

HEALTH SCRUTINY COMMITTEE

1 February 2023

Title: Scrutiny Review on the potential of the Voluntary and Community Sector 2022/23	
Report of the Director of Community Participation and Prevention	
Open Report	For Information
Wards Affected: All	Key Decision: No
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Accountable Director: Rhodri Rowlands, Director of Community Participation and Prevention	
Accountable Strategic Leadership Director: Fiona Taylor, Acting Chief Executive, LBBDD and Place Partnership Lead	
Summary The key lines of enquiry for the Health Scrutiny Committee’s scrutiny review into the potential of the Voluntary, Community and Social Enterprise (VCSE) sector and health locally are: (i) How is the VCSE helping to reduce health inequalities within communities, both separately and in partnership with the statutory sector; and (ii) How can we work better at ‘place’ (Barking and Dagenham) and sub-borough levels to ensure that the VCSE and residents have an active and meaningful role in informing and shaping future strategy / service delivery? This report provides the context for a 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 the VCSE to play an active role in service delivery. The report outlines key data, summarises the existing landscape of VCSE delivery in the context of health inequalities and provides a methodology and timeline for the review, which will take place in early 2023.	
Recommendation(s) The Committee is recommended to: <ul style="list-style-type: none">• Note the existing VCSE healthcare landscape and current health data relevant to the Borough; and• Note the proposed timeline (as it stands) for consultation with statutory partners, the VCSE, and residents.	

Reason(s)

To enable well-functioning VCSE healthcare provision that helps every resident to take pride and responsibility over their health and wellbeing, and to allow the VCSE and residents to play a meaningful role in shaping future health service delivery.

1. Introduction and Background

- 1.1 Barking and Dagenham remains one of the most economically-deprived boroughs in London. Health is bound up in inequalities and those in less financially prosperous positions are less likely to access the proper healthcare, medicine, and nutrition that they require. The Borough continues to witness rising levels of obesity and cardiovascular diseases, both of which result in lifelong consequences. As the rising cost of living puts additional strain on the Borough, the need to ensure sufficient healthcare provision that works best for residents only grows more imperative.
- 1.2 Barking and Dagenham has amongst the greatest health inequalities in North East London (NEL), London and England. This can be clearly seen in the measure of healthy life expectancy - the year a person has in "good" or "very good" health, based on how people perceive their general health. In Barking and Dagenham, healthy life expectancy is just 58.1 for males and 60.1 for females; around 5 years shorter than the average for London. The prevalence of unhealthy weight (including obesity) of children and adults is significantly higher than the national average; 49.1% of Barking and Dagenham children in Year 6 were classified as overweight or obese during the academic year 2021/22 - the highest proportion of all local authorities in the country.
- 1.3 Community partners play a critical role in supporting and improving the health and wellbeing of residents, including but not limited to navigating services. Many residents may have little contact with or trust in the Council and statutory partners, but frequent contact and trust in community and faith groups close to them and their families (i.e. trusted voices). These organisations maintain close, trusted connections with those that they help and uphold knowledge of the needs and demands of their specific communities. To help as many local people as possible from a diverse range of backgrounds, we must listen to these groups, partners, and indeed, residents themselves.
- 1.4 Health and wellbeing remains a key priority for the Council and the Borough, as outlined in the 2022 Joint Strategic Needs Assessment (JSNA), whereby a gap of meeting the demands of those with greatest need is identified. The review recognises that a refocusing of services and transformation of those undergoing challenges in capacity and funding may be required to bridge this gap.
- 1.5 Highlighting the work already provided by the VCSE and further establishing better relationships between community groups and statutory partners will be key to achieving this. Put simply, the VCSE can play a role in providing what statutory partners cannot.

1.6 The Terms of Reference that were agreed by the Committee are as follows:

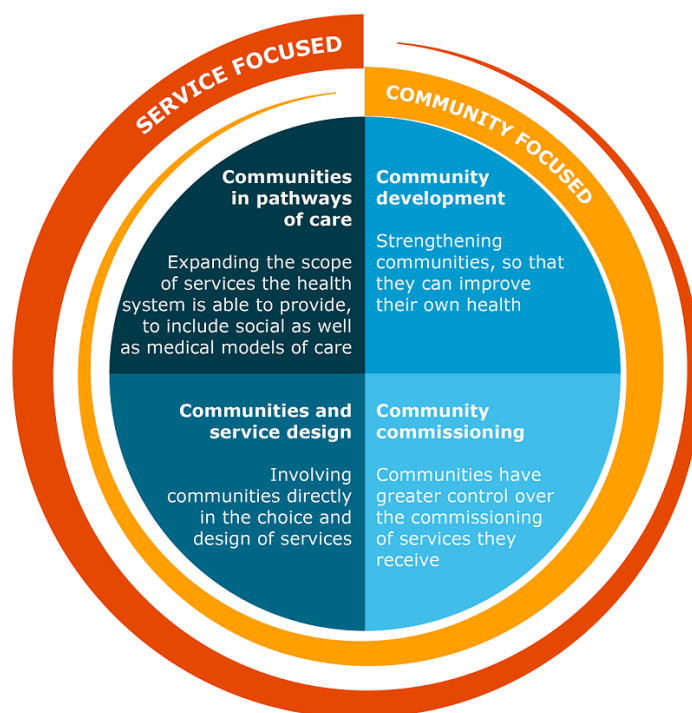
- 1) How is the VCSE helping to reduce health inequalities within communities, both separately and in partnership with the statutory sector; and
- 2) How can we work better at 'place' (Barking and Dagenham) and sub-borough levels to ensure that the VCSE and residents have an active and meaningful role in informing and shaping future strategy/service delivery?

