Strengthening the voice of neighbourhoods

Why CCGs and Health and Wellbeing Boards need to connect more with communities and neighbourhoods.

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1. Executive Summary

This briefing calls for a rebalancing of commissioning to give greater consideration to the needs of communities and neighbourhoods. The recent creation of Health and Wellbeing Boards (HWBs) and Clinical Commissioning Groups (CCGs) provides an opportunity to develop more locally relevant delivery models, however the danger is that without an active local development agenda commissioners will continue to rely predominantly on universal authority level services that do not take sufficient account of localised needs. This briefing sets out a series of recommendations for local and national stakeholders that would enable this rebalancing to occur.

This briefing is based on the experience of Locality members who are working in health and social care. It draws on interviews with four CEOs of community organisations in Yorkshire with an established track record of providing health and wellbeing services. These views were later tested at a half-day workshop with a larger group of Locality members.

Summary of Recommendations

Neighbourhoods

- HWBs should consider how existing neighbourhood structures, such as Area Committees and Area Panels, can be used and supported in a more co-ordinated way by local authorities, CCGs and neighbourhood based voluntary and community sector (VCS) organisations.

- The Department of Communities and Local Government and the Department of Health should commission the Local Government Association (LGA), NHS England (NHSE) and Public Health England (PHE) to work with Locality and other relevant national voluntary sector organisations to develop good practice guidance on how area structures can strengthen community and neighbourhood resilience.

Commissioning

- The Department of Health, NHS England, Public Health England and the LGA should work with Locality and other relevant national VCS bodies to urgently commission guidance that helps local commissioners take a balanced approach to determining local funding arrangements that strengthens community and neighbourhood resilience and connects local assets to clinical pathways.

Infrastructure

- Local Authorities and CCGs should jointly agree how to ensure that there is a clear mechanism to engage with the voluntary and community sector in their areas. This should include jointly commissioning relevant resources to ensure that there are strong relationships with voluntary sector organisations at he local authority level as well as the neighbourhood level.

- The Department of Health should commission NHSE and PHE to work with Locality and other national VCS organisations to develop good practice guidance that helps local commissioners to decide where best to invest in VCS infrastructure to strengthen joint planning and co-production.

Capability

- HWBs and CCGs should establish a regular and ongoing programme of visits with local community groups to understand their role and challenges. This should include regular presentations at board and governing body meetings.

- The Department of Health and key national organisations such as NHSE, the NHS Leadership Academy and the Royal College of General Practice should work with Locality and other national organisations in promoting a neighbourhood agenda to produce training and relevant guidelines to support GPs and other members of CCG governing bodies better understand the role of grassroots and neighbourhood based organisations.

Champions

- Locality should provide neighbourhood organisations with the tools and training to support members to develop relationships with CCG and Health and Wellbeing board members and others who want to promote the neighbourhood agenda.

2. Background

The Health and Social Care Act 2012 has transferred a range of health functions to the local level as of April 1, 2013. Local authorities now have a much greater responsibility for improving their citizens' wellbeing, having taken on the former PCT's public health roles. In addition, 221 Clinical Commissioning Groups (CCGs) oversee the majority of the NHS budget (£65 billion) in England. Local authorities are also responsible for the implementation of coherent strategies at the local level to further the health and wellbeing of their populations through their leadership of Health and Wellbeing Boards (HWBs).

The current context is one where a combination of economic austerity and government determination to reduce public funding means that all health and wellbeing services are under pressure. While there is good evidence that people are best served through being supported to live in their communities rather than being admitted into secondary care (NHS Confederation 2012), local commissioners continue to struggle to make this a reality.

There is a growing understanding that pathways of care and support can be more effective if they include community organisations and volunteers (South et al 2010; Woodall et al 2010) and there is a

growing recognition among all political parties that further integration of health and social care is required.

The creation of HWBS and CCGS does provide an opportunity to develop more locally relevant delivery models, however the danger is that without an active local development agenda commissioners will not change

Communities and Neighbourhoods

This briefing is based on the experience of Locality member organisations that deliver health and social care services. It draws on interviews with four CEOs of community organisations in Yorkshire with an established track record of providing health and wellbeing services. These views were tested at a half-day workshop with a larger group of Locality members.

A central objective of the Government's reforms is to foster greater responsiveness to local needs. Working with their local VCS should be a top priority for CCGs, HWBs and local authority public health professionals.

Neighbourhood based organisations have a particular perspective to bring to commissioning for health and wellbeing. This is because they usually have:

- A strong focus and track record of working with and supporting easily ignored communities such as those experiencing economic and social exclusion, geographical isolation, or social isolation.
- Long standing relationships with communities and neighbourhoods, which means that they develop their priorities and services over time and in partnership with residents.
- They bring a holistic approach because they work with people in the communities where they live and often learn and work. They therefore often provide a range of services across the Social Determinants of Health.
- Local people are usually directly involved in the management and delivery of their services as volunteers, trustees and employees.

