

Paper B

Voluntary and Community Sector in Sheffield: Unlocking Potential through a Strategic Relationship

Sheffield Accountable Care Partnership ACP Board

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1. Purpose	
To introduce a strategic relationship with the voluntary and community sector in the city in the context of health and social care delivery and reform.	
Introduction / Background	
<p>Sheffield enjoys a vibrant and thriving voluntary and community sector. In places relationships and operational delivery in partnership with the NHS and local authority are strong, but this is not consistent. Delivering the aims of the ACP requires transformational change which will only be possible through working in a close strategic partnership.</p> <p>This paper sets out some of the potential which might be achieved if a closer, trusted relationship was established, and some of the opportunities and blockages to bringing that about.</p>	
2. Is your report for Approval / Consideration / Noting	
For discussion, to identify the best way to get the best from all the assets in the city, specifically how to unlock the full potential for the voluntary and community sector in the context of ACP reform.	
3. Recommendations / Action Required by Accountable Care Partnership	
That the ACP Board defines the relationship it wants to develop with the voluntary and community sector, and what needs to be put in place to enact change.	
4. Other Headings	
Are there any Resource Implications (including Financial, Staffing etc)?	
N/A	

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Voluntary and Community Sector in Sheffield: Unlocking Potential through a Strategic Relationship

Context

1. Sheffield enjoys a vibrant and thriving voluntary and community sector. The size and scale are greater than might be expected of a city of its size. As elsewhere it has a number of facets:

- delivering services – under contract to statutory services, as well as funded by other sources;
- bringing together the capacity and routes for individuals and communities to have a voice about their experiences and what they want from health and social care;
- campaigning on issues that matter to people, raising their profile, seeking to enact change.

2. Both the health and social care system and the voluntary and community sector in the city are large and complex systems, with multiple organisations contributing to their success. Both can be unwieldy and impenetrable, to get the best outcomes for people in the city they need to work together effectively. We are in a period of transformational change for the health and social care system. At the same time the voluntary and community sector in the city is becoming more coordinated and is working more collaboratively. The ACP vision: Improving the health and wellbeing of Sheffield’s residents through the promotion of a health and wellbeing culture in all we do and the development and delivery of a world class health care system” is one which resonates with much of the ethos and aim of the voluntary and community sector, and offers a high level of strategic alignment.

3. There are examples of good practice in how those two systems can work together effectively, but that can be ad hoc presently. There is an opportunity now to get the best out of a relationship by joining up in a more systematic way, moving from a purchaser/provider relationship to that of strategic partners.

4. That the ACP Board decides the relationship it wants to develop with the voluntary and community sector, and what needs to be put in place to bring that about. There is an opportunity to move from a transactional relationship to transformational– from purchaser/provider to partners. That would require:

- Recognising the voluntary and community sector as a formal partner rather than provider;
- Jointly involving a wider range of organisations in identifying problems and working up a strategic response;
- Explicitly making use of the strengths of organisations beyond the statutory sector;
- Developing a shared strategic approach to the relationship, investing time in that;
- Investing in the sector to support it to be sustainable and stable.

Context: direction of travel nationally

5. There is a strong argument for the voluntary and community sector to be actively engaged with ACPs. However that requires a number of pre-conditions for success:

- public sector bodies to understand and be able to engage with the full range of ways that the voluntary sector can contribute strategically to health and wellbeing transformation – not least in terms of prevention, community involvement and equalities agendas; and
- voluntary organisations to be well organised at the right geographical footprint (at city wide level as well as communities) and have the necessary relationships to engage in this way.

6. The advantages of such an approach have been well documented, in terms of helping the ACP achieve its vision. The voluntary and community sector is built in a fundamentally different way to the large and hierarchical institutions of the ACP, which gives it a number of strengths:

- it brings an understanding of different perspectives, and insight from communities right across the city. It is effective at engaging hard to reach groups and mobilising action
- it is led and driven by people responding to a deficit. So works with people to solve problems, helps others, and campaigns - as such it gives clear insights into what matters most to people, and galvanises them to action;
- it is responsive, creative, and flexible, in part because it is driven by response to need rather than bound by structures;
- it develops community capacity, and increases community provision
- it offers value for money in what it does, and bring in additional funds to the city;
- Approach to communities – managing, stimulating, supporting communities to be resilient
- It offers a bridge between grass roots lived experiences and the often top down policy led approach of local and national government.

