November 2015

CLINKS RESPONSE

The challenges and solutions to better investment in and partnership with the VCSE sector

Clinks response to the Department of Health VCSE Review discussion paper

About Clinks

Clinks is the national infrastructure organisation supporting voluntary sector organisations working with offenders and their families. Our aim is to ensure the sector and those with whom it works are informed and engaged in order to transform the lives of offenders and their communities. We do this by providing specialist information and support, with a particular focus on smaller voluntary sector organisations, to inform them about changes in policy and commissioning, to help them build effective partnerships and provide innovative services that respond directly to the needs of their users.

We are a membership organisation with over 600 members including the sector's largest providers as well as its smallest, and our wider national network reaches 4,000 voluntary sector contacts. Overall, through our weekly e-bulletin Light Lunch and our social media activity, we are in contact with up to 10,000 individuals and agencies with an interest in the Criminal Justice System (CJS) and the role of the voluntary sector in the resettlement and rehabilitation of offenders.

Clinks is a member of the Health and Care Voluntary Sector Strategic Partner Programme, a joint initiative between the Department of Health, NHS England and Public Health England to provide strategic engagement with the voluntary sector. Clinks, Nacro and Action for Prisoners' and Offenders' Families form the criminal justice group within the Strategic Partner Programme, which aims to raise awareness of, and help to address, the health inequalities faced by offenders and their families.

About this response

The VCSE Review is an initiative of the Department of Health, NHS England and Public Health England, to review the role of the voluntary sector in improving health, wellbeing and care outcomes. This paper gives Clinks' responses to questions raised in the discussion paper published by the VCSE Review in August 2015 on challenges and solutions to better investment in the voluntary sector.

You can read the original discussion paper here. Question numbers given here refer to the numbers in the discussion paper; Clinks did not respond to every question.

In compiling this response we have drawn on input and examples from our members as well as our ongoing research and work to support the voluntary sector working with offenders and their families.

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supporting voluntary organisations that work with offenders and their families
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SECTION 2: RECOGNISING THE VALUE OF THE SECTOR & MAKING THE MOST OF LOCAL ASSETS

7. How can commissioners and VCSE organisations at a local level be encouraged to better work together in co-producing local plans within health and social care?

There is a clear role for local infrastructure organisations such as Councils for Voluntary Services in bringing together voluntary sector organisations and brokering relationships between commissioners and the sector. However, if using them as a route to engage with the sector, it is important to make sure they are able to reach and represent organisations and service users from protected characteristics and other groups who experience disproportionate health outcomes such as those in contact with the Criminal Justice System, and if necessary provide alternative routes for these groups to have dialogue with commissioners.

"Grant funding is an essential component of funding for a vibrant, sustainable voluntary sector."

SECTION 3: HOW THE SECTOR IS FUNDED

9. How might grant processes be strengthened to enable greater sustainability within the VCSE sector?

Grant funding is an essential component of funding for a vibrant, sustainable voluntary sector. This is especially true for organisations working with specific communities or groups with protected characteristics which are often more challenging to attract public donations for. Offenders and ex-offenders, for example, have particularly poor health outcomes and should therefore be a key target in addressing health inequalities, but work with these client groups carries a high level of stigma and hostility, and consequently attracts minimal public support or donations. Many of the organisations specialising in working with such groups are also very small, and as such have significant challenges around capacity which a contract-focused funding environment can further compound.

Commissioners need to be provided with support and training to understand the difference between grants and contracts, and the role and value of each. Grants can often be an effective way of purchasing services, including new untested services. At the same time they are also an effective way of investing in organisations that carry out activity which achieves social outcomes that are desired by commissioners, but which might be difficult to measure or define in a contract. As Clinks' More than a Provider (2014) report recommended:

> *"Commissioners should always consider both grants and contracts in the procurement of services, rather than using contracts as a default position. Grants should be used to support innovation and invest in the capacity of organisations to deliver services in the future."*

Including a realistic allocation in grant awards for management costs, organisational development, and evaluation of existing or innovative work, can build capacity in smaller organisations to allow them to reach the stage where they may be able to bid for contracts.

Infrastructure organisations can also provide programmes of support to help sector organisations to develop sustainability. For example, in 2013 Clinks was funded by the National Offender Management Service to manage the Sustainable Work with Offenders Project, offering small grants to assist voluntary sector organisations develop their sustainability.

10. Do you think the VCSE Sector needs additional support to enable it to respond to alternative funding models? If yes, what?

Yes. New models of funding such as social impact bonds require different skills and knowledge to access and manage successfully, and many will need support for this, including information, training, and case studies of successful examples. Small organisations will find it especially difficult to access alternative funding such as social impact bonds or loans, as they may lack the necessary skills or resources, such as a lack of capital reserves. The trend towards larger contracts which necessitate smaller organisations entering supply chains to deliver work can exacerbate this, as without direct access to commissioners they will be less likely to hear of future opportunities.

Providing organisations with grant funding to help them develop new income streams or experiment with alternative sources of funding, and accepting that these will not always be successful, will also be essential in enabling more organisations to access new models of funding.