This community and neighbourhood focus means that organisations like Locality members have a specific and unique contribution to bring that challenges traditional commissioning approaches, which have tended to focus more on single issues or services across a local authority area as a whole.

While the deficit of traditional commissioning models has been recognised through initiatives such as 'Total Place' (Office for Public Management 2010) and more recently 'Community Budgeting' (House of Commons 2013), such holistic approaches are still not mainstream practice (particularly in the NHS) and local authorities and NHS organisations continue to commission single services by drawing mostly on larger organisations that have the capacity to act at local authority level or above.

Our premise is that without a rebalancing of commissioning towards the community and neighbourhood-level, local authorities and the NHS organisations will continue to rely too much on professionally led services that are insufficiently well connected with the communities and citizens they need to serve.

3. Situation Assessment

Opportunities

Interviewees and workshop participants welcomed the transfer of the former PCT's public health function to local government as an opportunity to move away from a health system that is still dominated by universal but prescriptive national programmes. The sheer size of some PCTs limited

their capacity to respond to localised needs. Moreover, the predominance of rigid national schemes, while targeting areas of need, implied that "there was very little room for needs of neighbourhoods to really influence what was funded."

Locality members that we spoke to also thought that in theory HWBs offered an opportunity for developing joined-up commissioning and a forum for working out localised strategies to tackle health inequality. Since in the past, PCT's and local authorities have not always worked well together across the board, workshop participants and interviewees agreed a formal mechanism for coordinating service provision between local authorities and NHS organisations should be welcomed.

The people we spoke to also hoped that as HWBs develop they will offer opportunities for community organisations, and the neighbourhoods that they represent, to influence commissioning and overall strategy. Some Locality members also thought that HWBs have introduced a much-needed degree of political scrutiny and transparency about how services are commissioned and resources are allocated at the local and regional level.

In principle, CCGs should be able to respond better to local circumstances, because they operate at local authority level and in many cases are even more local than this. The fact that GPs are more 'plugged into' the communities that they serve and have first-hand experience of local needs could make CCGs more responsive to suggestions from community groups.[1]

Some interviewees were also encouraged by their local CCGs early efforts to engage with community organisations to shape their commissioning. One CEO reported that their organisation had already been commissioned to carry out small pieces of development work for their local CCG.

Challenges

Despite recognising the opportunities for improving the voice of communities in the new system, interviewees were cautious about the ability of the new organisational and management structures to deliver.

Interviewees and workshop participants felt that the sheer scale of the reforms paired with overall pressure on resources meant that local authorities, HWBs and CCGs were pre-occupied with managing the organisational change. Some interviewees had the impression that local authorities in particular experienced problems in dealing with the transition, which has impacted negatively on the quality of communication between local authority commissioners and community organisations. There was also concern about the ability of both CCGs and local authorities to commission 'in time', which in turn could threaten the survival of smaller VCS providers.

The CEOs that we spoke to also thought that CCGs appeared to be progressing at different speeds. Despite the positive first impressions of three interviewees, the fourth one told us that they did not even know how to get in touch with their relevant CCG contact. Moreover, others were still unsure how they could work with CCGs in practice. For instance, interviewees were unclear about what kind of services would be commissioned via CCGs in the future and what payment mechanisms would be used.

Crucially, interviewees and workshop participants had the impression that the community sector had been sidelined by their respective HWBs. CEOs from localities with no VCS representation on HWBs at the time of the interviews expressed concern that they have been left unable to influence decisions. This impression was heightened by the fact that their local authorities had recently withdrawn funding from formal arrangements that had given the community sector opportunities to affect local authority decision-making in the past.

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[1] However, some workshop participants were concerned that GPs who subscribed to a medical model of health might hinder attempts to allow a greater input of local citizens in how services are being delivered.

CEOs from areas with a VCS representative on their HWBs, also felt that the latter has not engaged effectively with the community sector thus far. There was also concern over the process of selecting the local VCS representative and in how far that individual would be able to represent the sector as a whole.

Despite the fact that local authorities and HWBs had sought input from the community sector through consultations, interviewees and workshop participants felt that that these have been largely tokenistic exercises and there has been no real impact on Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWS) in their areas.

While all interviewees and workshop participants were of the opinion that the JSNAs and JHWSs for their respective localities presented accurate representations of need at the local authority level, some were unsure how these documents will be translated into effective commissioning at the community and neighbourhood level. Especially in larger local authorities there was a risk that local needs and assets could still be overlooked, leading to a distorted view of where activity and need actually exists.

