

## NHS DORSET CLINICAL COMMISSIONING GROUP

## GOVERNING BODY MEETING

## WORKING WITH THE VOLUNTARY AND COMMUNITY SECTOR UPDATE

<b>Date of the meeting</b>	13/11/2019
<b>Author</b>	A Bond - Principal Programme Lead
<b>Sponsoring Board member</b>	K Taylor - Governing Body Lay Member for Patient and Public Involvement
<b>Purpose of Report</b>	To update the Governing Body on the CCG's work with the Voluntary and Community Sector.
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the report.
<b>Stakeholder Engagement</b>	Clinicians, Patients, Statutory and Third Sector partners.
<b>Previous GB</b>	This is an update on the paper presented to the Governing Body on 15/11/2017

## Monitoring and Assurance Summary

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Prevention at Scale</li> <li>• Integrated Community and Primary Care Services</li> <li>• One Acute Network</li> <li>• Digitally Enabled Dorset</li> <li>• Leading and Working Differently</li> </ul>		
	<b>Yes</b>	<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 :AB

## 1. Introduction

- 1.1 The purpose of this paper is to update the Governing Body on the arrangements the CCG has in contracting for services with voluntary and community sector, the changes which have been implemented during the period since the last report and to note the future plans involving the sector as it contributes to the NHS Long Term Plan and New Care models within Primary Care Networks

## 2. Report

- 2.1 The previous report set out the vision of The Five Year Forward View (FYFV) and our Sustainability and Transformation Plan (STP) which aimed 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 NHS Long Term Plan (LTP) continues to build on this. Universal Personalised Care is a cornerstone of the Long term plan and is a fundamental re-conception of the relationship between services, people and our communities.

As a first wave ICS, we are committed to scoping out the opportunities to adopt an integrated volunteering approach across our system, in line with the objectives of the NHS Long Term Plan.

Our Dorset Integrated Care System (ICS) – NHS England Public Engagement Discovery Project 19.12.18 committed to working with voluntary and community sector organisations to see how a new infrastructure can be designed and resourced to support them so that we can work together as equal partners.

From a strategic perspective, the Council for Voluntary Services' (CVS) and Dorset Community Action leaders have a place at both the East and West Integrated Health and Care Partnership Boards (IHCP) and the Integrated Community and Primary Care Service Portfolio (ICPCS) Board. Both organisations are key strategic partners in supporting the system in service transformation and delivery. They are also members of the ICS Engagement Leads Network.

## 3. Investment

- 3.1 In April 2019 Bournemouth and Poole CVS merged to become one organisation which now covers the Bournemouth, Christchurch and Poole area and is now called Community Action Network (CAN) and includes a volunteer centre. Their mission is to “empower enable and involve”. The CCG has invested via a recurrent grant £54,000 each year in CAN to support strategic engagement, forums and consultations. The CAN Board has recently approved investment of £50,000 p.a. from reserves for two years to recruit to two new posts:

- a partnership manager role which will enable them to influence and involve communities more robustly in network development

- a part-time media and coms part time role to increase the voice of the sector, updating websites, providing masterclasses and workshops to smaller local groups.

In the west of the county, Dorset Community Action are funded for £30,000 a year and the Dorset Volunteer Centre £20,000.

These organisations are now required to produce an annual impact report and would like the CCG to consider extending the period of grant investment, to enable forward planning and development, in line with local authority intentions, which we will consider for 2020/2021.

## 4. Service Delivery

4.1 The CCG continues to commission a range of services from the community and voluntary sector, either jointly with Local Authorities (LA) or directly.

- a) The CCG has pooled previous resources into a £1m tender for a Dorset- wide non clinical health coaching and social prescribing service which was awarded to Help and Care working in partnership with Dorset Community Healthcare Trust and Dorset Mental Health forum. This contract went live in April 2019 and delivers some of the key components of Personalised Care. Based in PCNs this health coaching and social prescribing support can improve individual's confidence, their health and wellbeing, as well as reduce inappropriate use of health services. This demonstrates our commitment to support the development of the role of the Voluntary and Community sector as an integral part of PCNs.