7. Where it is done well, a strategic relationship has clear benefits in terms of opening up new ways of doing things; of listening to people in the city and what matters to them; and of using the widest range of assets in the city. The causes of health and social care issues are complex and interrelated, and successfully addressing them requires contribution from many different actors. No one person, service or organisation can address the root cause or need on their own.

8. There are number of blockages to that happening well:

- Within the NHS there are cultural and structural bias and expectation, compounded by financial and capacity challenges currently being faced;
- Within the voluntary and community sector there is a diverse and poorly coordinated voluntary body which is not well equipped or resourced to engage in a system wide collaborative way.

9. Manchester takes a different approach to working collaboratively across sectors to improve the health and wellbeing of residents:

- Focus on improving outcomes, challenging the assumption that public services alone can solve problems;
- Re-frames problems to include families, communities, institutions;
- Uses a collective power to address a common problem;
- Uses public investment to enact change, building and influencing the system as a whole rather than working from one aspect of it.

10. It seems that success around the more established partnership between the statutory and voluntary sector in that system relies on:

- Strong leadership
- Trust
- Mutual understanding about strengths and weaknesses of each bit of the system. This is moving quickly at the moment, not the VCSE vision as a collaborative/collective effort.

11. In Sheffield we have a long history of working together, but on a transactional basis rather than stepping up to realise the benefits of partnership in a closer and more strategic relationship. By rising to that challenge we have the potential to deliver significantly more for the city. The time feels right both as the ACP gathers pace and in light of the recent ACP governance review, in which some statutory partners and voluntary sector leaders fed-back that they felt there was an opportunity to review and reshape the relationship with the voluntary sector. Moreover, on a national level, the King's Fund are increasingly highlighting the learning from integrated systems and STPs, and the important strategic and operational role the voluntary sector is increasingly playing. The voluntary and community sector is also aligning itself behind a common vision, published last month.

12. On a regional level, across the South Yorkshire and Bassetlaw Integrated Care System, places are developing different relationships between the voluntary and statutory sector as part of their ACP arrangements. In Bassetlaw, for example, the ACP Board equivalent is chaired by Ms Catherine Burn – Director, Bassetlaw Community and Voluntary Services – with the voluntary sector viewed as a key strategic partner.

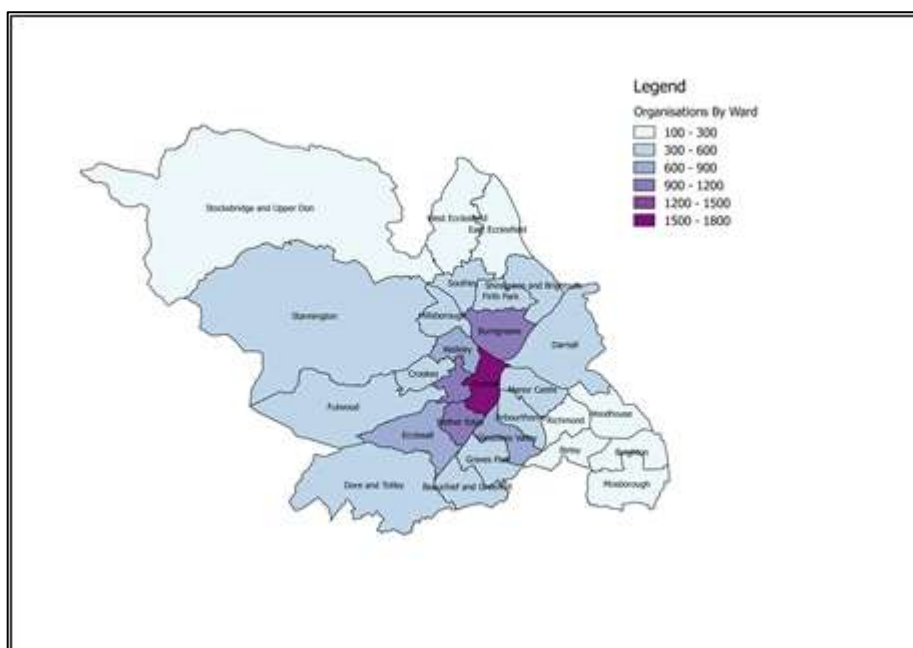
13. In this changing national, regional and local strategic landscape, and as VAS joins the ACP Board, it feels a timely point to consider whether we can work differently together for the future and in the context of the ACP vision.

