

NAVCA Members and Health

State of Local Infrastructure 2015

March 2016

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Every year NAVCA surveys its members' chief officers. The survey asks chief officers about themselves, their organisations, their relationships and their view on current policy issues. In 2015, 94 chief officers completed the survey, representing approximately 40 per cent of NAVCA's membership.

NAVCA Members and Health: About this report

This report details results relating to the questions that explored NAVCA members' relationships with local health bodies and organisations. There were six key questions specific to health:

- Generally, over the last 12 months how has your organisation's relationship with your local health bodies changed?
- Is the voluntary sector represented on your Health and Wellbeing Board?
- How would you characterise your involvement with your Clinical Commissioning Group(s) (CCGs)?
- How would you characterise your involvement with your local Healthwatch?
- How would you characterise your involvement with your local Joint Strategic Needs Assessment (JSNA)?
- Do you feel able to influence local NHS bodies?

This paper summarises responses to these questions. Its main purpose is to inform NAVCA and NAVCA members of key, relevant information and trends regarding the health work of local infrastructure, to inform future work. We also hope that this report is useful to anyone with an interest in local social action and the role of voluntary organisations in helping local communities to have a voice. There is a growing policy emphasis in health on increasing voluntary sector involvement and person centred care (for example seen in the adoption of the six principles for engaging people and communities¹ in the NHS Planning Guidance). This means that this information is increasingly important as local infrastructure is the key broker of relationships between statutory and voluntary organisations.

