

## HEALTH SCRUTINY COMMITTEE

7 February 2024

<b>Title:</b> Scrutiny Review into the potential of the Voluntary and Community, Faith and Social Enterprise (VCFSE) Sector	
<b>Report of:</b> Director of Community Participation and Prevention	
<b>Open Report</b>	<b>For Decision</b>
<b>Wards Affected:</b> None	<b>Key Decision:</b> No
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<b>Accountable Director:</b> Rhodri Rowlands, Director of Community Participation and Prevention	
<b>Accountable Strategic Leadership Director:</b> Fiona Taylor, Chief Executive	
<b>Summary</b> The Health Scrutiny Committee agreed to undertake an in-depth scrutiny review into the Voluntary and Community, Faith and Social Enterprise (VCFSE) Sector's provision of health inequalities work within communities and the ways in which the Council can contribute to a helpful work environment, enabling the VCFSE to play an active role in service delivery.  This report provides an update on the progress of the review and presents the final draft for comment and approval.	
<b>Recommendation(s)</b>  The Health Scrutiny Committee is recommended to:  <ol style="list-style-type: none"><li>1. Agree the final report and the recommendations contained within,</li><li>2. Ask the Director of Director of Community Participation and Prevention to develop an Action Plan describing how the recommendations will be implemented, and</li><li>3. Receive an update report on progress in six months.</li></ol>	
<b>Reason(s)</b> The Health Scrutiny Committee must agree the final review to enable an action plan to be developed.	

### 1. Introduction and Background

- 1.1 At the meeting of the Committee on 21 September 2022, the Chair presented a draft work programme for 2022/23, following previous discussions with the Director of Public Health, the Operational Director for Adults Social Care and the Cabinet Member for Social Care and Health Integration (now Adult Social Care and Health Integration), as to what the priorities should be for the year. In approving the work programme, Members agreed to undertake an in-depth scrutiny review into the Voluntary and Community Sector's provision of health inequalities work within communities and the ways in which the Council can contribute to a helpful work environment, enabling them to play an active role in service delivery. (Minute 53 refers).

- 1.2 Members considered various areas which could be considered as part of the Review which included:

## 2. Terms of Reference for the Scrutiny Review

- 2.1 The Committee agreed the following Terms of Reference for the Review, in addition to which a number of key lines of enquiry were developed and agreed as set out in italics below:

### **How is the VCFSE helping to reduce health inequalities within communities, both separately and in partnership with the statutory sector?**

- *What is the unique role of the VCFSE in improving health and wellbeing (i.e. how does it differ to statutory services, how can it compliment statutory services, what can it do that statutory services cannot),*
- *When should or shouldn't the statutory sector (local authority and NHS) partner with the community sector (i.e., it is not there to deliver statutory service on the cheap), and*
- *Within those appropriate functions, what is the VCFSE currently doing and what is it not doing to improve health, prevent ill health, improve outcomes for those with health conditions and reduce health inequalities.*

### **How can we (the Council) work better at 'place' (Barking and Dagenham) and sub-borough levels to ensure that the VCFSE and residents have an active and meaningful role in informing and shaping future strategy / service delivery?**

- *What are the enablers and barriers for the VCFSE in undertaking this work (e.g., the "V" in VCFSE does not mean it comes for free as resources are required),*
- *What is working to enable and empower VCFSE organisations and reduce barriers, and how can these be scaled up, and*
- *What levels (e.g., borough, locality, and community) is this support required and how can it best be delivered.*

- 2.2 These questions were to be asked with a view to making recommendations around what the statutory and VCFSE partners could do in the near future to realise opportunities and remove barriers.

- 2.3 During the discussions, the Chair formed the view that it was also very important to consider what the Partnership could do to ensure equitable and early access to health services; however, as the Review would need to be concluded in this municipal year (2023/24), it was felt that to include this issue as part of the Review would not be feasible in terms of time and resources. It is therefore suggested that this matter be further reviewed as part of the development of the action plan.

## 3. Process

- 3.1 In accordance with standard practice a project plan was drawn up, and forming part of the scrutiny review process, Members were required to attend a number of fact-finding sessions outside of the Committee's formal meetings structure, to collate sufficient information to answer the Review's terms of reference. This included separate sessions with statutory health partners and voluntary and community sector partners, as detailed in the final scrutiny report.