1.7 The scrutiny review will be concluded by the end of this municipal year.

2 National and Local Health Context

2.1 Health inequalities are longstanding and worsening in England (e.g. the health gap is growing between wealthy and deprived areas, improvements in life expectancy have stalled for men and declined for women in the most deprived areas)¹. Addressing health inequalities at scale requires a place-based approach of interventions across systems: civic-level interventions, service-based interventions and community-based interventions (the 'Population Intervention Triangle')².

2.2 The Barking and Dagenham Annual Director of Public Health Report 2021/22 highlights the need to both put people and communities at the centre of decision-making on services and developing community-centred approaches to health and wellbeing. This will involve doing "with" not "to" people" though an approach that supports and maximises community assets to harness the 80% of health determined outside of health services. The below figure from the King's Fund illustrates a model for supporting communities to improve their health³.



¹ [February 2020, Institute of Health Equity, Health Equity in England: The Marmot Review 10 Years On.](#)

² 2020, [Public Health England, Community Centred Public Health](#)

³ [May 2021, Kings Fund, Communities and Health](#)

- 2.3 Local government is the primary funder of VCSE organisations at 68% of VCSE contracts⁴. This contrasts with 13% of contracts from Central Government, and just 11% from the NHS. Barking and Dagenham Council maintains a strong relationship with its VCSE, but more could be done to explore how the Council can best support health and wellbeing in the community, alongside the social care commissioning contracts that are already in place.
- 2.4 There are several challenges outlined in ‘the Role of the Voluntary, Community, and Social Enterprise (VCSE) Organisations in Public Procurement’⁵ report that VCSE organisations are facing. These include, in brief:
- Payment timelines and prompt payments;
 - Awareness of opportunities and access to tenders;
 - Technological barriers;
 - Skills and capacity issues, particularly in smaller organisations;
 - Contract design as a barrier to engagement; and
 - Exclusion from project tender specification due to scale and price.
- 2.5 Local engagement and co-production are recommended by the report to explore how to support the VCSE in public sector procurement, to address capacity concerns and contract readiness.
- 2.6 Integrated Care Systems (ICS) became statutory in England on 1 July 2022. The Integrated Care Partnership component of the ICS, which brings together key system partners for health and social care, including VCSE organisations, represents an opportunity for the VCSE sector to become more embedded in service design and decision-making for health and wellbeing.

3 The existing VCSE landscape in Barking and Dagenham

- 3.1 The capacity of the VCSE in Barking and Dagenham has grown significantly over the last few years. Participation and Engagement became a priority in the 2020-22 Corporate Plan and a new social infrastructure contract was commissioned to the BD_Collective – a network of networks – sharing power between the state and civil society.
- 3.2 At the beginning of the COVID-19 pandemic, a collaborative model of support was set up between the Council and the BD_Collective, coordinating local volunteers, voluntary and faith groups to deliver a support system for the community, by the community. This model catalysed a pattern of undertaking work with the VCSE, having conversations as equal partners and making decisions together.
- 3.3 The Council’s collaborative work with partners enabled the setting up of the participatory grant funding organisation, BD Giving. The organisation seeks to make it easier for local people and organisations to fund what matters to them, using participative grant-making processes directly involving residents.

⁴ [August 2022, Department for Digital, Culture, Media and Sport, The role of Voluntary, Community, and Social Enterprise \(VCSE\) organisations in public procurement](#)

⁵ [August 2022, Department for Digital, Culture, Media and Sport, The role of Voluntary, Community, and Social Enterprise \(VCSE\) organisations in public procurement](#)

- 3.4 The Council also partnered with Participatory City Foundation to develop Every One Every Day, a local project and the biggest peer-to-peer participation programme in the country, with a network of activity project shops across the Borough.
- 3.5 Most recently, the local partner Community Resources worked alongside the Council in setting up the Locality Model to address health inequalities and provide and cost-of-living support. Five VCSE organisations act as Locality Leads across six geographical areas, providing local connections in communities and triaging support with a network of community partners, to ensure that residents in need can access the most appropriate support.
- 3.6 There is still more that we can do to work more effectively with the VCSE in the context of addressing health inequalities and enabling wellbeing, but what has worked well over the last few years can provide Public Health with the confidence that working together can produce better outcomes for all, allow residents to make decisions and shape services and create a supportive system where, rather than working in competition with each other, we work together.