In April 2019 national funding was devolved directly to PCNs as a Directed Enhanced Services to provide additional roles within networks over the next four years. The first of these is full-time funding for an additional link worker in each PCN. Currently eight PCNS have chosen to work with Help and Care to align these new roles to the existing service.

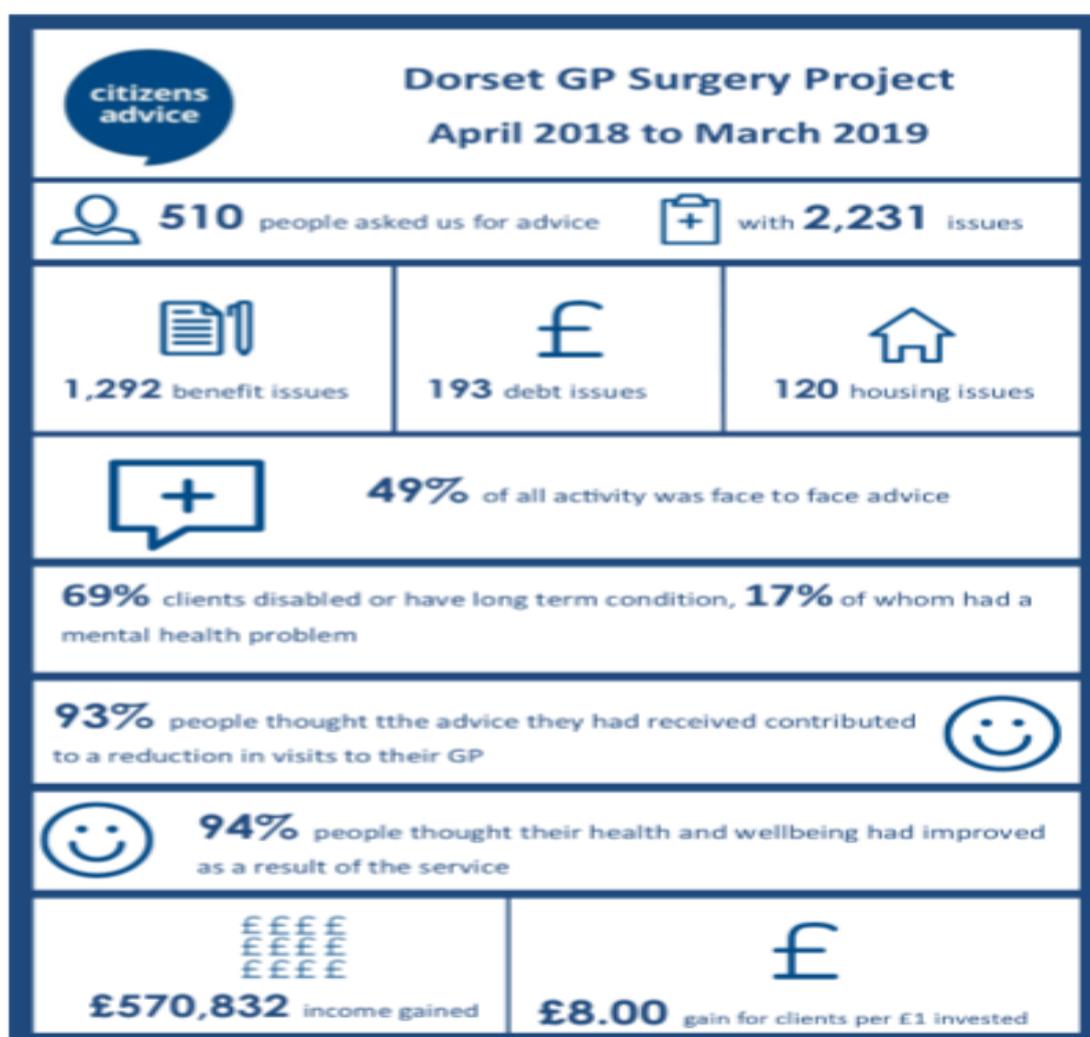
- b) End of Life and Hospice care, "In Results through Relationships" (Dorset Integrated Care System in collaboration with NHS England,). Our Dorset team have included people with personal experience of care towards the end of life, and people from various professional backgrounds – nursing, medical, managerial, in the NHS and voluntary sector. The team spans community, hospital and hospice settings: we believe that people should have access to great care and support wherever they are. Together this team developed seven "success statements" which ensure that everyone has the best experience of end of life. By comparing these with what happens in reality, we have been able to identify key levers to improve care and support. One of these is having "WHAT MATTERS" conversations with citizens and families, each other, and sharing "what matters" with others. Recognising what makes it harder and what makes it easier, we are able to address barriers to good practice. This team has recently

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attended the NHSE Spread Academy to develop how to spread and scale this work Dorset-wide.