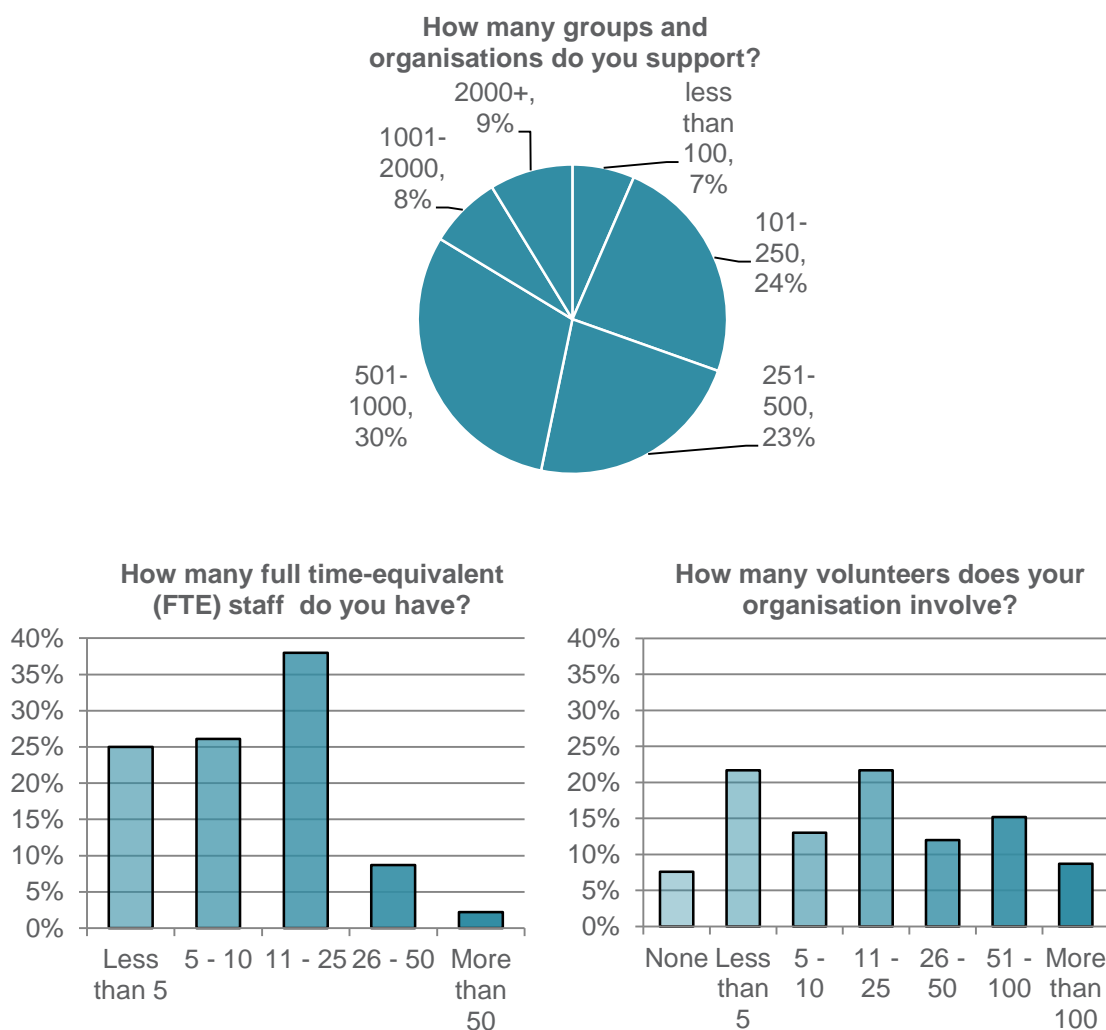
This report has three sections

- Information about the organisations that took part in the survey
- NAVCA Members' overall relationships with health bodies
- NAVCA members and key local health partners

¹ The Six Principles for engaging people and communities, National Voices
http://www.nationalvoices.org.uk/sites/default/files/public/news/download/member_briefing_2016_-_six_principles.pdf

1. What chief officers told us about their organisations

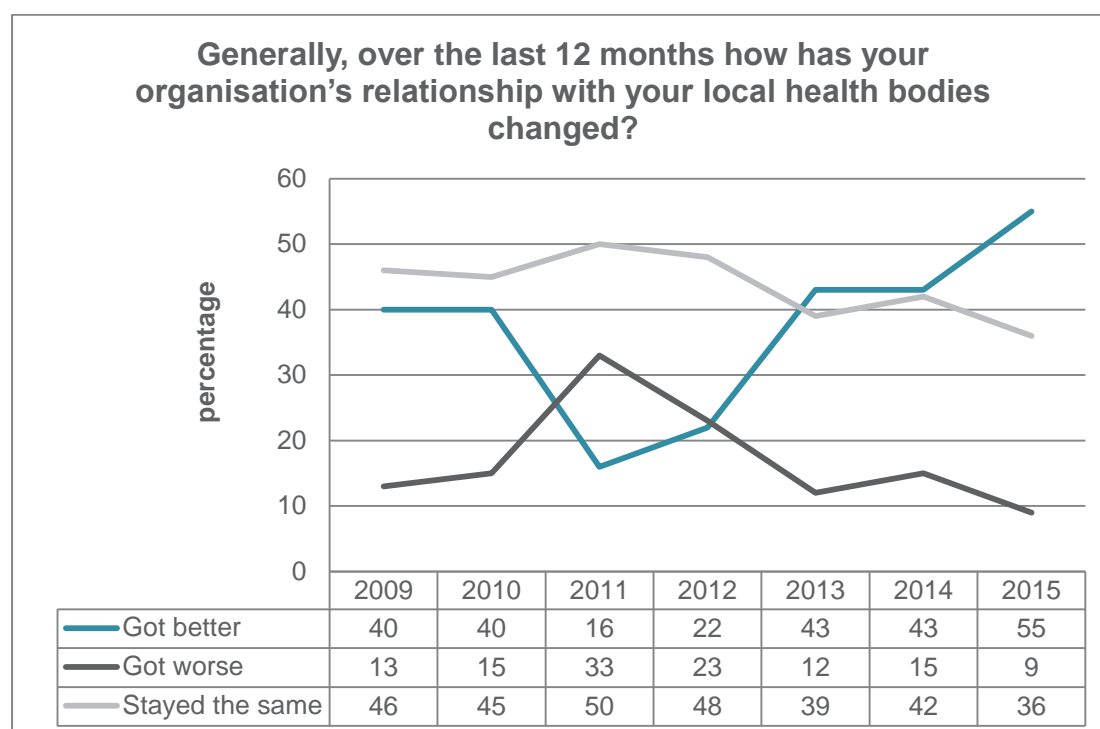
We asked questions about the organisations and who they help. Unsurprisingly, given the range in size of NAVCA members, the survey shows big differences in the numbers of local organisations NAVCA members support. Nearly one in ten (9 per cent) support over 2000 groups whilst 7 per cent support under 100. There is also a wide range in the number of staff and volunteers of NAVCA members. A quarter of NAVCA members have less than 5 members of staff, over 10 per cent have more than 25. A similar picture with volunteers sees 9 per cent of members with over 100 volunteers whilst 8 per cent do not have any.



