

NHS England: Discussion paper to gather views on the challenges and solutions to better investment in and partnership with the VCSE Review

Together for Short Lives' submission:

6. How can Joint Strategic Needs Assessments (JSNAs) become more focused on VCSE assets locally?

Joint Strategic Needs Assessments (JSNA) would be strengthened by a statutory duty on Health and Wellbeing Boards to include the VCSE sector in the process. VCSE organisations can provide evidence and data to inform local needs assessments. They often have detailed knowledge of the groups of people that they support and represent and can act as advocates for them. They can also provide information about the health and wellbeing needs that should be met by local services.

The VCSE sector is well-placed to identify gaps in service provision as well as issues around access to services and quality of services. Furthermore, the asset-mapping aspect of a JSNA process is incomplete if it does not reflect services and skills offered by the VCSE sector.

JSNAs would also be strengthened if a single resource were available which set out all of the guidance that Health and Wellbeing Boards should take account of when conducting a JSNA. This could be provided by the government or NHS England and should set out all relevant guidance. For example, the SEND code of practice recommends that children who need palliative care should be included within JSNAs.

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?

See answer 6 for role of VCSE sector in asset-mapping.

In addition to mapping local VCSE services to assess their assets and specialities, guidance should stipulate that commissioners should work with VCSE organisations that represent the users, or parents of users, of health and social care services. These organisations' networks can make sure that genuine co-production of local plans for health and social care services starts from the beginning of the process, rather than as a consultation process added on once the plan has been produced.

8. Do you know of any relevant evidence or examples of good practice locally of good partnership working between the VCSE and statutory organisations?

Yes / no

A children's hospice organisation has provided us with the following quote:

"We engage with our CCGs, CSUs and LA commissioners regarding funding on behalf of the children's hospice organisation. We have an established working relationship in local areas and commissioning arrangements that support the children's hospice organisation to manage our own caseload. However, we seek to improve our relationships and funding agreements with those CCGs

that are not immediately local but have a cohort of children from that area who attend the children's hospice organisation without any statutory financial support.

We engage with Healthwatch and Health and Wellbeing Boards occasionally, but need to further develop these relationships. In our previous engagement with these bodies we found them more focused on adult care, despite having a remit for children's services. Our clinical teams are part of local clinical networks. They also have relationships with individual GPs and local hospitals, although we have more contact with the community children's nursing teams than GPs, because our caseload is more regularly cared for in the community than through primary care. We are always looking for ways to improve our local relationships and this includes the Clinical Senates, the LETBs and the Local Area Teams for NHS England in the future."

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

NHS England should provide clear and more frequent guidance for CCGs to remind them that they are able to provide grants to VCSE organisations – and set out the benefits of doing so. This should include best practice case studies of successful grants given to VCSE organisations.

In 2015, Together for Short Lives surveyed children's hospice organisations' progress in developing relationships with health and social services commissioners in England and in accessing statutory funding. This survey found that almost all children's felt that funding from their local CCG(s) in 2014/15 was not a level where they would not need their NHS England children's hospice grant – on average the NHS England grant covered 9% of the total care costs incurred by children's hospices that year. Furthermore, 89% of children's hospice organisations reported that they may be forced to reduce their services if this grant stopped – over half (58%) would reduce short break services, nearly half (46%) would reduce family support and 15% would reduce the amount of end of life care that they provide.

NHS England should therefore commit to continuing the current children's hospice grant during the transition to the new palliative care funding system until the new system is capable of funding children's hospice and palliative care fairly and sustainably. Without this grant, children's palliative care services will be unable to plan ahead with confidence and many will be forced to reduce their service provision if they cannot accurately forecast how much commissioned or granted funding they are likely to receive.

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.

Together for Short Lives currently receives a grant from the Department for Education (DfE) to help to implement the Special Educational Need and Disability (SEND) reforms.

