

**NHS DORSET CLINICAL COMMISSIONING GROUP**  
**GOVERNING BODY MEETING**  
**WORKING WITH THE COMMUNITY AND VOLUNTARY SECTOR**

<b>Date of the meeting</b>	15/03/2017
<b>Author</b>	F Richardson, Head of Integrated Community Services
<b>Sponsoring Board member</b>	D Jenkins - Governing Body Lay Member
<b>Purpose of Report</b>	A report to update the Governing Body on the CCG's work with the community and voluntary sector related to the commissioning/delivery of services.
<b>Recommendation</b>	The Governing Body is asked to <b>approve</b> the recommendation to develop more outcomes and population based approaches to commissioning which support further engagement of the community and voluntary sector.
<b>Stakeholder Engagement</b>	This is a summary of work with the community and voluntary sector
<b>Previous GB / Committee/s, Dates</b>	N/A

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> </ul>		
	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓	✓	
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓	✓	
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

Initials : FR

## 1. Introduction

1.1 The purpose of this paper is to update on the arrangements the CCG has in contracting for services with the community and voluntary sector, and how we see the sector contributing to the transformation and delivery models.

1.2 We already commission a range of services from the community and voluntary sector either jointly with Local Authorities (LA) or directly, for example:

- Promoting health and wellbeing and wider determinants of health:
- Council for Voluntary Services
- Citizens advice
- Primary Prevention – staying healthy:
- Carers Support services
- Partnership for Older People POPPs
- Secondary Prevention – staying well:
- My Health My Way – self-care service supporting people with long term conditions
- Tertiary Prevention:
- Osteoporosis Dorset

1.3 As part of our ICS 'offer' the CCG has a number of NHS contracts and grants with the community and voluntary sector, with a total value of approximately £7m. Many of these contracts have been in place for a number of years. The smaller contracts have not been uplifted in line with inflation/ pay awards for some time and this is posing increasing pressures on these organisations.

1.4 During 2016/17 as part of the joint commissioning approach a range of early help initiatives have been funded non-recurrently through the locality non-recurrent development budget. These pilots have primarily focused on supporting the development of effective locality health and social care teams and the Multi-disciplinary team approach (MDT) to care for older people.

1.5 The Joint Commissioning Board (JCB) have agreed that the Early Help working group will identify opportunities for joint commissioning, developing a strategy and supporting implementation plan for achieving more prevention at scale and a better shared understanding including:

- Market shaping development;
- Improved evaluation of achievement against system wide agreed outcomes;

- Agreement on how to promote a sustainable and diverse market; and
- Recommend what pan Dorset resources should be drawn together in the Better Care Fund.

1.6 National organisations, including NICE, are increasingly urging health and social care to support measures to improve people's health and well-being as they grow older.

1.7 The Five Year Forward View (FYFV) and our Sustainability and Transformation Plans (STP) aims to create a system that prevents ill health, coordinates and personalises services, engages patients and communities, and creates a more integrated model of care. The People and Communities Board, which is one of the national governance boards overseeing implementation of the FYFV have developed six principles to be used across the whole health and care system to frame how care is organised and provided. In discussion with our local Council's for Voluntary Services they recommend that we use these principles in order to:

- Focus their role in supporting us as commissioners;
- Identify joint areas where we need to develop capacity and capability across Dorset to support:
  - \* Prevention at Scale; and
  - \* Integrated Community services.

## 2. Report

2.1 The recurrently funded services we commission fall into mainly the following categories:

### **Mental Health and Learning Disabilities**

2.2 The former Clinical Delivery Group (CDG) consider the voluntary sector as a key part of the service provision for people with memory problems. The other key area where the voluntary sector has or will play a key role is supporting people to help them get back into employment .

### **Maternal Health and Children's**

2.3 The former CDG has through more recent re-procurements developed service provision with the third sector for termination of pregnancy services and parenting support. Plans are in development to commission an Expert by Experience programme to support children and young people with emotional well-being and mental health needs.

### **Engagement and Capacity Building**

2.4 The Council's for Voluntary Services are commissioned to support the CCG in engagement and communication with the third sector. The current focus is predominantly in relation to the Clinical Service Review (CSR).

- 2.5 In recognition that there are a number of valuable small voluntary sector organisations which are finding it difficult to survive, the leaders of the Council of Voluntary services (CVS) in the east of the county and the chief officer of Dorset Community Action in the west, are working together to potentially develop a brokerage role to manage relationships and contracts between voluntary sector organisations and commissioners, and between voluntary sector organisations, and statutory providers.
- 2.6 There is an inequity across the County in the services directly commissioned by the CCG to develop community capacity. The service the CCG invests in is POPP Champions and is only available in Dorset County Council areas. This is being addressed and resource has been identified from existing budgets to provide a similar service in the East of the County.
- 2.7 In addition the CCG jointly commissions with Local Authorities services for carers (£1.8m).

### **Connecting People With Services And Activities In The Community**

- 2.8 All localities have benefited from the recurrent investment from the CCG in health and social care co-ordinators, as part of the integrated locality teams work stream, these roles play a pivotal role between the practice MDT and the third sector.
- 2.9 The third sector offer across the County varies and there is inequity. Provision in Dorset Local Authority area appears greater than in Bournemouth and Poole.
- 2.10 In addition to statutory sector commissioned or directly provided services, there is a wide range of provision that contributes to either individual early help or community capacity building around early help. There is a range of befriending interventions being delivered and developed across the County.
- 2.11 In addition to the jointly commissioned services and direct contracts there are a number of contracts which our local providers hold with the third sector. There will be 3 further contracts moved from the CCG to subcontract arrangements during 2016/17 to allow greater alignment with core services; Dorset ME Support Group (Myalgic Encephalopathy), The Huntingdon's Society, Osteoporosis Dorset.
- 2.12 As part of the delivery of the transformation of health and care services, and the Sustainability and Transformation plan in Dorset, there is an opportunity to, not only develop the community and voluntary sector as key deliverers of services, to also develop the role of volunteers within primary and community settings. This will require the right level of support infrastructure.
- 2.13 The Council of Voluntary Services leaders in Dorset report that adopting an approach to commissioning which focuses on outcomes and is at a population level will enable further engagement of the community and voluntary sector.

- 2.14 It will be important to ensure that the proportion of the allocation of the overall NHS and care resources are distributed in a way that supports the emphasis on care closer to home, early intervention and prevention.

## **Equality Impact Assessment**

- 2.15 As part of the transfer of grants to DHUFT an equality impact assessment has been undertaken.

## **3. Conclusion**

- 3.1 This paper summarises the formal arrangements we have in place now and the early indications of the impact of the former CDG priorities. The ICS and Prevention at Scale work, along with feedback from the CVS leaders highlights the need to adopt an outcomes and population based approach to commissioning with the Local Authorities to maximise the:

- Opportunities to reduce social isolation
- Better integrate our health and social care services with the community and voluntary sector whilst ensuring a robust Council for Voluntary Service across Dorset support the development agenda in terms of capacity and capability within the community and voluntary sector.
- Support individuals to lead healthier lifestyles
- Develop innovative transport solutions to support care closer to home, maximise staff patient facing time, reduce social isolation and support a hub based care delivery model.

- 3.2 The STP offers the opportunity to develop a more coherent and systematic approach to developing our joint commissioning.

## **4. Recommendation**

- 4.1 The Governing Body is asked to **approve** the recommendation to develop more outcomes and population based approaches to commissioning which support further engagement of the community and voluntary sector.

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**Date : 07/02/2017**

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