Newcastle Council for Voluntary Service

21 April 2016

Dear Colleague

Commission for Health and Social Care Integration in the North east : response from Newcastle CVS

Newcastle CVS is the lead infrastructure organisation for Newcastle's voluntary and community sector. As well as developing and supporting voluntary and community organisations to be more sustainable and resilient, we organise networks and events and represent the voluntary and community sector in strategic discussions. We carry our research and produce policy studies. We have more than 640 members that are voluntary and community organisations that work in Newcastle. This response is based on our experience over the years.

We have chosen not to do a detailed response as we believe we have submitted information over many years about the benefits of voluntary and community action. In particular we would refer to 'Better Care in Newcastle' the report we put together as part of our response to the introduction of the Better Care Fund. (Attached to this letter)

Throughout the Better Care sessions and from previous work, the following were identified as key factors that must be taken into account

- **Better Care principles** The voluntary and community sector has long supported the principles of more integrated care, based within the community, using a variety of support including that provided by the voluntary and community sector
- **Cultural shift** We all need to think holistically rather than clinically about health and wellbeing. This means trusting others, both paid staff and volunteers. The focus should be about the most appropriate support, rather than financial funding streams
- **Health, wellbeing and care** Care is the process to improve health and not an end in itself. The current discussion seemed to focus purely on process rather than the impact of the change. There needs to be greater focus on working with an individual, and their carer or family, and focussing on them rather than the organisation that provided particular services
- **Building on existing knowledge and what works** Are we genuinely using the best information to design new systems and process? This report illustrates the depth and breadth of knowledge within the voluntary and community sector. There has been no discussion of any specific proposals, so it hard to comment on their effectiveness
- **High quality information** There is a range of high quality information in Newcastle, but it needs to be used appropriately. Health and social care workers (in all settings) need be able to access it and use it with confidence

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- **Information sharing** It is impossible to provide appropriate care and support if all the necessary and appropriate information isn't shared with individuals, their carers and families, appropriate voluntary organisations and with health and social care workers

- **Process proofing** Any new project / process should be checked against:
    - What does it mean to me?
    - What difference will it make to my life?
    - What would be the best outcome for me?
    - Does it mean giving me a say in my own care?

- **Appropriate timing** Planning, involvement and communication should start as quickly as possible and the circle of support should be widened to include as many people and organisations as appropriate

- **Diversity of the voluntary sector** There is a huge offer in Newcastle, but the NHS (in particular), needs to trust organisations and develop partnerships and relationships. This does happen, but it is through opportunistic rather than systematic contacts

- **Inequality in health** All new systems should be established to minimise and reduce inequalities, rather than (unintentionally) increasing them

Supporting people to stay well and independent

Clearly the emphasis must be on prevention, supporting people in their own communities (whether of interest or geography or both). However the current financial flows e.g. the NHS tariff which rewards NHS Foundation Trusts for keeping people in hospitals for as long as possible provides a perverse incentive to prevention. Prevention is riskier to do as it is less controlled, often happens in people's own homes and communities, is hard to measure and evaluate. How do you show (particularly in relatively short time scales) that what you do stops or even slows the decline? If something works in one part of the region it can't always be translated and used elsewhere – but sometimes it can.

There needs to be trust and letting go and focussing on what is better for local communities, rather than specific organisations. Although there is much talk about 'burning platforms', no-one is offering a pail of water, let alone a hose.

There have been some very poor shifts towards independence e.g. in the 1989 'care in the community' closures of hospitals, where there were inadequate levels of support in the community.

The focus should be on prevent; if you can't prevent then support and if you can't support then care.

However any initiatives must be carefully checked so they do not unintentionally cause greater inequalities e.g. higher quality paid for services, but many people can't afford to pay for them.

The benefits of peer education / lived experiences / barefoot professionals, cannot be under-estimated; however this can sometimes conflict with professionals and their status; so it is not just institutions but also staff and trustees / non-executives that need to let go.

How much power do local institutions, particularly the NHS, have to act in the interests of the region rather than the central control of their masters e.g. DH / NHS England? As soon as NHS budget is 'diverted' to a local area, there will be noise from the centre – if the NHS can ever truly move that far.