4 Strategic context and outcomes for action

- 4.1 The co-produced, long-term vision for Barking and Dagenham through the Borough Manifesto outlines a range of ambitious cross-partnership targets to be achieved by the year 2037. In relation to health inequalities, the Borough Manifesto sets goals that by 2037:
- Healthy weight will be better than the East London average;
 - Personal wellbeing and happiness will be above the London average;
 - Healthy Life Expectancy will be better than the London average; and
 - The rate of regular physical exercise will be higher than the East London average.
- 4.2 The long-term vision of the Borough Manifesto is translated into medium-term priorities in the Council's current Corporate Plan. Refreshed at a time of upheaval with the pandemic and associated financial challenge, the Corporate Plan 2020-2022 sets out "5 giants" on the road to social progress for Barking and Dagenham:
- 1) Domestic abuse;
 - 2) Social isolation;
 - 3) Unemployment;
 - 4) Debt; and
 - 5) Neighbourhood crime.
- 4.3 The Corporate Plan outlines the programmes of work that the Council and wider partnership are undertaking to address the "5 giants" - all of which are areas that drive health inequalities. It is boldly stated in the Corporate Plan that unacceptable levels of health inequalities hold many Barking and Dagenham residents back. Through addressing the 5 giants as a system, the Borough will make traction in reducing health inequalities.
- 4.4 Achieving the health inequalities-related goals in the Borough Manifesto requires input from partners beyond the local authority and NHS, and a focus on prevention

of ill-health. Much of the Borough's relatively poor health outcomes are driven by deprivation and the wider determinants of health. The Joint Health and Wellbeing Strategy 2019-2023 therefore has a strong emphasis on prevention. Priority themes in the Strategy comprise:

- Best Start in Life;
- Early Diagnosis and Intervention; and
- Building Resilience.

5 Methodology and consultation

- 5.1 The review will entail a series of evidence sessions with statutory and VCSE partners as well as residents across January and February 2023. These sessions will explore the health infrastructure already in place, the challenges, and relationships between statutory and VCSE partners, as well as what could be done to facilitate more meaningful health inequalities work whereby residents and the VCSE play an active role in shaping future service delivery.
- 5.2 The sessions will include both presentation-style scoping and discussion as well as question and answer opportunities and action planning, culminating in a final report which will be produced at the end of March 2023, detailing the findings from the evidence gathering period and recommendations for future health strategy and collaboration work with the VCSE.
- 5.3 The Terms of Reference will be explored in the evidence sessions, and are as follows, with more detailed points to explore below; these are shared at this stage as examples. We expect that these will evolve as the Committee hears evidence:
- (i) How is the VCSE helping to reduce health inequalities within communities, both separately and in partnership with the statutory sector?**
- What is the unique role of the VCSE in improving health and wellbeing (i.e., how does it differ to statutory services, how can it complement 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 VCSE 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.
- (ii) How can we work better at 'place' (Barking and Dagenham) and sub-borough levels to ensure that the VCSE and residents have an active and meaningful role in informing and shaping future strategy / service delivery?**
- What are the enablers and barriers for the VCSE in undertaking this work (e.g., the "V" in VCSE does not mean it comes for free as resources are required);
 - What is working to enable and empower VCSE 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.

6 Work Plan and Timeline

6.1 The below indicates an estimated timeline of the evidence gathering sessions and report for early 2023.

Month	Title	Details
November	Health Scrutiny Committee	Terms of Reference agreed by Committee on 14 November 2022
December	HSC Scrutiny Review: Context Setting	Report to outline proposed workplan and timeline, as well as context-setting presentation to Committee on 19 December 2022
February	Evidence Session 1: VCSE Introduction Session	Introductory session with key VCSE organisations and leads to consider exploring the current health infrastructure, remit, and context to inform and shape the review
February	Evidence Session 2: Session with key health and social care system partners	Session with key health and system partners to understand how the statutory health and social care system works and its role in strategy, commissioning, and funding
March	Evidence Session 3: Good practice showcase and learning	Delivery showcase and Q&A (range of stakeholders) to reveal good practice, case studies, how to build on current context, and scale and embed good ethos
March	Evidence Session 4: Action planning	Action planning with statutory partners with a focus on how we can work better at ensuring that the VCSE and residents have an active and meaningful role in informing and shaping future strategy and service delivery
April	Evidence Session 5: Action planning	Action planning with the VCSE on the above
TBC	Final report and presentation	A report drafted including the findings from the evidence gathering sessions and recommendations for the future

7 Background information

7.1 Members are recommended to familiarise themselves with the reading materials listed in Appendices 1 to 4, which will be referred to throughout the preparation of the scrutiny report.

Public Background Papers Used in the Preparation of the Report:

- Kings Fund Community and Health Blog: [Communities and health | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/blog/communities-and-health)

- New Local's Community Powered NHS: [A Community-Powered NHS - New Local](#)
- PHE's Community Centred Public Health: [Community-centred public health: Taking a whole-system approach \(publishing.service.gov.uk\)](#)

List of appendices:

- Appendix 1: Health Scrutiny Committee: Scrutiny Review on the potential of the Voluntary and Community Sector 2022/23 (Presentation)