The Lloyds Bank Foundation's Expert yet undervalued report into the needs and experiences of its grant recipients identified being able to access support from organisations who have already done this as another key need:

> *"Also, social investment is a whole new world to many of us and support to enable us to get involved would be useful – especially from people who'd 'been there and done it'!"*

Another type of support needed is access to legal advice for organisations entering into contract negotiations or other funding arrangements, which can be extremely costly for voluntary sector organisations. In 2014-15, Clinks were funded by the Cabinet Office to provide a legal support helpline and referrals for free legal advice for organisations considering entering the supply chain for the Transforming Rehabilitation programme. As one recipient reported:

> *"Knowing there is someone we can speak to & refer back to for legal advice has been invaluable. We broadly understand the contracts and principle ourselves, but it's good to be able to draw on greater expertise for the details, and gives us greater confidence going into discussions, even just being able to say 'we'll need to take that back to our legal adviser'! We would struggle to pay for legal advice without this free support to draw on."*

11. How could commissioners make better use of social prescribing?

It is important that in developing social prescribing programmes, commissioners draw on the breadth and diversity of VCSE and community groups in their area, including specialist organisations working with equalities groups and other communities which experience poor health outcomes, including offenders and ex-offenders. For example, this case study of community arts organisation Creativity Works from the National Alliance for Arts in Criminal Justice shows how they have used arts activities and their connection with the wider community to improve the health and wellbeing of women in contact with the Criminal Justice System:

> *"Networks, a community learning project, consisted of establishing a creative network of activities, support and resources for women as they progress through and beyond the Criminal Justice System (CJS). The project sought to improve the wellbeing of women within the CJS by developing confidence, learning new skills, empowering them to manage their own mental health, taking a more active role in*

their communities, providing a resource for other women in similar circumstances and contributing to the improvement of services provided by the CJS in Bristol."

For example, the Centre for Mental Health found that a key characteristic of successful Liaison & Diversion schemes (which aim to identify health and other needs of people in police custody and courts and refer them to appropriate support) was that *"each service had an encyclopaedic knowledge of their local health and social economies, and ... had formed relationships across these economies. This allowed them to create individualised pathways for the people they worked with. Doing this meant swimming against the tide as current commissioning arrangements did not address complex and multiple needs and were disjointed"* (Centre for Mental Health, 2014 - Keys to Diversion)
We would also note that it is essential to provide sufficient funding for services under social prescribing, and not expect voluntary sector organisations to accept increased referrals without providing additional funding.

12. What support would be beneficial for commissioners in recognising and working with the diversity of the market?

Local infrastructure organisations such as Councils for Voluntary Service can provide valuable support to commissioners in understanding and connecting with the diversity of the voluntary sector, through their networks, marketplace events or directories of local voluntary sector organisations. Similarly, specialist infrastructure organisations can offer resources to help commissioners connect with particular sub-sectors, such as Clinks' Directory of Offender Services.

Clinks would also recommend that commissioners carefully consider the impact of contract size on market diversity, and wherever possible break large contracts into smaller lots. If a commissioner is considering combining several existing contracts, an impact assessment should be carried out to assess the effect on market diversity. (Clinks, 2014 – More than a Provider)

13. If you know of any relevant evidence or examples of good practice in how the VCSE sector is funded, or have any suggestions for other ways of supporting the sector, please provide details.

A number of CCGs and other commissioners run small grant programmes to fund voluntary sector organisations to deliver programmes aimed at reducing health inequalities and improving health outcomes in their area, such as the Reducing Social Isolation Fund operated by Manchester CCGs:

"One of the major issues facing Manchester is the loneliness and isolation of older people. Loneliness causes high levels of emotional distress. Without early support and intervention, social isolation and loneliness can cause older people's health to deteriorate and need more intensive forms of support from health and social services in the long term.

Manchester Clinical Commissioning Groups (CCGs) have funded a range of voluntary sector organisations to deliver programmes. These programmes will be launching in September- October 2014 and continuing until March 2016. They have funded 29 projects from small neighbourhood projects to city wide projects across a number of themes including: befriending and mentoring; community networking; education; food; cooking and nutrition; arts; fitness; mental health and wellbeing; environment, education; volunteering.

Learning and sharing progress are integral to this grant programme. An independent evaluator has been appointed to work closely with the projects to gather evidence about what approaches are effective.

A programme of engagement is being delivered alongside this to increase communication and collaboration between CCG staff and the funded projects. There will be a buddying system between the larger projects and the CCGs to build relationships as well as a number of events and activities to connect the small grant holder to CCG staff and other stakeholders including Age Friendly Manchester."

As an example of where social prescribing has been used to provide a specialist service for people with protected characteristics, in 2014, Clinks member Lancashire Women's Centres were given funding through social prescribing to recruit and train health mentors for black, Asian and minority ethnic women:

"In East Lancashire, where there is a high black, Asian and minority ethnic (BAME) population, [we are] recruiting BAME women as volunteer health mentors to help in communicating physical health messages. So for example, adapting anti-smoking messages to the needs of local BAME women. GPs can use social prescribing … to refer women to a health mentor for support."

SECTION 4: COMMISSIONING

14. How can we ensure that social value principles are included in commissioning processes?

"The pressure on resources in the current climate, and the consequent pressure on commissioners to make immediate savings, mean social value will need to be enforced if we are serious about embedding it in commissioning processes."

The pressure on resources in the current climate, and the consequent pressure on commissioners to make immediate savings, make it especially difficult to prioritise social value over cost, and mean it will need to be enforced if we are serious about embedding it in commissioning processes. In the recent Transforming Rehabilitation bidding processes run by the Ministry of Justice, for example, social value was not highly evident in the principles of competition, and it is apparent from the outcome, and the fact that no voluntary sector organisations were successful in bidding as lead partners, that social value was not the determining factor in awarding the contracts.