The grant, which began as a two-year grant in 2013 and was subsequently extended until 2016, is to improve the extent to which children's palliative care is engaged in the SEND reforms. Together for Short Lives is the UK charity for children's palliative care, with a wide range of members and expertise in the sector.

This project aims to achieve the following outcomes:

- improve the information and advice available to children with life limiting conditions and their families through our Helpline and resources
- help us to influence local offers
- help improve the way in which short breaks for children who need palliative care are jointly commissioned by the NHS and local authorities
- help education professionals to support children with life-limiting conditions in school, college and early years settings
- children and young people with life-limiting and life-threatening conditions included in Pathfinder testing and benefitting from greater integration.
- children's hospice and palliative care providers playing an active role in supporting and pathfinders and in the delivery of the reforms.
- schools and health and social care services are better equipped to support children with life-limiting conditions

By working with and funding Together for Short Lives, DfE has enabled commissioners and professionals from across health, social care and education to hear the viewpoints of families of children who need palliative care, who will be affected by the reforms. The personal experiences of those affected by the reforms are invaluable for commissioners as they can hear first-hand the obstacles and challenges that families face. For example, the 'Helping children who need palliative care to access education' events that Together for Short Lives ran in September 2015 brought together parent carers of children who need palliative care, paediatricians, commissioners from local authorities and CCGs, and education professionals – providing a unique forum to share experiences and best practice.

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

Social value principles should be included in the CCG Assurance Framework, so that CCGs can be held accountable for the inclusion of these principles in their commissioning processes.

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

NHS England:

To ensure that commissioning practices reflect a proportionate approach to commissioning, contracting and monitoring arrangement. Guidance to commissioners and their support teams should be strengthened to give them confidence in using appropriate funding arrangements. For example recognising that the NHS Standard Contract is not always an appropriate tool for arrangements with hospices and other voluntary sector providers. Building on previous guidance and tailored arrangements around the NHS Standard Contract and model grant agreements.

For local commissioners:

To explicitly set out how they commission hospice and palliative care services across their locality, including trends in funding. For children and young people, CCGs and local authorities should use the

commissioning guidance developed by Together for Short Lives (www.togetherforshortlives.org.uk/jointcommissioning).

To seek to engage with partner organisations, including other health and social care commissioners to collaborate (for example through lead commissioner arrangements), to help improve efficiency and better support strategic planning of hospice and palliative care services.

To use contracting arrangements with hospices which are proportionate to the contribution they are making towards hospice care costs; consistent with existing NHS England guidance, this should include grant agreements.

26. Please provide any evidence of good practice in promoting equality / addressing health inequality through funding that you are aware of:

The SEND reforms introduced as a result of the Children and Families Act 2014 aims to benefit all disabled children aged between 0-25, regardless of their condition or educational status. Together for Short Lives' Department for Education funded project aims to ensure that children who need palliative care benefit from these reforms and can access education. By allocating funding to Together for Short Lives, a VCSE organisation that represents children and young people who need palliative care, the Department for Education enabled the organisation to produce resources and training for professionals to make sure that children who need palliative care do not receive unequal treatment.

For further details of this project, see question 13.

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

Yes/ no

The VCSE sector has unique strengths, which – when funded sustainably - can support the statutory sector to achieve improved health and care outcomes. These strengths include:

- Local knowledge – they often have strong local networks and a good understanding of local need and service gaps. For more information, see question 6.
- Community engagement – they work closely with local communities and are focused only on care, not meeting national targets
- They are usually popular with users and local people

Voluntary sector providers, including children's hospices, bring social value to communities. Commissioning a comprehensive children's palliative care service can therefore help CCGs to meet their duties under the Public Services (Social Value) Act 2012.

In many instances statutory services would be unable to provide the same level of service as VCSE organisations. For children's hospices, the state provides only a fraction (average of 17%) of total care costs. These services are made possible by the VCSE sector's ability to match and exceed funding through individual donors, trusts, corporate partners and other charitable giving. Local volunteers also help to provide children's palliative care, adding further value.