

Health and Wellbeing Board
9 March 2017

The Role of the Voluntary, Community and Faith Sector in Health and Wellbeing in Surrey

Purpose of the report:

The Health and Wellbeing Board has enabled cooperation between health and social care in Surrey to become a natural objective in the approach to the care of Surrey residents. There is a vibrant voluntary, community and faith sector (VCFS) in the county and joining this sector to statutory providers would be of benefit to the entire community.

Recommendations:

It is recommended that the Health and Wellbeing Board:

- i. recognises the role of the Voluntary, Community and Faith Sector in the health and wellbeing of the residents of Surrey;
- ii. explores how this large and diverse sector can be integrated into the care of Surrey residents; and
- iii. recognises the value of the Voluntary, Community and Faith Sector and will use its expertise and delivery, whenever it can be demonstrated that this is the first value for money option.

Introduction:

1. The voluntary, community and faith sector (VCFS) could play a key role in bringing a unified dimension to health and social care in Surrey. Professionals and volunteers within these bodies contribute much to the wellbeing of Surrey's communities that extends the reach of the statutory delivery. Encouraging a growth and the integration of this sector could pay dividends within communities.
2. New Dialogues, a publication supported by the Association of Directors of Adult Social Services (ADASS), recently quoted Alex Fox, Chair of the

Department of Health's voluntary, community and social enterprise (VSCE) Review, who exhorted the role of the VCFS within health and care delivery and their role across all the social determinants including poverty, housing, exclusion, etc. (New Dialogues, Sept 2016, p3)

3. Since the inception of the Health and Wellbeing Board in Surrey, the value of integration and cooperation between commissioning partners who are represented on the Board has become clear. This cooperation is leading to greater integration and a better service for the residents of Surrey in relation to health and social care matters, along with the avoidance of duplication in a time of financial constraint.
4. Whilst undertaking this work, it is recognised by the Board that more attention could be paid to the role of the VCFS in Surrey. There is a feeling that this needs to change.
5. The VCFS in Surrey is large and vibrant meaning it could be an immense resource for the benefit of the County. There are around 5,000 organisations, both large and small, that are involved in the sector. Some offer a service to the whole of the county, whilst others have a specific role on a more localised basis.
6. There are good examples where the VCFS is quite well integrated with the care sector but many fall outside of this. From these examples, it is possible to change and integrate all VCFS providers that want to work more closely with the commissioning sector.
7. This cooperation, collaboration and, where appropriate, commissioning, could become a natural part of healthcare delivery in the coming years. The VCFS should become a natural and full partner, where appropriate, in the delivery of care.
8. It is recognised that the VCFS could reduce the burden on both health and social care. In a time of tight funding, it could reduce the workload on the statutory sector with work that could be carried out on either or a voluntary or paid basis, or a combination of both, by the VCFS.
9. It is recognised that there are areas of great collaboration already between statutory providers and the VCFS, and where possible, it is necessary to replicate these across the county.
10. When contracts with the VCFS are reviewed, their value in prevention and support as well as their potential for long term benefits to the system should be recognised.
11. Surrey County Council has been running a 'volunteer in your community' campaign. Many of those join in the VCFS and could contribute in a more formal recognition of the sector.

Conclusions:

12. The objective is to bring the VCFS in as a mainstream partner through the health and social care system, wherever it is appropriate, to recognise that they can give help, support and time to a public sector

that is struggling to cope at present. The time and dedication of all individuals working with the VCFS is of great value to health and wellbeing in Surrey.

Next steps:

The question that needs to be discussed, both internally and with representatives of the VCFS large and small, is how to arrive at a position where their full strengths and involvement would complement those of the commissioning bodies.

A potential opportunity for the Health and Wellbeing Board to work more closely with the VCFS could be to identify a framework for working and adopt a set of principles for working. Surrey County Council has a framework that is used to guide their commissioning approach, enshrining clear principles and practices at the heart of how they work together with the VCFS.

It should be recognised, however, that the VCFS will, at times, require funding from commissioners to enable their operations to function on a continuing basis.

It is necessary to agree therefore that, as policies and programmes evolve, the Board will recognise the future cooperation, collaboration and commissioning with the VCFS in Surrey as part of its core objectives.

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