Engaging with the voluntary sector and involving service users throughout the commissioning cycle, including at pre-procurement stage, is vital if social value is to feature meaningfully in the commissioning process. Clinks' 2013 briefing on the Social Value Act includes the following steps commissioners and 'social purpose organisations' (including the voluntary sector) can take to embed social value in commissioning processes:

For Commissioners

- Seek to create a level playing field for tenders
- Assessing need is really important and needs to be done well – even with limited resources
- Consider best practice in stakeholder engagement to investigate needs and risks
- Include providers in designing specification
- There is a challenge in recognising and measuring the value of "prevention" when the focus is on urgent needs
- Ensure that social value is represented in tender scoring and will feature in final procurement decision-making
- Monitor the process and impact of trialling different approaches

For social purpose organisations

- Be proactive in assessing the needs of service users and present a service design and specification to meet that need
- It is important to influence the commissioning process at the earliest possible stage
- Engage with commissioners around co-design and co-production
- Ensure the views of service users are part of the process
- Organisations need to be able to evidence their value - peer review and telling the story are just two options

15. If you have any examples of social value being demonstrated in commissioning, please share these here:

Clinks' More than a Provider report describes how incorporating social value can provide a different approach to commissioning for people with complex health needs:

> *"The Social Value Act has potential to address some of the problems with defining and measuring progress towards desistance from crime amongst people with multiple and complex problems. One of the interviewees emphasised how an 'evidence based' approach is not effective for people with long term alcohol addiction, because quick results (even over several years) are unlikely to be achieved.*
>
> *'Evidence based practice, and contracts, don't work with the most needy people. For example, huge numbers of people die each year through alcohol related problems, and there's no evidence that says any intervention works with them... it would be really helpful to try seeing it as a long term [health] condition, and try to manage it in a long term way – you try to manage the long term condition, not the drinking. We think that would benefit offenders as well.' [Organisation I]"*

In Lambeth, Clinks are involved in the Lambeth Health and Social Value Project. This is part of the Department of Health-funded 3 year Health & Social Value programme, being delivered by SEUK and IVAR, and is the first to look at health commissioning in the justice system. The project will involve offenders from the Lambeth Integrated Offender Management Hub and women offenders from the Beth Centre as service users to inform its development.

16. Are you aware of any local areas where a level playing field has been achieved for smaller VCSE organisations?

No; on the contrary, there is increasing evidence that smaller voluntary organisations are struggling the most in the current commissioning environment.

Clinks' More than a Provider research into the role of the voluntary sector in the commissioning of offender services clearly demonstrates this:

> *"A strong theme in all the interviews was the question of whether we can genuinely achieve a 'level playing field' between large, medium, and small organisations in the context of commissioned services. Interviewees frequently referred to 'big nationals' with 'whole bidding teams' and felt that they had an unfair advantage in the tendering process because of the resources (time and staff) that they could invest in bid-writing. [...] Interviewees spoke of the value of small organisations, one commenting: "it's those small, specialist organisations – lots of them – that will actually deliver the best overall commissioning contracts, rather than one massive organisation that has no specialist knowledge in any particular area." [Organisation B]. [...] It was generally believed that procurement practices currently disadvantage small organisations. Competitive tendering*

favoured bid-writing skills over the quality of services, reputation, local connections and track record. [...] Many organisations commented that the way in which commissioning favoured larger contracts that cover large areas, and focus on the aggregation of services, was having a detrimental impact upon sustainability. We have seen that small and medium sized voluntary sector organisations are facing a very real risk of closure."

The Lloyds Bank Foundation's Expert yet undervalued report into the needs and experiences of the small and medium sized charities it funds reached the same conclusion:

"Commissioning is a significant challenge for small and medium sized charities for many reasons but not least their difficulty in competing against large, national and/or commercial providers who typically win larger contracts. These are often priced to work with those with less complex problems and those who are easiest to help – when small and medium sized charities are typically working with those with more complex needs who require more help. The commissioning process promotes competition over collaboration, making it harder for smaller organisations to participate and work together to benefit those they reach. Too often if they are involved they end up as 'bid candy', attracting commissioners through their specialist, local services but rarely receiving referrals from the lead provider once the contract has been won. Complex bidding processes are frequently impenetrable for smaller charities that don't have the skills and capacity to compete against professional bid writers. Many struggle to meet excessive monitoring requirements which neither reflect the value of the contract nor the focus on those they exist to support. By excluding smaller charities from the commissioning process we risk losing the very specialist services which are best placed to reach those who need support the most."

17. What more do you think could be done through commissioning to ensure that risks are effectively shared between commissioners and providers?

Payment by Results contracts should not be forced on the voluntary sector, and should only be used where it is appropriate, where there are clear and easily measurable outcomes, and to a proportionate level. For example, work with people with multiple and complex needs is unlikely to be suitable for PbR due to the complexity of factors which would influence the outcome, and the risk of prioritising a particular outcome dictated by the contract rather than listening to what is most important to the service users.

In addition, the complexity of the procurement process for any contract should be proportionate to the scale of the service being commissioned. For example, Clinks' More than a Provider report gives the following example of disproportionate tendering:

"One interviewee had recently been successful in a tender for the recommissioning of a service they were already delivering. The contract was £300,000 over three years, but the same procurement process was used as for multimillion pound contracts, which was felt to be disproportionate and costly for the organisation.

'We had been running the project for nine years, so really I think we proved that we were capable of doing that. I understand in competitive tendering you have to prove yourself along with everyone else, but the level of the document was, for me, a bit over the top really. It took a very long time to put together. The thing itself was about 90 pages long and then that was just literally the basic questions. On top of that you had to provide a lot more information [...] There is no sliding scale. [...] We had to undertake

a health and safety assessment from an outside organisation and get a certificate for that, which cost us money. There were quite a few things like that that if we weren't in the relatively secure position that we're in, we wouldn't have been able to even attempt to apply for this tender. [...] I don't think it would have been a level playing field for maybe another similar sized organisation that wouldn't quite have all that in place, or the reserves that we've managed to build up over the years, which has carried us over this past five year period where things have been very lean.' [Organisation C]"

The NHS England shortened contract may go some way to alleviating this, but commissioners should be encouraged to use the shortened version wherever possible when contracting to the voluntary sector, and to consider what other elements of the procurement process could be adjusted to reduce the burden on smaller organisations.

