

The right partnerships- a Strategic Partner response to the NHS England Five Year Forward View.

The [Health and Care Voluntary Sector Strategic Partnership](#) welcome the long view taken in the [NHS England Five Year Forward View](#), particularly with its emphasis on more control for patients, families and communities; better models of care; promoting wellbeing; and ill health prevention through partnership working. We are pleased to see that NHS England and Public Health England are working closely together to promote a healthier nation (with concurrent publication of PHE's priorities in [From Evidence into Action Opportunities to Protect and Improve the Nation's Health](#)) and that this resonates with the new preventative duty brought in with the Care Act. The voluntary and community sector (VCS) is well placed to support system partners co-produce both innovative and integrated ways of working that promote better models of care and wellbeing.

In particular the Strategic Partnership welcomes:

- The focus on "stronger partnerships with charitable and voluntary sector organisations" and of an understanding of diverse roles the sector can play in supporting healthy people and healthy communities. We would like to thank Simon Stevens for listening to the Strategic Partners about the challenges facing the VCS- barriers to our contribution to the health of the nation. We welcome the commitment to developing a shorter national alternative to the NHS standard contract, to grant funding and to multiyear funding.
- Recognition of the value of carers, volunteers and the wider VCS- to support people gain more control of their own care, and the commitment to work more closely with the VCS.
- Drive for more integrated care, between physical and mental health, between health and social care and between GPs and hospitals, between generalists and specialists.
- That NHS England is in agreement with the findings from [Due North](#), that there's a need for stronger public health-related powers for local government- help communities take more control over their wellbeing.
- Starting to break out of silo working and partner with DWP on work based health

We recognise the challenges faced by the health service, and the VCS is well placed to help find solutions:

The health and wellbeing gap: *health inequalities are rising.* The VCS can support partnership work with those with the worst predicted health outcomes, to ensure poorer communities and specific communities of interest, do not get left behind. As much as obesity, alcohol and smoking are key killers- the VCS is well placed to take a holistic approach, addressing the "causes of the causes" of health inequalities. The VCS is well placed to support implementation of "at scale a national evidence-based prevention

programmes", (such as for diabetes), tailoring programmes in partnership with communities, to make sure the health gap does not widen through intervention (Mackenbach, 2012). We would welcome more close working with the DWP, recognising that growing poverty is one of the main drivers for increasing health inequalities (Marmot, 2010, Joseph Rowntree, 2014).

The care and quality gap: *there is unacceptable variation in the quality and safety of care.* The VCS is well placed to feed expertise and voice (both of those who use services and those who face barriers to using services) as services are reshaped. For instance, disabled people's user led organisations can support disabled people co-produce indicators, with an emphasis on patient outcomes and experience, which are to be written into future commissioning contracts. The sector can support roll out of integrated personal commissioning and innovative uses of technology in health.

The funding and efficiency gap: *demand needs to be reduced, efficiencies need to be made or more money must be sourced.* The VCS is able to work closely with statutory partners and with communities to prevent avoidable ill health and hence reduce demand. We can help to have difficult conversations with communities about controversial system efficiencies and promote understanding of new care models. The sector is well placed to help services integrate- to help provide people with a more person centred, and efficient, service.

However, barriers do remain to full engagement of the VCS and the people it serves in. In order to maximise VCS engagement it would be useful for:

- Policy level work on commissioning the VCS and helping commissioners overcome challenges and uncertainties as outlined in the Regional Voices and National Voices led paper "The VCS and Localised Health Commissioning"- <http://www.regionalvoices.org/node/261>
- Policy level work on models for contracting VCS contributions going beyond the simplified contract – e.g. examination and testing of which of the various new models are most effective to involve the VCS (lead provider, share provider, alliance)
- Support to build the VCS infrastructure as an aid to brokering VCS contributions, for example by mobilising and coordinating to the inputs of the sector to needs assessments, strategies and plans; or by partnering commissioners to find/develop appropriate sources of VCS help for people in the local 'market'
- An increased focus on VCS engagement within existing programmes e.g. Integration Pioneers, Better Care Fund, whole place budgets etc
- A concerted programme to identify, support and disseminate case studies of innovative practice (such as community wellbeing approaches, social prescribing, experience based design, user-led care

and support, etc) and feed these into existing national learning mechanisms

The Strategic Partners are committed to working with NHS England, Public Health England and the Department of Health to involve the VCS across the country in meeting the challenges the NHS is facing and the implications of those challenges to communities across England, particularly those experiencing the worst health inequalities. The Equalities Working Group of the Strategic Partnership are particularly well placed to support NHS England and PHE analyse and fill gaps in planning around equalities, to ensure the developments in the NHS benefit all members of our society. We can see value in NHS England and PHE business planning teams meeting with the [Health and Care Voluntary Sector Strategic Partnership](#) to co-design approaches to working with the VCS in implementing the Five Year Forward View and from Evidence into Action.

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