We invest £2,066,407 a year in hospice services (Weldmar and Lewis Manning) on an annual basis which supports: Palliative care services, Motor Neurone Disease nursing, prescribing, day hospice services, a breathlessness clinic and lymphedema service. In addition, we fund Forest Home Hospice, as part of the Poole General Hospital's contract for services.

- c) We support the Dorset Citizens Advice Bureau (CAB) GP Surgery Project which is funded from April 17 to March 2020, totalling £57,423.64. Dorchester, Sherborne and Districts Citizens Advice Bureau provide 32 hours a week, Cerne Abbas 3 hours a week, North Dorset CAB 6 hours a week, Weymouth and Portland CAB provide 24 hours a week



## 5. Service Development

5.1 As an ICS we need to create an integrated approach to volunteering across our ICS, co-produced with our voluntary sector partners. The CCG engagement team have been successful with a bid to “Helpforce” <https://helpforce.community/> for a project on Integrated Volunteering Approaches in STP/ICS Programme. This project will look at developing an integrated approach to volunteering across Dorset and focus on a strategic audit and scoping exercise of volunteering across the ICS to allow us to get a clear picture of what volunteering looks like and opportunities to enhance. The expected outcomes will be:

- Comprehensive scoping of current volunteering opportunities and programmes in the ICS and the potential for integrated volunteering to have an impact;
- Identification of existing gaps in volunteering provision across the ICS and potential volunteering pathways and roles;
- Assessment of the limits of existing volunteer opportunities (between geographical areas/providers), current resourcing of volunteer programmes;
- Identifying examples of pockets of existing best practice in the ICS which could benefit the whole system and be scaled up;
- Current volunteering training and support arrangements audit to identify inconsistencies and how these could be overcome.

5.2 Service and Process Design; thinking about the nature of the services we provide and consider how their focus and design may need to shift to become more personalised:

- The Building Health Partnerships (BHP) programme has secured System buy in to linking Primary Care Networks with the Voluntary and Community Sector. Four PCNs are involved, each looking at individual areas of work: Weymouth and Portland - health inequalities arising from homelessness; Poole North - prevention at scale in early years; South Coast Medical - improving diabetes care in those patients who have depression or anxiety; and Purbeck - establishing a Single Point of Access based in Wareham, co-located in the community hub. The programme will look to fulfil the integrated working element of the PCN maturity matrix, specifically fully incorporating integrated working with local voluntary sector organisations, as part of the wider network. It will also offer an opportunity for PCNs to build on existing community assets to connect with the whole community and co-design local services and support.
- Personalisation Project. As part of the Armed Forces Covenant programme, links have been made between the Primary and Community Care and Dorset Council; this relationship continues to grow and explore opportunities to work with charitable organisations such as the Royal British Legion (RBL). The RBL have set aside significant funds to assist people in obtaining hearing aids due to the

difficulty in linking such a condition directly to their time serving in the military. Such possibilities of expediting treatment to veterans will be augmented through creating strong links with the VSC sector.

- The Vale PCN Personalisation exemplar group are planning to focus on further development of their frailty support package in partnership with Safe and Independent Living (SAIL). SAIL offers Dorset residents a wide range of free support, services and information to help keep people safe and independent in their own homes. The SAIL scheme is a partnership of respected agencies in Dorset including local councils, police, fire service, NHS and voluntary organisations.

## 6. Conclusion

This paper updates the position of the CCG's commitment to working with the Voluntary and Community sector in Dorset and sets out the direction for integration of this sector and Primary Care Networks as the cornerstone of new delivery models for health and social care services across Dorset.

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