A general theme of the interviews and the workshops was that, a strategic level, commissioners tend to ignore the role of neighbourhood-level activities. The contribution of grass roots community organisations such as food banks, luncheon clubs, welfare rights services, community sports and dance groups to health and wellbeing is not recognised or poorly represented. There is no clear picture of where volunteering actually happens - in particular the balance between formal and informal volunteering and the role of neighbourhood volunteering.
Moreover, commissioners' preference for large contracts obscured the added value of small community grant giving that supports and promotes community level activities.

4. Implications

The ambition of HWBs and CCGs to rebalance provision and support so that there is a greater emphasis on prevention and support in the community is unlikely to be successful unless there is a more explicit and coherent approach to support neighbourhood and community organisations.

For the Locality members that we interviewed and that attended the workshop such an approach would involve HWBs having a coherent strategy to ensure that commissioning drives service models that are balanced between system level provision and community connection. Elements of this will include:

- A willingness to invest in reducing health inequalities, directing funds to the most deprived and acknowledging complex needs through joined-up commissioning.
- Commissioning models that utilise the relative strengths of different funding models such as small grants, grant aid and tendering; as well as the co-production of specifications, service design and direct provision.
- Approaches to measuring impact that utilise qualitative as well as quantitative measures.
- Specialist health services develop pathways that include explicit roles for community and neighbourhood level organisations and their staff and volunteers as a matter of course.
- A shared understanding that achieving health outcomes particularly among disadvantaged communities is dependent on strong ongoing relationships with communities and their members.

5. Recommendations

Neighbourhoods

Many local authorities already have mechanisms for engaging with communities at Neighbourhood level such as Area Committees, Area Partnerships or Area Panels. Others have structures built around sectors (such as housing) or services (such as early years provision). However in many cases these structures are comparatively weak, they are not underpinned by powerful plans and often have small budgets.

Recommendation 1 – HWBs should consider how these structures can be used and supported in a more co-ordinated way by local authorities, CCGs and neighbourhood based voluntary and community sector organisations.

Recommendation 2 - Communities and Local Government and the Department of Health to commission the LGA, NHSE and PHE to work with Locality and other relevant national voluntary sector organisations to develop good practice guidance on how area structures can strengthen community and neighbourhood resilience.

Commissioning

Local Authorities and CCGs need to be supported to develop commissioning models that foster community led solutions to need. In order for this to happen traditional models of what is good commissioning need to be challenged and more nuanced approaches developed. A culture has developed (particularly in the NHS) where value and quality are understood to be best achieved through large-scale tendering and subsequent contract management. Instead there should be more emphasis on developing a commissioning model that fosters a wider variety of different funding mechanisms such as small grants, grant aid and co-production should be developed.

Recommendation 3 - The Department of Health, NHS England, Public Health England and the Local Government Association should work with Locality and other relevant national CVS bodies to urgently commission guidance that helps local commissioners take a balanced approach to determining local funding arrangements that strengthens community and neighbourhood resilience and connects local assets to clinical pathways.

Infrastructure

A VCS voice on HWBs is of course welcome, however the latter need to provide coherent and explicit leadership to ensure that there is powerful collaboration with the local VCS at the neighbourhood level.

Recommendation 4 - Local Authorities and Clinical Commissioning Groups should jointly agree how to ensure that there is a clear mechanism to engage with the voluntary and community sector. This should include jointly commissioning relevant resources to ensure that there are strong relationships with the local authority level and neighbourhood level community and voluntary sector organisations.

Recommendation 5 - The Department of Health should commission NHSE and PHE to work with Locality and other national VCS organisations to develop good practice guidance that helps local commissioners decide where best to invest in VCS infrastructure to strengthen joint planning and co-production**.**

Capability

It is too easy for commissioners to slip into a way of working that sees service delivery as primarily the territory of the statutory and private sector - predominantly large organisations with a local authority level span of control. This reinforces a commissioning model that is based on professionally

led services. It is therefore important that commissioners are constantly brought into contact with neighbourhood and grassroots provision.

Recommendation 6 - Health and Wellbeing Boards and Clinical Commissioning Groups should establish a regular and ongoing programme of visits with local community groups to understand their role and challenges. This should include regular presentations at board and governing body meetings.

Recommendation 7 - The Department of Health and key national organisations such as NHSE, the NHS Leadership Academy and the Royal College of General Practice should work with Locality and other national organisations promoting a neighbourhood agenda to produce training and relevant guidelines to support Commissioners, GPs and members of CCG governing bodies, as well as HWB members to better understand the role of grassroots and neighbourhood based organisations

Champions

Locality Members should undertake an active programme of identifying leading commissioners and other key actors such as GPs and support them to present the neighbourhood case at board and governing body meetings.

Recommendation 8 - Locality should provide neighbourhood organisations with the tools and training to support members to develop relationships with HWB members, CCG board members and others who want to promote the neighbourhood agenda.

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