

**North Central London Integrated Care Board:**

 **‘Working with the VCSE Sector Strategy’**

**What does this look like in Camden?**

***Notes from Voluntary Action Camden Forum September 2022.***

## **1) How can we design and deliver innovative strength-based models of care in Camden?**

**VCSE SUPPORT TO RESIDENTS**

* **Recognise what's already happening – the community sector regularly provides activities to improve health and prevent ill health (physical and mental).**
* **Very strong theme around the value of the sector and what they already bring. Working with communities and preventative health care is the ‘bread and butter’ of what they do. They might not always use the language of the statutory sector (co-production, early intervention etc) but that is what they’re doing. There is something about statutory services recognising these skills and adapting their language when speaking to sector – and supporting sector to articulate what they do – truly listening to sector.**
* **It’s not just about prevention - think differently about when to involve VCS. Can be about helping manage recovery, compliment a clinical intervention, address social isolation at same time as medical issues...**
* **Following through with residents who are supported e.g. to health care – there is no mechanism for following through once someone is in the clinical system. People come to VCSEs because they can't easily access health and care services, but the groups they come to, need to be able to support them through the system too - how does that work as a partnership.**
* **NHS: Here is a problem to fix. VCSE: How to support someone’s journey. This poses the question how are we involving VCSE sector in service & pathway development – what role do they play in someone’s ‘care’ pathway?**
* **The way population health and personalisation overlap – these areas the VCSE does naturally and intuitively. Feeling we are not harnessing the skills of the sector – and it is to the detriment of wider health & social care system.**

**WORKING TOGETHER**

* **We need socially innovative ways to work with diversity in communities. Multilingual staff teams are useful but they are not trained to interpret. Social media etc is all in English. Resources are needed to develop this area e.g. translation platform.**
* **Guidance through VCSE operating model appropriate to each borough / recognising differences in NCL boroughs.**
* **It’s difficult for some groups to know how to fit into the system - limited by time and resources to spend time finding out how to get in.**
* **Scale is an issue – we** **cannot take on too many residents, but still want to be able to deliver important interventions in health prevention and health improvement.**
* **Important to recognise the range of size and focus of voluntary and community sector organisations, particularly when building the neighbourhood model.**
* **Acknowledgement that there are various interpretations of a strengths-based approach.**
* **Importance of listening to people and communities, especially when designing interventions.**
* **Longer term benefits need to be clearer.**
* **Need for flexibility when working with communities, such as considerations for childcare.**
* **There are challenges – hard for smaller organisations to engage with lots of meetings, some vol organisations could plan a role convening and representing others – YMCA offered this in the group.**
* **Neighbourhoods – very positive as a vehicle for connecting local groups in health and care system – a step in the right direction, a way to share information -there is always so much going on, build relationships and trust, ambition to have more consistent membership with organisations assigning reps to neighbourhoods.**
* **Neighbourhood groups are the obvious route at the moment for groups, delivering health supporting activities for residents, to work with the health system. It is early days still and the groups are mostly focussed on relationship building and understanding different ways of working / different things out there.**

## **2) What do procurement and contracting processes that support a strong and thriving VCSE sector look like in this** **new environment?**

**FUNDING**

* **More balance between project focussed funding and core - less project constraint and more trust for VCSEs to develop work according to their knowledge of communities they work with.**
* **We need to move away from the current bias towards short term projects ~(beyond proof of concept) and a move to longer term funding with in-built sustainability and robustness.**
* **Longer-term funding and investment to ensure stability of service and sustainability of VCSE organisations.**
* **Invest and develop together with VCS, and without the disproportionate bureaucracy.**
* **Financial challenges – this needs capacity and resource, it cannot be “under-written” by the VCSE sector.**

**PROCESS**

* **A real example was shared of an NHS organisation initiating a pilot with a VCS organisation, but when it came to delivery the Trust did not know how to get money to the VCS and the expectations of the pilot were also unclear. This led to a really deep discussion around the potential for a framework that commissioners and providers can either call off to work with VCS orgs or at the very least has clear parameters when commissioning e.g. not expecting VCS organisations to always be able to front costs when starting work, considerations for back-office funding, etc.**
* **Partnership applications - give time & encourage partnerships of VCSE orgs to come together to apply.**
* **Importance of time it takes to establish relationships, trust, and focus.**
* **It takes time - it is slow work to develop relationships and trust.**
* **Contract smaller - partnerships, subcontracts, managing partnerships all take time and resource. Use neighbourhood groups/residents to identify priorities and 'commission' at scale.**
* **Recognise scale constraints for VCSEs - can deliver good interventions to support health but not on a huge scale - keep it neighbourhood and borough appropriate.**

**MONITORING AND EVALUATION**

* **There need to be clear considerations for impact and outcomes of work.**
* **Monitoring needs to be proportionate and useful. Is there learning from the UCL (Evaluation Exchange?) initiative?**
* **Need to address monitoring and making it proportionate – and the challenges of monitoring complex work. UCL have recently done some research about evaluation methods for complex interventions.**