who deliver services and those who do not, as well as between large and small organisations.



Supported by



Yorkshire and the Humber Regional Forum
Suite D10, Joseph's Well
Hanover Walk
Leeds LS3 1AB

Email: office@regionalforum.org.uk
www.regionalforum.org.uk

Registered Charity No. 1076540