

# Midlothian Integration Joint Board



**Thursday 23<sup>rd</sup> August 2018, 2.00pm**

## **Working with the Voluntary Sector**

**Item number: 5.5**

### **Executive summary**

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This report summarises the involvement of the Voluntary Sector in the Health and Social Care field in Midlothian. Spending on the Voluntary Sector accounts for 35% of the Adult Social Care budget. Voluntary organisations are also able to draw in additional funding and attract the invaluable contribution of volunteers.

The report goes on to describe the recent Voluntary Summit, involving representatives of local voluntary organisations and members of the HSCP Joint Management Team, and the proposals for a regular programme of meetings.

#### **Board members are asked to:**

1. Note the work which has already taken place to strengthen joint working with the Voluntary Sector
  2. Approve the programme of work proposed to maintain strong links between Health and Social Care and local voluntary organisations.
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## Working with the Voluntary Sector

### 1 Purpose

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- 1.1 This report has been prepared to ensure that the IJB is aware of the steps proposed to strengthen joint working between the HSCP and local voluntary organisations. The IJB is then able to consider whether they are reassured about the action being taken to maximise the contribution of the Voluntary Sector.

### 2 Recommendations

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- 2.1 As result of this report Members are asked to:-
1. Note the outcome of the recent Voluntary Sector Summit
  2. Approve the plans to implement a programme of work to strengthen joint working between HSCP and voluntary organisations

### 3 Background and main report

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- 3.1 **Midlothian IJB Strategy:** The 2016-19 Strategic Plan and subsequent annual Delivery Plans have highlighted the importance of investment in prevention to reduce ill health, both physical and mental. This has been actioned locally through a range of activities, including the development of a Diabetes Strategy, investment in Wellbeing Services and the continued expansion of services to reduce isolation. Voluntary organisations have a long, proven record and considerable expertise in promoting healthy lifestyles and enabling peer support.
- 3.2 **Involvement of the Voluntary Sector in Health and Social Care in Midlothian:** There has been a long tradition of voluntary organisations participating in local joint planning groups such as the Joint Older People's Planning Group and the Carers' Strategy Group. Representatives of the Voluntary Sector are members of both the IJB and the Strategic Planning Group. These representatives were recruited through a formal process arranged by Midlothian Voluntary Association (MVA). A Health and Social Care Reference Group is fully established, enabling these representatives, currently Ewan Aitken IJB and Jane Crawford SPG, to ensure their contributions to these meetings reflect the views of the wider Voluntary Sector.
- 3.3 **The Voluntary Sector Contribution to Health and Social Care in Midlothian:** The contribution of voluntary organisations is critical to the wellbeing of the people of Midlothian including the provision of opportunities for physical activity, companionship and the pursuit of hobbies such as music or crafts. There are 700 such organisations in Midlothian. The Health and Social Care Partnership has contracts with approximately 40 organisations accounting for 33% of the total Adult Social Care budget. These organisations employ approximately 340 staff as well as harnessing the contributions of many volunteers. Voluntary

organisations also play a major role in providing a service user voice, supporting the objective of stronger public engagement. The Voluntary Sector in Midlothian involves a wide variety of organisations varying greatly in size and in the activities that they undertake and range from national organisations that have a campaigning and fund-raising role to local groups operating on very limited resources. MVA has a particularly important role in supporting the smaller, more locally based organisations on issues such as training, information technology and HR (Human Resources).