Ensuring protection for small organisations when entering into sub-contracting arrangements, and preventing undue risk being passed down the supply chain, is also important when commissioning larger contracts. The Industry Standard Partnering Agreement developed by the Ministry of Justice for using the Transforming Rehabilitation programme was an attempt to achieve this, but there remain significant concerns about how effective it is and the disproportionate burden it places on providers. Offering legal support to organisations to negotiate subcontracting arrangements is another potential way to help level the playing field. In 2014-15, Clinks were funded by the Cabinet Office to provide a legal support helpline and referrals for free legal advice for organisations considering entering the supply chain for the Transforming Rehabilitation programme.

18. If you have any other suggestions to help improve commissioning of the VCSE sector please provide details.

Clinks feel the following recommendations, developed through our research into effective commissioning of the voluntary sector for offender services, More than a Provider, are equally applicable to the health and care sector:

- Provide flexible but systematic routes for all voluntary sector organisations (not just service providers) to share intelligence about emerging needs, pitch ideas and advocate for service improvements.
- Involve service users throughout the commissioning cycle, and provide commissioning and procurement teams with the opportunity to meet directly with service users.
- Commissioners from different departments and agencies should meet regularly to share what they are commissioning, collaborate on needs assessments, and develop opportunities to co-commission; and voluntary sector organisations should be proactive in proposing new and more collaborative commissioning models.
- Involve service users and voluntary sector organisations in equality impact assessments for people with protected characteristics under the Equality Act, throughout the whole commissioning cycle.
- Carefully consider the impact of contract size on market diversity, and wherever possible break large contracts into smaller lots.
- Ensure that the procurement process is proportionate to the scale of the service being commissioned.
- Integrate social value into commissioning decisions, for example by purchasing from organisations that improve reintegration of ex-offenders by tackling the stigma of criminal convictions.

- Always consider both grants and contracts in the procurement of services, rather than using contracts as a default position. Use grants to support innovation and invest in the capacity of organisations to deliver services in the future.
- Ensure all potential providers have clear information about procurement processes and reasons for decision making, give advance notice of intentions to tender, and hold 'provider days' to facilitate partnership development and inform the specification.
- Carefully consider the effects of competitive tendering processes on local relationships, referral pathways and sharing of good practice.
- Where subcontracting is desired by commissioners, it should be made clear that bids will be selected and performance managed on the basis of a good supply chain, and how that will be measured.
- Maintain dialogue with subcontractors to ensure a direct line of communication with smaller providers.
- Support the development of formal and informal partnerships by providing technical support and capacity building grants.
- Ensure that decommissioning processes are carried out with good advance notice and that bidders, providers, service users and communities are provided with clear information about re-tendering and decommissioning decisions.

SECTION 5: DEMONSTRATING IMPACT

22. What more can be done to increase the availability of outcomes/social value/impact data?

Demonstrating outcomes and social value is a key challenge for voluntary sector organisations, especially when working with service users with complex needs where defining, measuring and attributing outcomes are all highly contestable. Increasing the availability of data may be helpful, but alone will not overcome all these challenges. For example, the Ministry of Justice have recently created the Justice Data Lab to allow organisations from any sector to compare reoffending data for their service users to those of a matched cohort of similar offenders who did not receive their service. However, the minimum number of service users required to produce statistically significant results is such that it automatically excludes smaller organisations who only work with a small number of service users at a time.

Detailed, open dialogue is needed between the sector, commissioners and service users to develop a common understanding of social value, what outcomes are most important to service users themselves, and realistic standards of evidence for demonstrating impact which reflect the diversity of the voluntary sector and the work they do.

One potential way to achieve this is through shared measurement programmes such as the London women's shared evidence project, bringing together the voluntary sector and commissioners to agree a framework for measuring impact and outcomes, in this case for women in contact with the Criminal Justice System in London. Women-specific organisations, projects and services working with women in contact with the Criminal Justice System in London, current and former users of these services (including prison and probation services), and commissioners and funders of these services, will all be equal and essential partners in developing the shared evidence process.

Over the course of the coming year, the project aims to:

- Enable each of the above groups to define and articulate its particular needs for evidence, outcomes and impact from services for women
- Understand the needs of the other groups; and
- Produce a shared outcomes framework.

It is also important to recognise that high quality evaluation comes with a significant cost which is particularly difficult for smaller organisations with few resources to meet themselves, so funding needs to be made available within contracts or grant programmes to enable this, especially when funding pilots or innovative work which are intended to test new ways of delivering services.

23. What kinds of outcomes and impact does the VCSE sector need support to measure and demonstrate?

See our answer to question 22 above. Definitions of outcomes need to be co-produced between service users, the sector and commissioners, to ensure that the outcomes the voluntary sector is asked to demonstrate its impact on are the ones where they can make the greatest difference.

24. How could learning from funded grants and projects be better shared and disseminated?

Infrastructure organisations (both local and national) are well placed to help disseminate learning from funded grants and projects to their networks. Case studies, workshops or training delivered by organisations who have developed successful projects can all be valuable in ensuring learning is passed on.

However, competitive tendering processes can work against this, with the potential to erode previously high levels of trust and communication between organisations, and ultimately leading to a reluctance to share learning and good practice which organisations have invested in developing. Commissioners can help to mitigate against this by facilitating and giving a high priority to partnership meetings between providers. Interviewees in our More than a Provider research particularly valued meetings that brought together providers in a specific setting or area, such as the prison. They enabled providers to meet each other to facilitate collaboration and referrals between organisations, as well as enabling all the organisations to develop a stronger relationship with their public sector colleagues.

