May 2018

National Voices

# Consultation response

## Department for Culture, Media and Sport: Civil Society Strategy

National Voices is the coalition of over 140 charities that stands for people being in control of their health and care. With our members, we focus on promoting and encouraging person-centred care.

Additionally, National Voices is a member of the VCSE Health and Wellbeing Alliance (having previously been a member of the Health and Care Strategic Partner Programme). This Alliance brings together 21 VCSE organisations in partnership with the Department for Health and Social Care, Public Health England and NHS England with the aim of making it easier for the voluntary and statutory sectors to work together.

While many of our members and alliance partners engage with government in many different ways outside of health and social care, our own expertise lies predominantly within the health and social care sector. As such this submission is based primarily on the experience of VCSE organisations engaging national government, local government, arm's length bodies within the health and social care field and other NHS organisations.

Having reviewed the online web-form and questions posed by the department, we were concerned that the format provided would not give us adequate opportunity to express our key concerns and suggestions for the strategy. As such National Voices has chosen to submit to the consultation in the form of a written submission.

## 1. Co-design and Co-production

1.1. Many National Voices members actively seek to be engaged with government at all levels as much as possible. They sit on boards, in committees and participate fully in various engagement exercises. However, despite being proactive, many members tell us that their

engagement with government can feel tokenistic. They report feeling unable to meaningfully contribute despite having a seat at the table. The VCSE sector can often feel that when government engages with them it does so out of an obligation to tick a box rather than a will or desire to have meaningful conversations.

1.2. National Voices firmly believes that good quality co-design and co-production between the government and the VCSE sector is an important way to prevent this from happening. As we explained in our Person Centred Care 2020 report, co-production approaches are more likely to result in:

1.2.1. renewed emphasis on health promotion, primary and secondary prevention of illness, and earlier interventions

1.2.2. services designed appropriately for the preferences of their users, and therefore used appropriately

1.2.3. identifying and building the strengths and skills of people at an individual and community level

1.3. Rather than contacting charities after priorities have been agreed internally, government should be engaging the sector from the beginning to define and develop its policy priorities. Co-production and co-design also ensure that what really matters to people will form the key outcomes of any project or programme.

1.4. We know that there are individuals who see charities and the VCSE sector as being overly critical of government. There have been many reports produced which suggest that there can be a hesitation to engage with the voluntary sector for fear of the conversations being about placing blame rather than finding solutions. National Voices believes that co-producing priorities and projects can be an important way of preventing this and building trusting relationships back up. By having civil society on board from the start and being part of those initial conversations, all parties' aims and objectives are shared and clear. Our sector is far more likely to be invested in helping government find solutions when we are seen as equal partners and allies.

## 2. Small charities

2.1. 68% of UK health charities are either small or micro in size. This means they often consist of a very small amount of staff, do not necessarily

have a permanent office (especially in more expensive areas like London), or do not operate full-time. There are also many small charities that are heavily reliant on volunteers which means that their core support team are likely to be variable day to day, short-term and working in a flexible manner.

2.2. It's clear that any approach that works for large nation-wide charities, will not automatically translate to smaller on the ground organisations that are working to much tougher budgets and with very little staff time to spare. Instead, these smaller charities need a more tailored and direct approach that is more in line with their style of working.

2.3. For example, this consultation has posed a very large amount of questions for members of civil society to answer. The questions posed are not particularly easy to answer and answering in the format you have requested will take a large amount of time. Larger charities with dedicated policy teams who have experience of submitting to government consultations will find this type of engagement far easier than those smaller ones who would probably need their chief executive to do the work. Add in that these smaller charities will not see an automatic benefit to prioritising this consultation over their day to day tasks, and we suspect that engagement from those smaller organisations will be lower.

2.4. Additionally, the ways and structures with which to engage with government and the statutory sector are liable to change quite frequently, particularly in healthcare. Many smaller charities can be left behind when a channel or avenue for engagement is reformed or altered. The introduction of Clinical Commissioning Groups (CCGs) and Strategic Transformation Partnerships (STPs) are examples of how engagement with civil society at a local level changed quite significantly and as such VCSE engagement reduced.

2.5. By not tailoring different types of engagement to smaller organisations, you risk receiving a one sided and unbalanced view of the VCSE sector and civil society as a whole. These smaller charities often work much closer to the ground with the public and often reach more marginalised communities more effectively than their larger charity colleagues. As such government should be sure to proactively target smaller, more specialised communities and provide them with clear incentives and benefits to being able to share their wisdom.