- 3.4 **Joint Working -Voluntary Organisations, Health and Social Care Services:** There has been a growing recognition that, alongside strengthening joint working between health and social care, similar action should be taken between statutory agencies and voluntary sector providers. The need to ensure compliance with information-sharing protocols continues to pose challenges in enabling appropriate sharing of service user information. Nevertheless, progress is evident in specific services such as MERRIT, the Joint Dementia Team, GP Practices and Cherry Road Day Centre. Organisations such as Deaf Action, RNIB, VOCAL and Red Cross now have a regular presence in the social work offices in Fairfield House enabling stronger joint working with social work colleagues. Similarly, organisations such as Thistle and Health in Mind have a presence in health settings.
- 3.5 **Strengthening the Participation of the Voluntary Sector:** At the IJB Meeting on 11 January 2018, the Chief Officer spoke to his report on the challenge of achieving financial balance, summarising the transformation plan that has been developed for 2018-19. During the subsequent discussion, there was an acknowledgement that stronger engagement with both the public and the Voluntary Sector would be essential in achieving the transformation required. Following this meeting, Ewan Aitken, IJB Voluntary Sector representative, led an initiative to hold a summit involving key managers in Health and Social Care and representatives of Voluntary Organisations providing health and care services.
- 3.6 **Summary of Summit** On 30<sup>th</sup> May 2018, organisations from across Midlothian came together to consider the potential for the voluntary sector to play an increasingly influential role in the design and delivery of health and care services. Small working groups used their creativity, innovation and experience to develop their ideas, then to make their 'pitch' to sell their ideas. Following this, there was agreement to develop the following proposals:

**Voluntary Sector Hub and Satellite Community Connecting Resources:**

This is intended to enable people to access community resources in their own locality, providing information exchange and community space

**Timebank:** This is intended to contribute to a more holistic journey for older people through a connected effort between statutory and voluntary organisations and the wider community. This should include consideration of a specialist care team to facilitate 21-day home-based assessment. The proposal is to focus upon Woodburn as the pilot area.

**Spaces in the Community:** This proposed initiative is intended to improve the use of community assets and increase community involvement in the design and delivery of local groups and activities that are important to them.

- 3.7 **Future Meetings:** The proposal is to hold quarterly meetings following a similar format to the Summit held in May. The next meeting, scheduled for the 26<sup>th</sup> September, will focus upon the development of the IJB 2019-22 Strategic Plan. The small groups taking forward the three proposals outlined in section 3.6 will report back to a follow-up Summit on 28<sup>th</sup> November.

## 4 Policy Implications

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- 4.1 **National Policy:** One of the key requirements of the guidance on Integration was that the Third Sector be fully involved in the planning and design of health and social care services, as well as playing a central role in the delivery of services. This was highlighted in the 2016 Audit Scotland Report “Changing Models of Health and Social Care” which referred to the significant change in how HSCPs work with voluntary and independent providers. The rationale for this was the recognition, as identified in the Christie Report 2011-*Future Delivery of Public Services*- that a major shift towards prevention and self-management is critical for the long-term sustainability of health and social care. Local voluntary organisations are well placed to contribute to the pursuit of these approaches, being firmly rooted within communities and able to be flexible and responsive in their delivery of services.

## 5 Equalities Implications

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- 5.1 The wide spread of voluntary organisations providing services in Midlothian should ensure any actions arising from this initiative do not disadvantage any of the groups with protected characteristics. A number of voluntary organisations have a specific focus upon age or disability. In relation to other characteristics, Integrated Impact Assessments will consider any potential equality implications arising from proposed service changes associated with the three proposals listed in Section 3.6.

## 6 Resource Implications

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- 6.1 The resources used by the Voluntary Sector on behalf of Midlothian Health and Social Care are significant. A third (35%) of the Adult Social Care budget is contracted through voluntary organisations, approximately £20m per annum.
- 6.2 In order to develop the ideas generated at the Summit, a small amount of money (£5,000) has been made available across the three working groups.
- 6.3 The premise for this work is the possibility that the IJB will be better able to deliver improved outcomes for the people of Midlothian with the resources at its disposal by working more effectively with the Voluntary Sector.

## 7 Risk

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By working closely with voluntary organisations the IJB will reduce a number of risks including i) service users receiving disjointed services; ii) failing to maximise volunteer resources; iii) being disconnected from local communities; and iv) missing out on potential income drawn in from other funding sources such as the Big Lottery.

## 8 Involving people

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- 8.1 All voluntary organisations with a role in delivering services that promote health and wellbeing were invited to attend the Summit along with senior and middle managers in Health and Social Care.

## 9 Background Papers

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- 9.1 Voluntary Summit Report

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