We asked members about their sources of income. Overall local authorities remain the largest funder of local infrastructure. Nearly three quarters of respondents (73 per cent) said local authority funding was the biggest single source of income. The next most important sources of funding were CCGs, charging for services, charitable trusts and the Big Lottery Fund. Responses suggest that most local infrastructure organisations charge for some services: 80 per cent of respondents said they get some funding in this way. As well as providing interesting information to allow us to make comparisons between different NAVCA members, this information allows us compare income figures with those all members have reported to the Charity Commission and be confident that the respondents to this survey are representative of NAVCA's total membership.

2. NAVCA Members and Health: Overall relationships with health bodies

We have asked this same question for seven years allowing us to track trends. Following the overall improvement in relationships in 2013 and 2014, a significant number of NAVCA members reported an improvement in their relationships with local health bodies in 2015. Only 9 per cent said that the relationship has got worse, and there was a fall in those reporting the relationship has remained the same.



Looking at the trend over the last seven years, in 2011 and 2012 there was a significant increase in those reporting relationships got worse. This was when the NHS underwent significant re-organisations and perhaps illustrates one of the knock on effects of such a major re-organisation.

Comments from 2014 particularly refer to successful relationships with local public health teams and some CCGs. Members suggest that improved relationships are a result of ongoing work after a period of transition and unsettlement.

Comments from the survey

"We are now in positive dialogue with health provider trusts as well as the CCG."

"Increasing requests to get involved with health related issues."