SECTION 6: PROMOTING EQUALITY AND ADDRESSING HEALTH INEQUALITIES

25. How can we best prioritise progressing equality and addressing health inequalities?

Promoting equality and reducing health inequalities is a key part of the NHS mandate, the 5 Year Forward View and the Public Health outcomes framework, and as such should be of highest priority to all commissioners and health system partners. This requires investment, resource, and responsibility at a senior level from all system partners. Stronger mechanisms to hold commissioners to account need to be developed. For example, in all future devolution arrangements promoting equality and reducing health inequalities should be an essential criteria for evaluating proposals; clear plans for addressing health inequalities should form a core part of the devolution agreement; and areas should be requited to report specifically against this in order to hold them to account for their performance.

Successfully addressing health inequalities requires thinking beyond the protected characteristics. For example, people in contact with the Criminal Justice System generally have higher health needs and worse health outcomes than the general population. Many in this group engage in high risk behaviour, have poor contact with primary care services, and do not manage existing health issues effectively. They are over-represented in emergency services, resulting in greater cost to the system and less positive outcomes. Working to address the health needs of this group can have a significant impact on reducing health inequalities and in improving public health outcomes in the wider community; but many local commissioners still do not see work with offenders and their families as a priority. More support needs to be given to commissioners such as CCGs to understand the needs of disadvantaged groups such as people in contact with the Criminal Justice System and the importance and benefits of prioritising work with them.

Ensuring patient and public voice processes are specifically designed to target and be appropriate for service users from equalities and other disadvantaged groups is essential in designing and commissioning services which will be successful in tackling health inequalities and promoting equality. In addition, service users and voluntary sector organisations should be involved in equality impact assessments for people with protected characteristics under the Equality Act, throughout the whole commissioning cycle, and commissioners and procurement officers should make site visits during the tendering process to meet directly with marginalised groups of offenders to understand their needs and views. Where this is not possible, commissioners should work with local organisations to bring service users from equality groups together to input into the commissioning process.

In 2014, Clinks hosted a seminar entitled 'Tackling Inequalities' for voluntary sector organisations to share learning on how different groups have advocated at policy, strategic and operational levels for the needs of offenders from these equality and minority groups. The following recommendations are taken from our Tackling Inequalities report, based on the learning from this seminar, and are equally applicable here:

"Successfully addressing health inequalities requires thinking beyond the protected characteristics"

"Group discussions at the seminar identified challenges to ensuring that equality groups receive appropriate services, in line with their legal rights and needs. Ways in which organisations have overcome these challenges were also shared. This report presents the challenges and solutions to them at each stage of the commissioning process starting with assessing needs, followed by designing services and purchasing them (procurement), and finally reviewing and evaluating impact. The following solutions for statutory services, commissioners and policy makers were identified:

- *Staff should be trained and provided with information to help them identify people who may have a protected characteristic or be from an equality or minority group.*
- *To improve identification and needs assessments, information disclosed by a service user about their membership of an equality and minority group to any professional from either the statutory, voluntary or faith sectors, at any point in their journey through the system, should, with the service users' permission, be recorded and their needs then met.*
- *In order to appropriately identify needs it is vital that the views and experiences of service users are sought and listened to. Service user involvement should be formally incorporated into needs assessments and development of strategy.*
- *Commissioning streams and programmes should be designed specifically, or with flexibility so that they can be adapted, to meet the requirements identified at the needs assessment stage.*

- *Leadership and improved training is required throughout the [health and care] system, at national policy level all the way down to operational establishments, in order to emphasise the importance of equality and diversity.*
- *Service users from equality and minority groups should be involved in the delivery of training so that their experiences and perspectives can be directly communicated to staff.*
- *Partnership working with voluntary and community organisations that work specifically with particular equality and minority groups, or delivering services through peer support, can help to ensure that those delivering services reflect the diversity of service users.*
- *More qualitative information that draws on service user and practitioner experiences is needed to give a full and complete understanding of the success of services and interventions in improving outcomes for equality and minority groups."*

26. Please provide any evidence of good practice in promoting equality or addressing health inequality through funding:

Clinks and WHEC's survey of Health and care services for women offenders in 2014 found evidence of particular local areas where there is a concentration of gender-specific services working in partnership to meet health and care needs of women in contact with the Criminal Justice System, suggesting these areas have invested financially and strategically over time in services to meet the needs of this group:

> *"Women in contact with the Criminal Justice System (CJS) are known to experience even greater health inequalities compared to the general population than for men. Women make up only 5% of the prison population, and 15% of those under supervision in the community, meaning their needs can often be overlooked by a system which has primarily developed in response to the profile and behaviour of male offenders. In comparison to the male population, women in the CJS experience higher rates of self-harm and eating disorders; are twice as likely to suffer from depression and anxiety; are more likely to have symptoms associated with post-traumatic stress disorder; and 71% of female prisoners have 2 or more mental disorders.*
>
> *A significant number of the organisations responding to the survey were concentrated in certain areas, particularly: Brighton and Sussex; Bristol/Bath; West Yorkshire; and London. Many of these organisations referred to one another within their answers, either as specific partners or as being aware of the services they provide, suggesting there are clusters of organisations working together to support women offenders in these places. It is worth noting that each of these areas is served by one or more women's community centres, which may act as a 'hub' for connecting services as well as directly providing support. This could indicate that certain parts of the country have invested both financially and strategically in women's services, whereas others may not have."*

In London, the Director of Public Health in Sutton (and previously in Hounslow) has funded a programme to enable people who have no fixed address on release from prison to register with a GP in the borough using the address of their probation office. Many offenders have high health needs but poor access to primary care, and this project is a positive step to addressing the health inequalities faced by this group.

Another example of where social prescribing has been used to provide a specialist service for people with protected characteristics is Lancashire Women's Centres, who were funded to run a programme of health mentors for black, Asian and minority ethnic women:

"In East Lancashire, where there is a high black, Asian and minority ethnic (BAME) population, [we are] recruiting BAME women as volunteer health mentors to help in communicating physical health messages. So for example, adapting anti-smoking messages to the needs of local BAME women. GPs can use social prescribing ... to refer women to a health mentor for support."