#### **4. Recommendations**

4.1 The Review has now concluded, and the following recommendations are being proposed:

**Continue to foster relationship with the voluntary and community sector and social enterprise (VCFSE) that focuses on commissioning, collaborating and co-designing together.**

1. Consideration to be given in all commissioned services / tenders to the qualitative evidence on overall impact on individuals and communities e.g. via case examples and stories.
2. Work with civil society groups to facilitate more consortium approaches to funding bids that promote collaboration rather than competition and increase reach and breadth of the VCFSE contribution.
3. Commit to using the community locality leads model as a platform to draw learning and to help shape the emergent locality model being developed by council and partners.

#### **Developing community capacity and connections.**

4. Review existing grant and commissioned funding to ensure its reach is fair and supports the contribution and role of the VCFSE in addressing health inequalities.
5. Work with the VCFSE sector to develop clear and shared consensus of the role of the sector in co-design and delivery of system priorities e.g. the emergent locality model.
6. Commit to utilising the VCFSE sector to support activity aimed at increasing voice and reach of services to seldom heard.

#### **Sharing information across the VCFSE.**

7. Establish training sessions for groups across the Borough to upskill and build capacity in bid writing.
8. Ensure that bid applications only ask the questions that need directly answering, reducing the time and resources required for groups to spend on drafting them.
9. Ensuring the VCFSE sector are aware of key developments within health and care and are able to respond appropriately.

#### **Developing common culture and language.**

10. Establish joint training sessions and working groups between the VCSE sector, NHS, and the Council to allow for genuine collaboration and to develop stronger relationships between organisations.
11. Ensure VCFSE representation in co-design and subsequent implementation of Barking and Dagenham Committee in Common (Place Partnership) Engagement Strategy and Co-Production principles.

## **Ensuring longevity of funding.**

12. Contracts should aim to allow time for the VCSE to create sustainable workstreams where staff members can develop projects before funding is cut prematurely.

## **5. Next Steps**

- 5.1 If the recommendations are accepted, the Director of Community Participation will be asked to draw up an Action Plan describing how the recommendations will be implemented. This report will be shared with the Cabinet Member for Adult Social Care and Health Integration and the Voluntary Community and Faith Social Enterprise (VCFSE) as it is now known and referred to in the final report.
- 5.2 In six months' time, the Health Scrutiny Committee will request a monitoring report setting out the progress of the implementation of the recommendations and whether anything could be said of the early impact they have had on outcomes.

## **6. Consultations**

- 6.1 In addition to consultation with officers and the Cabinet Member for Adult Social Care and Health Integration, the VCFSE were consulted and provided input to the final report as presented. Whilst the outcomes and recommendations arising from the review were supported by the sector and reflected feedback and input, one of the learning points for any future reviews is to ensure a full co-designed approach is taken from the outset to maximise mutual benefit and buy-in.

## **7. Legal Implications**

*Implications completed by: Dr Paul Feild Principal Governance Solicitor*

- 7.1 The Health Scrutiny Committee shall carry out health scrutiny in accordance with Section 244 (and Regulations under that section) of the National Health Services Act 2006 as amended by the Local Government and Public Involvement in Health Act 2007 relating to local health service matters. The Health Scrutiny Committee terms of reference establish its function to ensure that the providers of health and social care services work in their delivery in an integrated manner.
- 7.2 The Health and Social Care Act (2012) conferred the responsibility for health improvement to local authorities. In addition, as a best value authority under the Local Government Act 1999 there is a duty on the Council to secure continuous improvement.
- 7.3 The Equality Act 2010 outlaws certain discrimination against persons with the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The Equality Act 2010 requires the local authority to observe the public sector equality duty in the exercise of its functions, having due regard to the need to:
  - Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act.
  - Advance equality of opportunity between people who share a protected characteristic and those who do not.
  - Foster good relations between people who share a protected characteristic and those who do not.

7.4 The report and its recommendations advance the delivery of the legal duties on the Council and its partners to improve the health and wellbeing of the local community.

**Public Background Papers Used in the Preparation of the Report:** None

**List of appendices:** Draft final in depth scrutiny review by the Health Scrutiny Committee into better supporting the Voluntary and Community Sector to play an active role in service delivery.