



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Helen Sims and Kathryn Robertshaw

Date: 14th June 2022

Subject: Strengthening of statutory bodies strategic relationship with the Voluntary Sector in Sheffield - update

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Summary:

At their meeting in March the Board were provided with an update about work to support effective working between the Sheffield Health and Care Partnership (HCP) and Voluntary, Community and Social Enterprises (VCSEs), taking forward the principles embedded in the statement issued by HCP in 2020.

This update carries forward an action agreed at that meeting, to come back and present a discussion paper about commissioning the VCSE sector and specifically explore examples of what good commissioning looks like. This will focus on examples that represent effective commissioning practice and wider investment approaches that have been used to effectively draw investment into Sheffield, enabling the Voluntary and Community Sector (VCS) to lead and deliver key activities.

- 1) People Keeping Well: outcomes based, flexibility of funding, supports organisations to connect to wider City investments and make sense of other investments like NHSE Social Prescribing and Move More.
- 2) Changing Futures: proposal jointly developed with VCS; recognises and invests in the role of the VCS to provide leadership in the governance structures, design of activities, to lead specific strands where appropriate and recognises the importance of coordination through VCS infrastructure.
- 3) Healthy Communities Together: Sheffield Diabetes project: VCS leading the cross sector project, invests in VCS time to participate in meetings, for their

knowledge input and the participation in delivery of activities. Uses the VCS added value to draw more investment from outside, to strengthen our work to address collective strategic priorities around health inequalities.

Questions for the Health and Wellbeing Board:

This paper presents three examples of good commissioning relationships and structures. How do we use the insight from these examples in developing our joint commissioning arrangements within the Sheffield place partnership in planning city investment?

Recommendations for the Health and Wellbeing Board:

- *The Board is asked to note key elements of commissioning and investment practice that empower and maximise the impact of the VCS and also deliver some of the principles embedded in the statement of intent issued by this Board (see background papers).*
 - *The Board is invited to discuss insights that can be used to support the Joint Commissioning process going forward.*
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Background Papers:

[March update to Board on Development of statutory bodies strategic relationship with the voluntary sector in Sheffield](#)

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

The work has the potential to support delivery of all 9 of the strategy ambitions

Who has contributed to this paper?

Helen Sims (Chief Executive Officer - Voluntary Action Sheffield)

Kathryn Robertshaw (Deputy Director– Sheffield Health and Care Partnership)

Helen Steers (Director of Strategic Partnerships - Voluntary Action Sheffield)

Body of the Report

This paper presents three examples of good commissioning and investment relationships in Sheffield between the Voluntary, Community and Social Enterprise (VCSE) sector and statutory organisations. It outlines key elements of a positive relationship that contributes to increased impact and effectiveness for Sheffield people:

- 1) **People Keeping Well:** outcomes based, flexibility of funding, supports organisations to connect to wider City investments and make sense of other investments like NHSE Social Prescribing and Move More.

The People Keeping Well activity (PKW) is commissioned by SCC and funded by the Better Care Fund. Voluntary and Community Sector (VCS) organisations delivering wellbeing activities are funded to provide a range of support; in addition some funding is invested in a role in Voluntary Action Sheffield (VAS) to support capacity and facilitate strategic connections between VCS organisations and statutory partners and support capacity and skills in organisations.

A strength of the PKW commissioning relationship is the collective approach that is taken between SCC and VAS. It enables really effective co-design of activities. Co-chairing networks like the 150+ Frontline Workers network, increases the capacity of the network of PKW and wider frontline organisations to support the wellbeing of people in Sheffield.

It operates through a local relationship-based hub and spoke commissioning model. The commissioning team act as a central hub supporting the VCS “spokes”.

The investment funds outcomes and therefore enables VCS organisations to flex and pivot in a way that service/ output contracts restrict.

Additionality of the investment

Without investment into this type of activity, the NHSE Link Workers would have very limited support that they can refer into. This longer term (3 years) funding also allows the VCS some stability to leverage or build from the investment, to create a broader range of wellbeing support activities. This has wide-ranging benefits, for example organisations supporting the Mental Health Transformation Programme, Healthy Holidays, EU settlement scheme and ICS Green Prescribing.

The Joint Workforce development that PKW supports, contributes to a wider range of impacts like wealth creation and provides other benefits for local economies.

It provides capacity and insight to strengthen the local partnership work to identify and address Population Health needs.

- 2) **Healthy Communities Together:** Sheffield Diabetes project: VCS leading the cross sector project, invests in VCS time to participate in meetings, for their knowledge input and the participation in delivery of activities. Uses the VCS added value to draw more investment from outside to strengthen our work to address collective strategic priorities around health inequalities.

Healthy Communities Together is an example of an investment rather than commissioning approach, that builds on the growing recognition of the VCS as a key leader in City strategic partnerships. It centres on addressing the support for people who are Type 2 Diabetic or pre-Diabetic.

It places the VCS at the centre of a partnership investment approach and problem-solving arrangement.

The model for this investment taps into the trust and shared social capital within communities to provide insights about why there are some acute and sustained health inequalities, despite investment in services and support with clinical and other statutory settings.

Increasingly the direction of travel with Central Government policy centres on finding community led solutions. This model and way of developing investment opportunities in Sheffield move some of the dynamic between partners and presents a powerful way of solving problems collectively. It also has the potential to have a significant impact on some hardwired health inequalities.

- 3) **Changing Futures:** proposal jointly developed with VCS; recognises and invests in the role of the VCS to provide leadership in the governance structures, design of activities, to lead specific strands where appropriate and recognises the importance of coordination through VCS infrastructure.

This programme invests in the VCS, to lead key strands of activity. The VCS are critical partners in the governance arrangements and work closely with the Programme Team.

A key benefit of the Changing Futures approach was the inclusion of the VCS right up front to shape the proposal.

Within the planning of delivery, recognition is given to the expertise that VCS organisations hold. The VCS leads some aspects of the work, recognition is given to the diversity of roles and skills the VCS can bring to this programme.

Key ingredients of good commissioning

This is a selection of good commissioning or investment practice. There are some “key ingredients” that bring real benefits to health and wellbeing outcomes in the most marginalised communities.

1. Investing in coordination and support for VCS partners - a key outcome of all commissioning should be about supporting and developing the VCS partners to develop, thrive and have impact.
2. Recognising that commissioning is two-way- 'a something for something' partnership, where investment in VCS core costs/assets, is matched by VCS development of quality and flexibility.
3. Commissioning is community-led- and where possible should be informed by insight and data from the communities furthest from the system.
4. Diverse, representative governance structures such as programme boards, steering groups etc. are incredibly effective, support inclusion and equality and should be invested in alongside 'delivery'.
5. Commissioning must be long term: 3 years minimum. We cannot develop and achieve outcomes around health and wealth creation if we expect to do it in less than this timeframe. We should consider commissioning partnerships through a lens of continuous improvement.

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