In Peterborough, Healthwatch Peterborough have developed a Prisoner Engagement Programme, training serving prisoners in HMP Peterborough to act as Wellbeing Representatives in the prison to support other prisoners, capture good practice and areas for improvement, and promote health campaigns and education. Healthwatch England have now funded Healthwatch Peterborough to develop training for other local Healthwatch organisations, to be able to adopt a similar approach to engaging with prisoners and ensuring their voices are heard.

"Working in partnership with the voluntary sector can deliver improved health and care outcomes compared to the statutory sector on its own"

SECTION 8: NATIONAL INVESTMENT IN THE VCSE SECTOR

This section of the discussion paper discussed the Department of Health's national Voluntary Sector Investment Programme, and proposed two new aims for the programme:

- promoting equality and addressing health inequalities
- contributing to health and well-being outcomes for all communities in England

For more information about the Voluntary Sector Investment Programme and the rationale behind proposing these aims, please see the original discussion paper.

27. Do you agree with the new aims? If not, please let us know how you would change these

We strongly agree with the aim of promoting equality and addressing health inequalities. However, we feel the second aim needs clearer explanation, as it is unclear whether this is primarily referring to meeting health needs or to preventative work, and what is meant by 'all communities'.

SECTION 9: DEVELOPING SERVICES AND POLICIES TOGETHER

28. Do you think the VCSE is better placed than the statutory sector to achieve improved health and care outcomes in some areas?

Yes. Many of the strengths of voluntary sector organisations, such as their links to local communities; providing a holistic service which seeks to work with and support the whole person, rather than addressing a single need at a time; their independence; and the flexibility to respond to the needs of their service users in creative ways to deliver a truly person-centred service; mean that working in partnership with the voluntary sector can deliver improved health and care outcomes compared to the statutory sector on its own.

This is particularly true for specialist organisations working with particular communities or so-called 'hard to reach' groups, including offenders and ex-offenders, who may be reluctant to engage with statutory services, but more willing to trust and work with voluntary sector organisations in their community. As the Cabinet Office (2010) Inclusion Health report stated: *"socially excluded clients often have a long standing mistrust of services and may not understand or engage in appropriate ways. For mainstream practitioners, it can be hard*

to tune into the complex needs of socially excluded groups and allocate sufficient time and tailored interventions to meet the complexity of their needs." For individuals with multiple and complex needs, poor engagement with community and primary care services is recognised as leading to high use of costly emergency and crisis services, which can be significantly reduced when receiving additional support from the voluntary sector (see Revolving Doors Agency (2015), Comprehensive Services for Complex Needs: A summary of the evidence).

One example of how the voluntary sector can bring added value to improve health and care outcomes is Lancashire Women's Centres (LWC), who in 2014 were the highest performing Improving Access to Psychological Therapies (IAPT) contract in the country:

> *"Our recovery rates through the IAPT contract are very positive – overall 60% of the women we see recover from their mental health conditions, with 90% reporting an improvement. That's compared to around 30-50% across the NHS ... It's not that our clinicians are better! Women's needs are across all pathways, not just mental health (or offending). LWC's One Stop Shop model means that they come to us as a woman, and we can see them as a whole person and help them reach their potential. Depression and debt are a massive theme at the moment, and so our housing and debt advice service can help women deal with their underlying financial issues to prioritise bills, plan a budget, and ring creditors to agree sensible repayments – which the women are often too distressed to do themselves. With everything under one roof, they don't have to re-engage with different services to access the support they need.*
>
> *[Also] our use of volunteers and trainees makes us relatively time-rich - so whereas a GP may only have 5 minutes to explain something, we can talk things through in more detail, or call the GP with questions about medication, which women might be too embarrassed to ask themselves. So although LWC don't prescribe, we can help women to be compliant with their medication and so get better outcomes for management of conditions. Our volunteers give a huge amount of time to the service, whether that's having a cup of tea and a chat with someone when they come in, or calling people between appointments to see how things are going or remind them about appointments or meetings they need to get to. Our waiting lists are also much shorter than for the NHS – some waiting lists for counselling services locally can be up to 2 years, whereas we can see people within a week. Women have the chance to see good role models and opportunities for themselves; we actively try to recruit ex-service user volunteers into paid work, as in a sense they've already had an extended probationary period! So we have a number of paid staff who have previously been in the criminal justice system. They receive work experience and develop skills in a supportive environment, and also provide role models and inspiration for other women."*

As well as delivering improved health and care outcomes through direct service delivery, the voluntary sector also plays a crucial role in supporting the statutory health sector to be more effective and deliver improved outcomes, for example by accompanying service users to appointments, providing a consistent point of contact between fragmented services, or supporting people to manage their own health and well-being. As this case study from HIV charity Sahir House shows, this support can radically improve how effectively people with complex conditions and needs engage with healthcare services and the resultant outcomes:

> *"A male living with HIV was referred to Sahir House for support from a local cultural support service, Irish Community Care Merseyside (ICCM). He was in his 40s and was*

serving the last 18 months of his sentence. Having served several sentences previously, he had been diagnosed as HIV positive whilst in prison but described that he had a lack of information and support to understand what living with HIV meant for him.

We visited this client a handful of times in prison in preparation for his release. Prior to release I was able to gain consent to make referrals for the client into the local specialist HIV community nurse team; the client was therefore seen on the day of release. With the support of the specialist community nursing team, we were able to ensure the client was also seen by a consultant at the HIV treatment centre within the first week of release and was able to register with a GP.