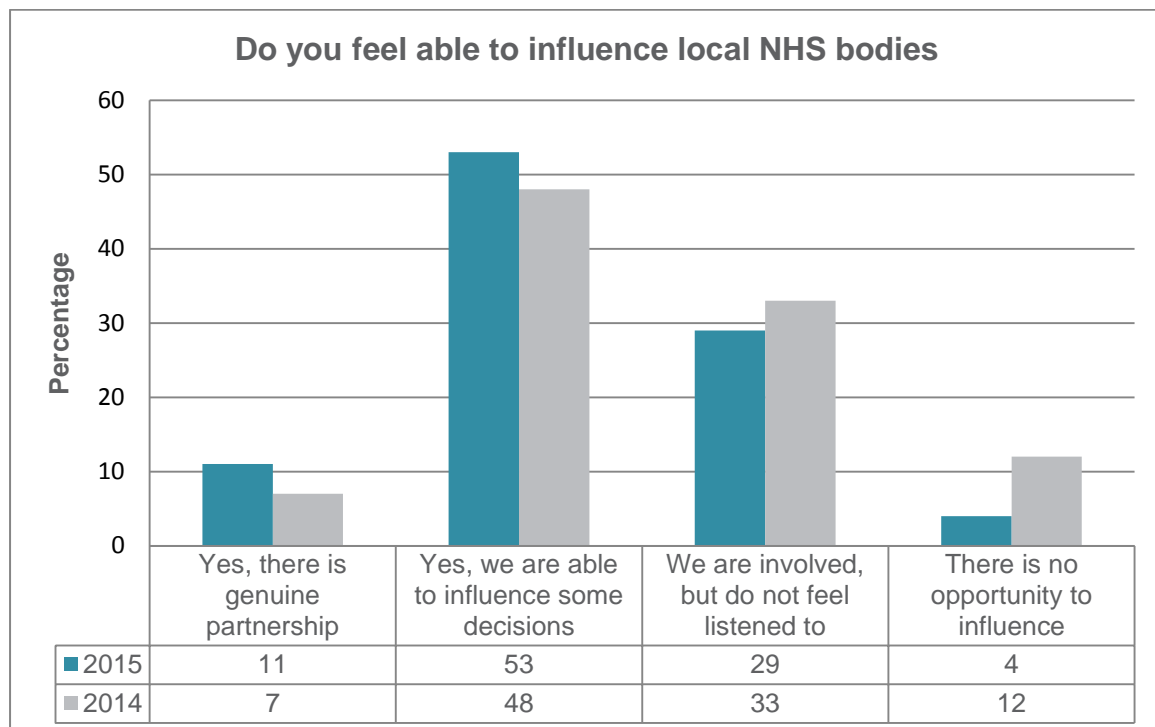
"We try and engage with the CCG but are not as involved as with the former PCT."

"We've got some new partnership projects and have had greater dialogue. This is still a relatively immature relationship."

"They have now recognised that they need to commission some infrastructure support."

“It’s a work in progress. Partners need educating about the VCFS and what we do. they have little knowledge about the breadth of work and only really know about the big charities.”

NAVCA wanted to find out if these relationships translated into a real ability to influence decision-making. Members were asked to rate the quality of their relationship with local NHS bodies. As the graph below shows, there is a mixed picture, but the majority feel that they are either able to influence some decisions or that there is genuine partnership. Comparing the results to last year there seems to be an improvement and local infrastructure feels it has a greater ability to influence local NHS bodies. We should not, however, ignore the fact that a third felt that they were either involved but not listened to or had no opportunity to influence.



Finally, 66 per cent of respondents told us that they receive some funding from their CCG(s), making it the third most-common funding source, after local authorities and charging for services. This is a slight rise from 57 percent from 2014.

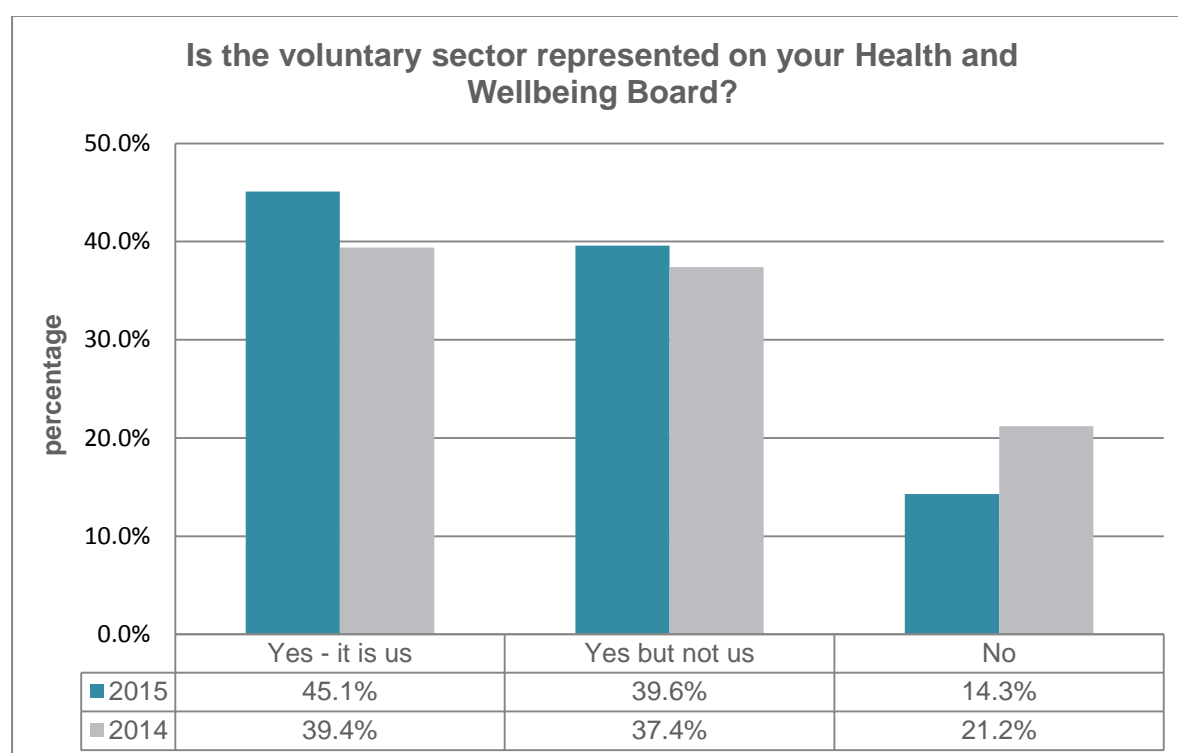
3. NAVCA members and key local health partners

