



REDUCING HEALTH INEQUALITY IN KENSINGTON AND CHELSEA

The role of the Voluntary and Community Sector



June 2011

Introduction

A person's social environment includes their living and working conditions, income level, educational background and the communities they are part of.

All these have a powerful effect on health. The big differences in social environments within Europe contribute to wide disparities in health. There are big gaps in life expectancy and disease rates between rich and poor, the well and the poorly educated and manual workers and professionals.

What is health inequality?

Due to the different social and economic environments that people live in, it is more likely that these differences will impact on people's health. That impact ranges from how likely a new born baby is to survive to how long a person is when he or she dies. Evidence shows that the poorer you are and the poorer the conditions you live in the more likely you are to experience inequality in health.

The review on health inequality led by Professor Sir Michael Marmot¹ concluded that people in richer areas live seven years longer than those in poorer areas. In today's society such inequality should not exist.

The role of the voluntary and community sector

The local voluntary and community sector in Kensington and Chelsea is increasingly relevant to the fight against health inequalities, particularly in the context of the current economic climate. Many voluntary and community organisations focus on preventative work and work closely with local communities to promote health and well-being.

If the council and the local NHS want to tackle entrenched behavioural issues that cause health related problems, tackle the wider determinants of health and promote wellbeing then working with the local sector will be key.

What does the voluntary and community sector need.

Based on the findings of a study by Voluntary Action Westminster on ways in which the voluntary and community sector help to reduce health inequality and what further support the sector needs to continue the good work. The study found that.

1. The voluntary and community sector promotes healthy living to groups of people who may not use mainstream services.
2. The Voluntary and community sector support people in using mainstream services.

This document provides a summary of the main findings of the study. It sets out key action points that we believe need to be put into practice to allow the voluntary and community sector to be an active partner in reducing health inequality.

Kensington and Chelsea Social Council would like to thank Voluntary Action Westminster for allowing us to reproduce their paper 'Reducing health inequality in Westminster'.²

We have found that the findings from the study can be applied across the whole voluntary and community sector. We therefore welcome the findings and applaud the work that was carried out.

¹ Fair Society, Healthy Lives; The Marmot Review, February 2010

² Reducing Health inequality in Westminster; 2011 – www.vawcvs.org/downloads/hiexecutivesummarypdf;

KEY FINDINGS

Speaking the same language?

The VCS needs to learn how to explain the impact of its work in terms that commissioners will understand

VCS organisations do not always explain well how their services can help commissioners meet their targets of reducing inequality of health, and of providing services more fairly.

In particular, VCS organisations need to be able to explain how their work to improve people's life chances (by increasing access to education, for example) can help reduce inequality in health.

More work needs to be done to assess how VCS activities that encourage healthy living and wellbeing might reduce local health service costs as a whole. For example, how might we measure things like the effect of VCS mental health support services on reducing the overall costs to the PCT and council of providing crisis care?



More information on opportunities

Contract opportunities should be publicised better

The Westminster study showed that some VCS organisations were worried that they did not hear about opportunities to bid for services being commissioned. Some organisations felt that they did not have enough information about the process for bidding for and negotiating contracts

Funding arrangements

Short term, inadequate funding places an unfair strain on VCS organisations

The Westminster study found that VCS organisations, and particularly small organisations, were concerned about the perceived financial risks involved in bidding for contracts.

The most common VCS concerns were about:

- the impact of short-term contracts on their ability to plan
- the fear that funding would be withdrawn suddenly
- payments being delayed or not made regularly; and
- inadequate funding that did not cover the full cost of running a service.

VCS organisations also sometimes felt that they needed more information on other sources of funding, so that they would not become too financially dependent on winning contracts from one or two commissioning organisations.

Paperwork

Writing bids and monitoring reports places a stress on VCS organisations

The study found that the time and resources required to apply for funding, and to provide monitoring information, place a significant stress on VCS organisations. Many organisations felt that there were opportunities to simplify bidding and monitoring processes, and to reduce paperwork.

Understanding differing priorities

Commissioners and VCS organisations do not always share the same priorities

The study found that VCS organisations and commissioners sometimes have different priorities, and different views on what services are needed.

Some voluntary organisations that had been awarded public service contracts felt that there needed to be more clarity about the outcomes that were expected from their activities.

The needs of small organisations

Small organisations need support to bid for and deliver public service contracts

Commissioners recognised the value of small voluntary and community organisations in promoting healthy living and equality in health, particularly among the most excluded communities. But while they were keen to bring new VCS service providers into the market, some commissioners were reluctant to risk buying services from smaller, less-proven organisations.

The study found that some VCS organisations and commissioners felt that VCS organisations did not always have the skills, knowledge or staff resources to win and deliver public service contracts.