There are hugely different cultures which cannot be under-estimated – within the NHS there are different cultures between commissioners and providers, primary and secondary care, hospital and community health, the local and the centre, NHS England / DH and local provision, frontline staff and managers – all with different levels and sets of accountability. Then the local authorities, that are democratically elected, but have much more overt political control, and have to regularly present themselves to the electorate. The universities may have lots of helpful knowledge, but it is not clear how this is shared and they are very internal. Then there is the large voluntary and community sector; the vast majority of which has minimal contact with the statutory sector and each has its own accountability structure. How is the private sector involved - particularly small businesses? Do not under-estimate the power of cultural differences and the innate conservatism of institutions. It is pointless if high-level managers agree to something if the other staff aren't involved, don't understand it and just see change as a threat. .

Focusing more on health, wellbeing and productivity

The North East is not in a good place employment wise; the skills don't match the vacancies – the huge number of graduates and others that are under-employed (the PHD Baristas); the educated student market displacing the local people in service sector and other jobs. It is probably more helpful to look at people in work than (un)employment figures as these are massaged due to benefit changes and the numbers of people in self-employment.

Work is undoubtedly a good thing for many people, but not for everyone. The right work brings in an income, a sense of purpose, self-respect, camaraderie at work, a sense of fulfilment and contribution and helps improvement mental well-being. The wrong job might make matters worse.

We see many people who contribute through both formal and informal volunteering who get self-respect, a feeling of contribution, camaraderie and friendship, clarity of purpose and the feeling of being needed, but they have more choice (but no income). There is confusion within the DWP over the rights of people who are unemployed and claiming benefits, to volunteer.

The low wages within the North East economy mean a number of people work very long hours, and the unemployment figures mean that potential workers have fewer options. The focus on 'zero' hours and underemployment causes stress for many people who don't get enough income to support themselves and their families.

The public sector is still a major employer (the NHS, universities, schools/ colleges, and even local authorities) how does seriously take on its employment responsibilities - apprenticeships, employing people with disabilities, supporting staff who are ill, supporting staff who are carers. Could the 'Better Health at Work ' scheme be conditional within contracting?

The employment and support of people with mental health issues and other disabilities which can fluctuate can be difficult for all concerned. How can an employer run a business / service effectively, how can employees not be frightened to speak out when they have

problems? In a harsh job market this will inevitably discriminate against some people and make some staff reluctant to take time off work for sickness.

How do we ensure young people have the appropriate social and personal skills to interact at everyday work and does the overuse of social media discourage emotional intelligence and the ability to communicate?

Exploring opportunities to improve health and wellbeing through devolution
There is an assumption here there is a 'devolution' agenda and people understand it. Most communities would want decision-making closer to home, but it has to be transparent decision-making with a clear accountability. The current LEP strategy appears to be more about wealth creation than the reduction of inequalities, and indeed one can widen the other. How would devolution improve the lives of ordinary people and reduce inequalities – if it is just the reordering of the deckchairs on the roof, please don't bother.

Is this really about working together to making the North East a better place to live or is it rationalisations and mergers (which are not necessarily a bad thing), but no-one is talking about the difficult issues. Clearly transport, housing and development are best organised across a wider area, but the new funding mechanisms for local authorities means each separate council benefits from more businesses in their areas. How do we bring in and support rural areas with very different needs?

Will DH/ NHS England truly drop the central control and not require the monotonous production of plans that never can be brought to fruition? Can the NHS tariff be dropped to stop the perverse incentives to keeping people in hospital? Can the receipts from the sale of housing be put into housing improvements? Can the Bedroom Tax be scrapped? Will the North East receive the same transport subsidy as London (500 times that of the North East £5 : £2,500) ? Where is the fairness in the UK?

The North East is in a very difficult place – far away from the hothouse of the South East, and Scotland, with its additional revenues and powers ,is just the other side of the border. The solutions are within the people and character of the region. There are a mass of assets here – our environment, the heritage, arts and culture, yet we are not allowed to do as we wish – maybe the strapline should be 'The North East – the place where its better to seek forgiveness than ask permission'.

Yours sincerely

Sally

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