Health and Wellbeing Boards

We asked if the voluntary sector was represented on local Health and Wellbeing Boards. This has been an important issue since the Health and Wellbeing Boards were established. There has never been a statutory place reserved for the voluntary sector and in many areas the local Healthwatch, that has got a statutory place, has been seen as the representative of the voluntary sector. However, although local Healthwatch are voluntary sector organisations, they are not representative of local charities and voluntary organisations. Local Healthwatch exists gives citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality.

Therefore, NAVCA, alongside many other voluntary organisations, have consistently called for the voluntary sector to have its own statutory place on local Health and Wellbeing Boards. Despite not having this statutory place, increasingly local health systems are seeing the need to make sure the voluntary sector is represented. Responses to this survey show that 85 per cent of local Health and Wellbeing Board have a voluntary sector representative, up from 77 per cent last year.

We repeat the call we made last year for those Health and Wellbeing Boards who do not have a dedicated voluntary sector representative to talk to their local infrastructure organisation about ensuring representation.



Comments from the survey

“Local authority regard local Healthwatch as a VCS seat(!). Stakeholder engagement meetings are held with the VCS.”

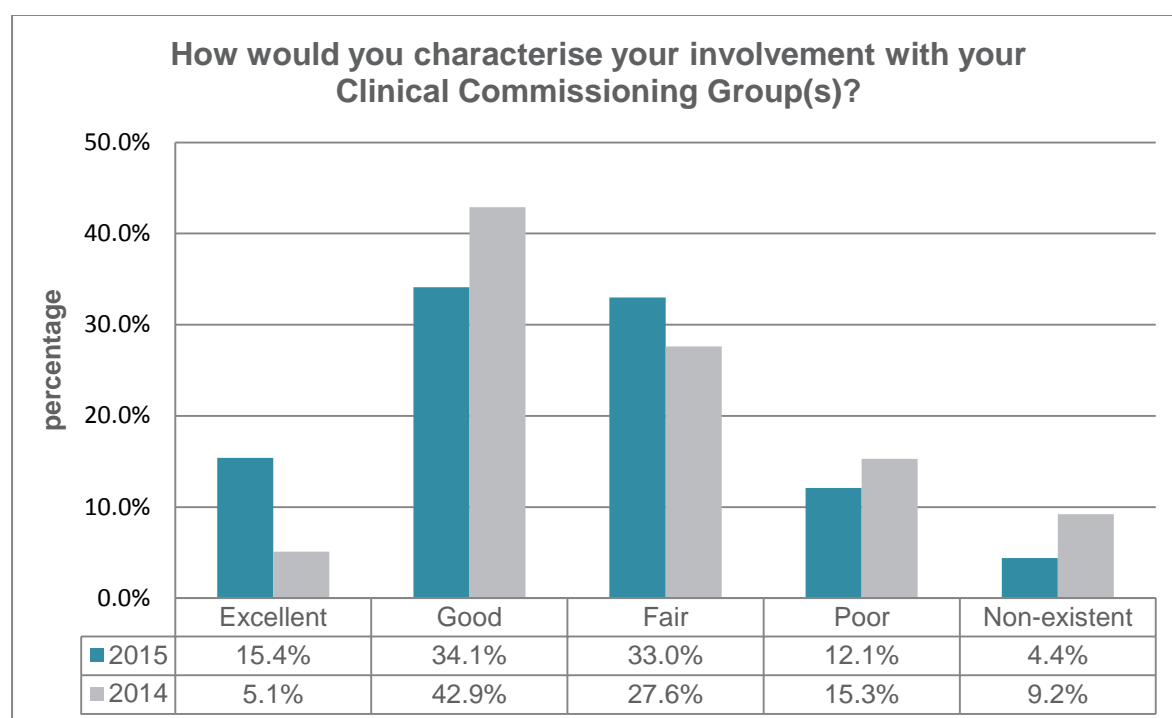
“We had a 2 year fight to get a place on the board but are now fully integrated into the board”

“We have an elected representative of the local sector.”

Clinical Commissioning Groups

Overall responses to this question saw a small improvement compared to 2014. Half of respondents (49.5 per cent) have a good or excellent relationship with their CCG(s). This should be celebrated, especially the tripling from 5 per cent to 15 per cent of members reporting they have an excellent relationship with their CCG(s).

The number of members reporting their relationship is non-existent has fallen to just over 4 per cent and there was also a small decrease in the number of respondents saying their relationship is poor.



Comments from the survey

"It is improving from fair to good. They are now very proactive in engaging with us and the sector."

"We work with 3 CCGs. With one we have an excellent partnership - the others not so good."

"CCGs don't seem to have figured out what they want/need from the voluntary sector."

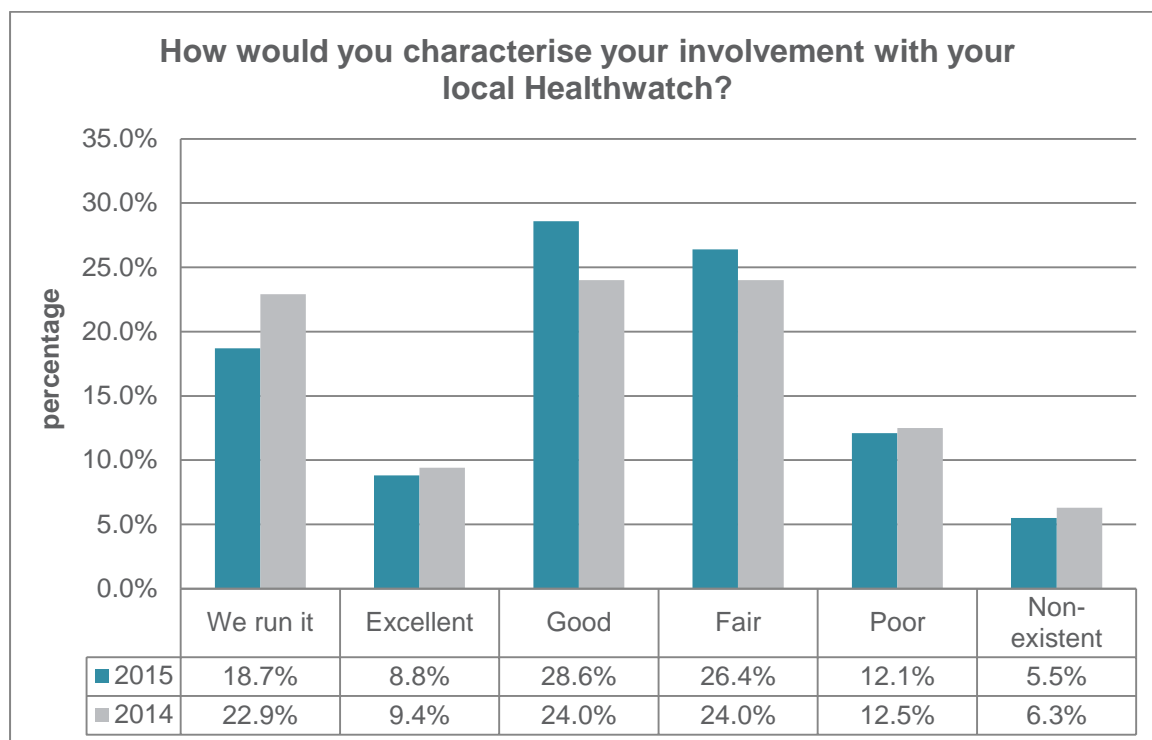
"We have a foot in the door of our local CCG but no real influence at this stage."