Linking up

VCS organisations recognised the value of building closer relationships with commissioners, but many lacked the time and knowledge to do this.

The VCS, and in particular smaller organisations, felt that they did not have much opportunity, or the staff resources, to build working relationships with commissioners.

VCS organisations felt that they did not know who to talk to in the PCT or Council about commissioning opportunities.

There was a low level of awareness about practice-based commissioning.

(Practice-based commissioning is a government policy that transfers responsibility for buying some health services from PCTs to local GP practices).



Partnership

Recognition of the need to work together - but uncertainty about the practicalities

Many people in the VCS recognised the need to work in partnership or in larger coalitions to bid for contracts. But everyone involved was concerned about how practical this would be, and about the problems involved in working in partnerships.

Recommendations for action

1. Find a shared language to talk about outcomes	2. Publicise opportunities to bid for services	3. Make funding arrangements fairer	4. Simplify paperwork
<p>Local infrastructure organisations (LIOs) could help VCS organisations to understand the policies and priorities of the PCT and the council, and give advice to VCS organisations on the best way to write bid documents.</p> <p>LIOs could work with the PCT and council to help them set out their priorities more clearly.</p> <p>LIOs could work with the VCS as a whole, and the PCT and council, to find ways to measure how VCS services might have an affect on local health costs</p>	<p>Local infrastructure organisations (LIOs) could help organisations bid for contracts by helping them to understand and get involved in the commissioning process.</p> <p>LIOs could look for new ways to publicise PCT and council commissioning priorities and the timetables they are working to.</p> <p>LIOs could develop templates and guides to help VCS organisations assess and negotiate contracts.</p> <p>The PCT and council could consider setting up an email alert system for organisations who show an interest in bidding for particular kinds of services</p>	<p>Where possible, commissioners should offer more stable funding arrangements to the VCS groups they get their services from. This would involve moving towards longer-term contracts, where appropriate, and providing early notices of any likely changes in the funding situation.</p> <p>Commissioners should:</p> <ul style="list-style-type: none"> ■ make it clear how long funding will last, and whether or not they plan to provide more funding in the future; ■ make prompt and regular payments; and ■ offer enough funding to cover the full cost of providing a service. <p>PCT and council commissioners should make sure that they meet the principles of full cost recovery (FCR). (FCR means getting funding for the full costs of providing a service, including management, premises and administration costs, for example.)</p>	<p>Commissioners could make it easier for VCS organisations to plan their workload by giving advance notice of their commissioning plans and timetables, and by setting realistic deadlines for bids.</p> <p>Commissioners should make sure that the process for bidding for contracts is clear and simple to follow, and that the information they ask for in bids is proportionate.</p> <p>Commissioners might also involve Local infrastructure organisations (LIOs) and other representatives from the VCS in reviewing commissioning processes, and seeing where improvements could be made</p>

5. Find shared priorities and outcomes	6. Give targeted support to small VCS groups	7. Foster greater VCS links with commissioners	8. Offer support to build partnerships and coalitions
<p>VCS organisations and commissioners should work more closely to agree clear outcomes that reflect shared priorities, and that help to reduce inequality in health.</p> <p>Commissioners should involve VCS organisations in helping to identify the health needs of local communities, at the earliest stage of the commissioning process</p>	<p>Commissioners should consider how to help build up the skills, knowledge and staff resources of the VCS, particular small organisations.</p> <p>VCS contracts with commissioners could include a financial allowance to pay for additional training or face-to-face support, as well as to cover the cost of VCS management time spent on communicating with commissioners about service delivery.</p> <p>Local infrastructure organisations (LIOs) could help individual organisations to work out the realistic full costs of running a service</p> <p>LIOs could provide training and advice as a consultant</p>	<p>Local infrastructure organisations (LIOs) could have an important role in speaking out for the voluntary sector and explaining their needs, strengths, opinions and problems to commissioners.</p> <p>LIOs can also set up meetings between VCS organisations and commissioners, and we can encourage commissioners to communicate directly with local voluntary organisations.</p> <p>LIOs can help practice-based commissioners and VCS organisations to work together to identify the health needs of the local community</p>	<p>Local infrastructure organisations (LIOs) could play a role in supporting organisations who are working together by offering them training, support and mediation. LIOs could arrange meetings between organisations wishing to form partnerships negotiate working arrangements and identify opportunities for closer co-operation.</p> <p>LIO's could act as consultants to organisations wanting to join forces with other similar organisations, and take the lead in bidding for contracts</p>

Kensington & Chelsea Social Council

London Lighthouse
111-117 Lancaster Road
London, W8 7NX

020 7243 9800
info@kcsc.org.uk
www.kcsc.org.uk