# 3. Rebalancing the funding model

3.1. National Voices appreciates that 10 years of austerity has resulted in difficult funding decisions being made by all government departments as well as local authorities and arm's length bodies. We also appreciate that the government has a duty and responsibility to ensure public money is being spent wisely and responsibly. However, National Voices strongly refutes the notion that a service provided at the lowest price will automatically represent the best value for taxpayers and the treasury.

3.2. The Social Value act of 2012 started a conversation on this and pushed for commissioning to consider social and environmental benefits as well as economic when making funding decisions. Unfortunately, as National Voices' report with Social Enterprise UK from last year shows, the Social Value Act is not widely used in health, and does not provide commissioners with either the carrot or the stick required to create a funding process that goes beyond a race for the cheapest quote. The Act also has a limited scope and excludes grants and commission contracts below £170,000.

3.3. Competitive tendering of this economic-focused nature will almost always advantage the private sector over the VCSE sector. It will also far more frequently favour larger charities over the smaller, more local ones. Because the tendering process is often resource intensive and complex, for some smaller or less well-resourced organisations this process can be exclusionary. Tendering of this kind therefore exacerbates the divide between different sized organisations and can put the very existence of those smaller ones on a knife edge during every procurement round.

3.4. This tendering process also has a tendency to focus more on the short-term deliverables than the wider social value. By contracting out for projects that expect action and return within one financial year, government limits what the voluntary sector can achieve. Civil society has the ability to drive social change but this is not a quick process, especially when organisations are working to build trust with marginalised communities. There is a need for longer contracts that recognise wider definitions of providing value and benefit.

3.5. This also means a level of integration in where the funding comes from. By broadening the definition of public benefit and social value,

it is very likely that investment in one area will see benefits in many other governmental areas; this is particularly true in health. The voluntary sector has the ability to address far broader determinants of health than just the behavioural or clinical. There are civil society led projects across the country that not only improve the health of individuals and save money for the health budget, but also create wider social benefits such as easing social housing pressure, reducing policing time, and decreasing benefits spend. When projects have the potential to create benefits across governmental siloes, money should be pooled together to fund the work.

3.6. Increasingly, the healthcare sector has begun to move beyond a 'commissioning' approach, and once again to blur the boundaries between purchaser and provider. By creating Sustainability and Transformation Partnerships and Integrated Care Systems, and bringing forwards a new emphasis on place-based and population-focused strategies, the NHS and its partners are recognising that collaboration, not competition, is the key to the future quality and sustainability of care and support.

3.7. It is explicit in healthcare policy that community assets have a key role to play in these collaborations[1], for example by helping to reach excluded communities, advocating for people with unmet needs, providing social support alongside clinical care, underpinning mental health and recovery, tackling isolation and in general, to support wider wellbeing outcomes which NHS services have been poor at addressing.

3.8. However, not a single new funding mechanism or source of support has been developed under these policies. There are no favoured contractual mechanisms that include VCSE sector organisations as equal partners. Instead 'Social prescribing' is being rapidly developed in many local areas, creating 'referrals' to VCSE groups and organisations, without any thought towards building the capacity of those organisations, or to rewarding them for contributing to better outcomes.

3.9. At the same time, resources have been stripped out of local communities, especially the most deprived areas, and this has affected the capacity of the VCSE sector. Grants from local authorities for work that supports wellbeing are now extremely rare, and support

[1] See, for example, Chapter 2 of the Five Year Forward View; the NICE Guideline 44 on community engagement; guidance to STPs on engaging with communities.

to the voluntary sector infrastructure bodies that used to enable a diverse local sector to participate in initiatives has dried up.

3.10. Our community already works against a tide of opinion that suggests that the work we do should be done for free. And while National Voices and our members will likely continue to spend a certain amount of core funding and core time helping government, when we do engage with much larger projects or look to provide more comprehensive services to the public, we do expect to be paid fairly. We expect to be paid in line with what we are able to uniquely provide and we expect to have gone through a fair process where we had equal opportunity access. With continued cuts to core funding, charities are diversifying their income generation and are relying on commissioned services more and more.

3.11. As such, National Voices hopes that the new Civil Society Strategy will contain provisions that push for a fairer funding and procurement process that moves away from economic based competitive tendering and balances more towards partnership funding following a process of co-design and co-production. We hope to see a shift towards national and local government and NHS organisations supporting investment in social innovation, sharing project costs and working collaboratively with civil society to find the best quality solution for the fairest price.