"They have commissioned to deliver a programme around the voluntary, private and public sectors collaborating to tackle social isolation in the city."

"We have some good examples (e.g. a grants programme) and good connections but the relationship is not very deep."

Healthwatch

Responses in 2015 were similar to those in 2014, albeit with a slight fall in the percentage of responses from NAVCA member saying they run their Local Healthwatch. The reduction in the number of NAVCA members running Local Healthwatch reflects the fact that in a number of areas NAVCA members were asked to establish Local Healthwatch as strong organisations before floating them off as independent organisations. These results paint a generally positive picture of relations between Local Healthwatch and local infrastructure.



Comments from the survey

“We host but don’t run it. We work together whenever possible.”

“They would barely say boo to a goose.”

“We established the Local Healthwatch and helped it become independent. It sublets office space from us.”

“We ran it until 31 March 2015 when we transferred the contract. Good relations with the new provider.”

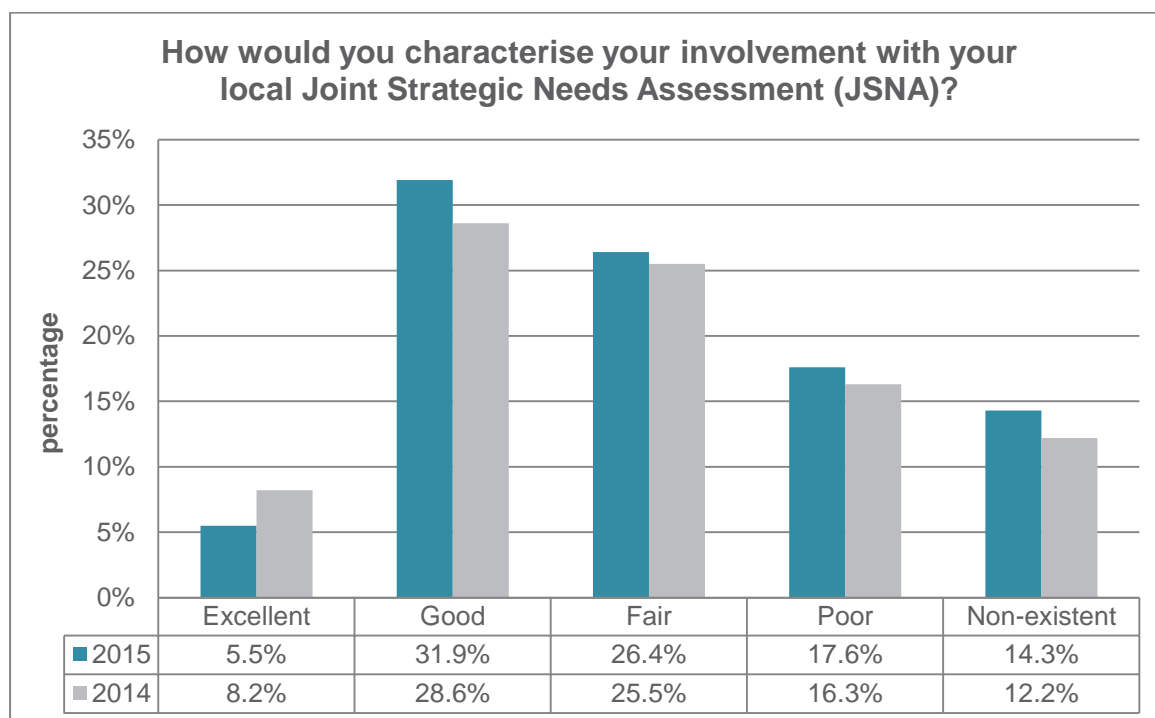
“The relationship is improving for us after a slow start.”