Living with the virus, you would normally see your doctor every 3 to 4 months and be given medication to last between appointments, but the client was only given 1 week of medication upon release. Prescriptions on release can be problematic, because it may take some time before a client is able to contact and see their local HIV treatment centre. I arranged an appointment with the HIV treatment centre in hospital to ensure that an appropriate amount of HIV medication could be issued. This joint working meant there was no break in our client's life-sustaining antiretroviral treatment and so this, along with their other ongoing health conditions, was managed effectively.

Working together has meant our support worker has had capacity to attend medical appointments as needed with the client, giving him consistency and enabling him to properly engage with his healthcare. This, along with Sahir House's involvement in booking appointments pre-release, helped the client establish the initial relationship with healthcare professionals and we could support him with any anxiety he felt about his appointments. Therefore this reduced the chance of a 'no-show' which can be costly to the medical profession as well as to the client.

This method of working has given him time to address his health issues first, which has then given him space to address family and emotional issues, and the client is now at a point where he can manage most of his issues themselves. We're now looking at volunteer opportunities, making friends and becoming more involved in his community. [...] It has improved the effectiveness of engagement with his healthcare, reduced the impact on the Criminal Justice System, and improved the individual's wellbeing."

29. How can social prescribing (or similar mechanisms) be used in building better partnerships and strengthening collaborative working?

As we noted in answer to Q11, it is important that in developing social prescribing programmes, commissioners draw on the breadth and diversity of VCSE and community groups in their area, including specialist organisations working with equalities groups and other communities which experience poor health outcomes, including offenders and ex-offenders. The national model which has been developed for custody suite and court Liaison and Diversion schemes (which aim to identify health and other needs of people in police custody and courts and refer them to appropriate support) is a good example of how to commission health services to work in partnership with a wide range of other providers, including the voluntary sector, to be able to identify and respond to the full range of needs of service users and their families.

As before, we would also note that it is important to ensure that where health services wish to refer people to voluntary sector services (under social prescribing

or alternative arrangements), there is realistic remuneration and voluntary sector organisations are not expected to receive referrals without any additional funding.

30. We are looking for examples of good practice of co-production in the development of plans or strategies either in localities or in particular specialisms. Please provide examples of any such plans that you have come across.

The national roll out of Liaison and Diversion schemes by NHS England's Health in the Justice System commissioning team has been supported by a service user reference group, termed the Lived Experience Team. Liaison and Diversion places mental health support into police custody and courts, meaning that people coming into contact with the criminal justice system who have mental health problems and other social care needs will be better identified and referred to the support they need. The Lived Experience Team all have personal experience of services, and are supported by Revolving Doors Agency, a national voluntary sector organisation who work to improve services for people with multiple problems, including poor mental health, who are in repeat contact with the Criminal Justice System. They have involved service users in the development of the national operating model for Liaison and Diversion, and the Lived Experience Team now report directly into the Liaison and Diversion Programme Board. This has resulted in a number of improvements, such as ensuring that Liaison and Diversion services are available 24/7, and exploring the inclusion of peer mentors as part of Liaison and Diversion teams. Over the next two years Revolving Doors will be working with Liaison and Diversion teams across the country to embed effective service user involvement in their services.

Clinks' More than a Provider report describes another example where an organisation was awarded a grant from the National Offender Management Service to research the needs of a specific group of offenders. The resulting consultation and research has led to the local authority recognising the need and commissioning a specialist accommodation service which is now being delivered by the organisation:

> *"The outcome of that, following on from the initial consultation and research process is that the local authority has been involved in identifying property for gender-specific accommodation for women, and that has just happened now. [...] So, the local authority has, first of all, had to be involved in that process and then took a lead in it, and now has passed that back to us to deliver the service. So, they've been responsive once the information has been presented to them. [Organisation G]"*

This example illustrates the value of involving the voluntary sector in identifying new needs, and how co-production can lead to the development of a more appropriate service.

SECTION 10: LOCAL PARTNERSHIPS

31. How can we ensure voluntary organisations are able to work in equal partnership with statutory sector in the design of services or local plans?

The voluntary sector needs to be involved as equal partners at all stages in the commissioning cycle, and as early as possible in the planning and design stages. Commissioners need to provide flexible but systematic routes for all voluntary sector organisations (not just service providers) to share intelligence about emerging needs, pitch ideas and advocate for service improvements; and to be clear about the role of the sector.

Participants in Clinks' More than a Provider research felt that while there is an expectation on commissioners to have a good understanding of local needs, in fact there are often minority groups or local issues of which they are unaware. This requires a flexible but systematic route through which this information can be fed into the commissioning system by a variety of voluntary sector organisations.

Commissioners need to ensure they have mechanisms for engaging with voluntary sector organisations in needs assessment, service design and review regardless of whether they are providers or potential providers. One important way to do this is through involving the voluntary sector in strategic needs assessments, such as local Joint Strategic Needs Assessments. Often voluntary sector organisations feel they are only consulted on how to meet a pre-defined need, as opposed to identifying needs or on what a contract should include. Not investing enough in this phase of the commissioning cycle can result in poorly designed specifications, measures and services that do not achieve the desired outcomes and are more costly to recommission later.

Equally, it is essential that information gathered through consultation with the sector and service users is listened to and acted upon. Participants in the More than a Provider research also cautioned against consultation that *"doesn't lead anywhere, thereby creating fatigue in the sector and eroding trust between the sector and commissioners"* (Discussion workshop, public sector participant). One BAME-led organisation described how although they were consulted, they did not feel that this consultation changed anything: *"You go to all the consultations, and almost feel quite used and abused as it doesn't feel as if it comes to anything at the end of the day. They make promises, but there's only so many times that you can go and meet in big offices, sitting round the table, and they all tend to be white males and all nodding and sometimes grimacing about things that you say. But it doesn't feel as if it comes to anything at the end of the day."* This is both wasteful and counter-productive.