The voluntary and community sector in Sheffield

14. Sheffield has a rich and deep voluntary and community sector, this short summary provides a level of insight into what it can achieve, and the opportunity offered to support the vision and objectives of the ACP.

15. The voluntary and community sector is ubiquitous across the city. With around 3300 organisations undertaking a wide range of activity, it forms a key part of the economy in terms of income, employment, and impact. The sector is ever fluctuating and changing, we don't have a full list of groups and organisations, in broad terms the voluntary and community sector in the city:

- Delivers at scale - 7.2m interventions a year;
- Engages people - employs 7500 full time, 10 000 part time staff. 90 000 people volunteer - just short of 20% of the adult population;
- Reflects the rest of the economy with over 75% of groups at the “micro” end of the spectrum with an income of less than £10k;
- Generates income for the city and has significant budgets. Income for the sector was £370m in 2014/15, with GVA of £810m. The voluntary sector can access funding not available to the public or private sector, including grant funding.
- Nearly half of organisations report that they work in the area of “health, welfare and social care”.
- Operates across the city, as shown in the map below



16. The role of the voluntary and community sector is well documented, as are many of the challenges it faces. In Sheffield these are particularly:

- Sustainable funding. Sheffield's organisations are innovative and flexible, but are facing reducing budget and increasing demand. Organisations are at risk of closure – and once lost the relationships, assets and resources will not be re-gained;
- Rising demand – voluntary sector organisations are often the “backdrop”. They don't turn people away unless there is no other option, and are increasingly finding that for example at social cafes their role is more than prevention, without the resource to tackle a higher level of more complex need;
- Complexity – clients are presenting with more complex needs. And the complexity of the system is increasing – ACP, Universal Credit, Work and health Programme – all impact on organisations and what they deliver;
- Austerity – perhaps the root cause of the above issues, resulting in reduced public sector spend and increasing demand as support isn't available elsewhere.
- Volunteers – the strength of the sector, but also a challenge as we seek to recruit manage and train people to offer support and services, in a way which also enables them to develop skills and social capital.

Recommendation and conclusion

17. That the ACP decides to invest in a strategic partnership relationship with the voluntary and community sector; and that the time is right to do that now. Further work is needed to explore what that might mean, including for example:

- Facilitating better understanding between sectors, for example a leadership exchange;
- representation at formal boards/governance;
- Involving the sector in decisions about strategic choices and direction;
- Investing time and money in supporting the sector to thrive;
- Prioritising volunteering and support for volunteers, for example ensuring service design and commissioning incorporates volunteering, encouraging and enabling staff to volunteer, use of the Sheffield volunteer standard.

Useful further reading:

Commissioner perspectives on working with the voluntary, community and social enterprise sector; Commissioning in Crisis, Lloyds Foundation, 2016
Delivering sustainability and transformation plans, Kings Fund 2017
Findings from the commission on the future of localism; Locality (chaired by Sir Bob Kerslake) 2017
Sheffield state of the voluntary and community sector; SHU CRESR 2017
Think Local Act Personal Engaging our Communities A call to Action, 2016
Third sector trends in the North of England; IPPR North 2017
Too small to fail – how small and medium charities are adapting to change; IPPR 2016