“Our local Healthwatch is vastly under-resourced.”

Joint Strategic Needs Assessments (JSNA)

Responses to this question were similar to those we got in 2014. The main difference was a reduction in the percentage of respondents saying their involvement in the JSNA was excellent (5.5 per cent in 2015 compared to 8.2 per cent in 2014).

Overall the responses present a mixed picture with just over a third saying their involvement is good or excellent but another third saying their involvement is poor or non-existent. This raises the obvious question of what difference does this make. Are health outcomes for local people any better in the areas where involvement in the JSNA is better? It would be impossible to draw any conclusions about this from this survey but it certainly raises an issue that is worthy of more attention.



Comments from the survey

"We have been funded to engage local VCS in the process."

"Major changes within Public Health has meant sporadic involvement in new JSNA - we are hopeful this will get better over time."

"There hasn't been the level of involvement of the sector in recent refreshes of the JSNA that happened when it was first done. Often we hear about the refresh after it has happened."

Relationships within an area

It is tempting to think that if one local relationship is good then all local relationships are equally good. To a degree respondents with excellent relationships in one area will have good relationships across the local health system. However, it is not quite that simple. Although respondents who say they have excellent relationships with the CCG tend to have better relationships across all local health partners, it is not always the case. Almost all those saying they had an excellent relationship with their CCG also reported that there was voluntary sector representation on the Health and Wellbeing Board. Similarly, there were two respondents who had excellent relationships with their CCG but said their involvement in the JSNA was non-existent.

There is a correlation between those with a positive experience of involvement with local Healthwatch and those with a positive experience of involvement in the JSNA. This may be due to the good relationships those local infrastructure organisations have with their local authorities.

This illustrates the potential difficulties local infrastructure faces in trying to maintain and develop an increasing number of relationships with local health partners.

Conclusion

The analysis from this survey tells a story of continuing improving relationships and successful partnership working. There is a growing sense that many local health systems are beginning to properly understand the importance of working with the voluntary sector and the key role that local infrastructure can play in connecting the two. As always, NAVCA has work to do to help spread the good practice, ideas and learning. This support needs to help spread good practice not just across areas but also within areas, as many individual survey respondents reported varying success in their influencing and relationships work. As the health structures established by the Health and Social Care Act 2012 mature they may be a value in trying to get a better evidence base of what difference good relationships with local voluntary organisations have on health outcomes and health budgets.

NAVCA is the national voice of local support and development organisations in England. We champion and strengthen voluntary and community action by supporting our members in their work with over 160,000 local charities and community groups.

NAVCA believes that voluntary and community action is vital for vibrant and caring communities. We provide our members with networking opportunities, specialist advice, support, policy information and training. NAVCA is a vital bridge between local groups and national government.