32. What kinds of infrastructure or organisations are needed to support better partnership working?

Local voluntary sector networks such as Safer Future Communities networks (developed and supported by Clinks to engage with Police and Crime Commissioners) and those run by Councils for Voluntary Service can provide a route for commissioners to consult and engage with the wider sector.

Commissioners can also help to support improved partnership working through arranging partnership meetings for providers and other organisations working in a specific setting or area. This would allow organisations to meet one another in a co-operative context, and could facilitate collaboration and referrals between organisations, as well as enabling all the organisations to develop a stronger relationship with their public sector colleagues.

SECTION 11: IMPROVING NATIONAL RELATIONSHIPS WITH THE SECTOR

36. How best can national VCSE infrastructure organisations be supported?

Specialist national voluntary sector infrastructure organisations play a vital role in supporting, representing and championing the sector, and providing a route for statutory partners to reach and engage with the full range of voluntary

sector organisations. Without infrastructure organisations, the voice of smaller organisations is often lost and the diversity of the voluntary sector missed.

"Without infrastructure organisations, the voice of smaller organisations is often lost and the diversity of the voluntary sector missed."

We welcome the recognition here of the unique role of infrastructure organisations, and how they differ from frontline providers. This role needs to be acknowledged, and funding from a range of sources (including national statutory sector bodies) sustained to ensure infrastructure organisations can continue to fulfil it.

In 2015 Clinks commissioned an independent review of voluntary sector infrastructure in the Criminal Justice System, which found that:

> *"There was a clear recognition that infrastructure needs to be securely funded. Statutory sector partners were clear that ... voluntary sector infrastructure has a vital role to play in both supporting and challenging government strategy. Respondents were equally clear that infrastructure organisations provide an essential conduit to a large and diverse voluntary sector, which could not be easily replaced. Funding of these services cannot solely be the role of independent funders: the statutory sector, private sector, and earned income all have a role to play in ensuring that the essential functions of infrastructure – support, representation, challenge, and cooperation – are to be sustained."*

The report made the following recommendations for government to support national infrastructure organisations:

- A strong voluntary sector infrastructure needs to be maintained by government in order to serve the voluntary sector and ensure that departmental priorities are delivered. Government should distinguish between infrastructure and delivery organisations and recognise the distinct roles of each.
- Government needs to ensure a strong relationship with infrastructure in order to maintain clear channels of communications with the voluntary sector. To achieve this departments should allocate staff with clear responsibilities to support dialogue with the sector and assist in resolving operational difficulties.
- Government should develop and sustain a high level strategic dialogue with voluntary sector infrastructure organisations to allow for the co-construction of policy, development of effective practice, and to test innovative approaches.
- Government needs to acknowledge the importance of maintaining the independence of infrastructure organisations, which enables them to be an "honest broker".
- Government should support the sustainable development of robust and effective infrastructure organisations to meet the evolving needs of the voluntary sector. This should include an element of core funding from relevant government departments.

Recognising and using the full reach of infrastructure organisations' networks is particularly important to ensure information can be shared as widely as possible, and to prevent tokenistic engagement with the voluntary sector. Co-delivering events or publications between system partners and infrastructure organisations can enable greater reach and impact. One good example of this is the Care Quality Commission, who having engaged with the Strategic Partner Programme have then commissioned additional work from a number of the infrastructure organisations in the partnership to enable them to engage with the wider sector; whereas other arms-length bodies have only sought to engage with the strategic partners themselves.

37. What, if anything, needs to change about national VCSE infrastructure organisations to enable them to better support the wider VCSE sector?

The independent review of voluntary sector infrastructure in the Criminal Justice System made the following recommendations for infrastructure organisations to ensure they remain effective and sustainable:

- Infrastructure organisations need to be active in developing diverse income streams that include earned income, private sector investment, charitable trusts and foundations, and government funding.
- In order to fulfil its role as a "trusted broker", infrastructure organisations need to be accountable to the full diversity of their membership by representing various perspectives and addressing different needs.
- Specialist infrastructure organisations need to focus on providing high quality two way information between government and voluntary sector. This requires expert staff and a mechanism by which to check that high level policy documents have been correctly interpreted for the sector.
- Infrastructure organisations need to be flexible and able to adapt quickly to the changing needs of the voluntary sector. Collaboration and partnerships should be developed where it is necessary to access relevant expertise.
- Infrastructure organisations need to ensure that they have the appropriate legal and governance arrangements in place to ensure openness, transparency and accountability.

Clinks, in common with other infrastructure organisations, has sought and continues to seek to implement all of these recommendations in the way that we work, for the benefit of the voluntary sector we represent.

The review also found:

> *"The views of 157 organisations and individuals were collected for this report and an overwhelming majority of participants expressed support for the role that infrastructure plays. Infrastructure support was felt to be useful and of value by delivery organisations who see it as a vital component of the commissioning, procurement and delivery ecosystem. In addition, the private and statutory sectors were able to clearly articulate the value of infrastructure in progressing effective policy and delivering better services.*
>
> *[...] Well-organised infrastructure support with clear lines of communication, dialogue and accountability was thought to be particularly important, especially to allow for a credible voice and advocacy role for the voluntary sector. Both voluntary sector and government wanted and needed a trusted voice, or broker, to enable this to happen.*
>
> *There was strong support for the idea of closer collaboration between different infrastructure organisations, particularly at a local level, thereby combining their knowledge and expertise in different fields."*

Clinks supports, represents and campaigns for the voluntary sector working with offenders. Clinks aims to ensure the sector and all those with whom they work, are informed and engaged in order to transform the lives of offenders.

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Author: Hazel Alcraft

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Tavis House
1-6 Tavistock Square
London WC1H 9NA
020 7383 0966
info@clinks.org
@Clinks_Tweets
www.clinks.org/health