

# Informing and influencing the new local health landscape: Case studies

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The [2012 Compact Voice annual survey](#) revealed that a worrying 55% of local Compacts have had no involvement with any part of the emerging health landscape.

Few local Compact groups have had any interaction with a shadow health and well-being board (HWB), joint strategic needs assessments (JSNA), local Healthwatch, Clinical Commissioning Groups (CCGs) or public health commissioners.

We believe that it is both possible and desirable to ensure that local Compact partnerships are introduced to these new health partners at the earliest stage. This will ensure that Compact principles are embedded into the way these partnerships are conducted. It will also ensure that the Voluntary and Community Sector (VCS) is able to properly engage in health discussions and influence the development of policies and services for the good of the community.

## About these case studies

This is a collection of case studies based on conversations with local Compact experts, held during the production of the Compact Voice publication '[Informing and influencing the new local health landscape - a guide for local Compacts](#)'.

Compact Voice developed this guidance to help local Compact groups get to grips with the Health and Social Care Act 2012. We have republished the conversations below in the hope that they will help local areas to engage with and understand the new health and social care landscape. The full guidance document can be downloaded from [www.compactvoice.org.uk/resources](http://www.compactvoice.org.uk/resources), including descriptions of the new structures referred to throughout this document, as well as practical ways that local Compact groups can engage with them.

The voluntary and community sector (VCS) in Norfolk are relatively engaged with the development of new health structures. This is in no small part due to a healthy and active local Compact steering group, which has representation from Clinical Commissioning Group (CCG) leads. There are also Compact champions in a wide range of organisations across sectors in the area: including two Primary Care Trusts, the county and district councils and voluntary and community organisations.

Early engagement with key players such as Chief Operating Officers of CCGs, Locality Managers from Joint Commissioning Teams and Social Services Commissioning Managers has proved key to ensuring VCS involvement and the Compact way of working have underpinned the development of emerging health structures in Norfolk.

Rather than having to push for involvement in the Health and Wellbeing Board, Voluntary Norfolk (the local VCS infrastructure body) were asked to come up with a viable process for VCS representation. The Joint Health, Social Care and Voluntary Sector Strategic Forum (which has close ties with the Norfolk Compact Steering Group through its representation), now provides three representatives on the Health and Wellbeing Board. Rather than merely speaking for their own organisation, these VCS representatives will have a constituency of organisations whom they represent.

This innovative approach was developed in an environment of active VCS/statutory sector engagement on health matters. Several events have been held in the area in partnership with the National Council for Voluntary Organisations (NCVO), focussing on GP consortia and public health. An event was also held, which involved voluntary sector leaders and CCGs. In addition, Voluntary Norfolk has been working with Joint Strategic Needs Assessment (JSNA) leads in relation to mental health and will also do some further, more focused work on children's services and social care.



The Gateshead Compact is closely associated with delivering Gateshead's Sustainable Community Strategy (SCS), Vision 2030.

When it was refreshed in 2010, the Gateshead Compact was agreed and signed by all of the organisations involved in the Gateshead Strategic Partnership, including Primary Care Trusts. As such, it is perhaps not a surprise that when developing new structures for health, partners in Gateshead have made involving the VCS a priority.

The Chief Executive of Gateshead Voluntary Organisations Council (GVOC) (who is also the joint vice Chair of the Gateshead Strategic Partnership) was invited to join an initial Health Reforms Group, set up by the council in early 2011. The Health Reforms Group determined the membership of the shadow Health and Wellbeing Board (HWB). The HWB has a small core membership with the scope to co-opt others in (including more VCS representatives) in order to engage on specific issues from time to time. Both GVOC and the local Healthwatch have places on this shadow HWB, which has done a great deal of preparatory work - including a session on community engagement.

GVOC also convenes a Chief Officers' Group of VCS leaders in the health and care field. This group has recently had meetings attended by the Director of Public Health, the Assistant Chief Executive of the Council, the Head of Finance within the Council and other senior commissioners. In future, they hope to have similarly constructive meetings with the Primary Care Trust lead for CCG development.



The Compact way of working is deeply embedded in Lewisham. This is epitomised by the creation of two cross sector “bridging posts” - people with responsibilities for strategic development between the sectors on Children and Young People, Health Inequalities and Social Care issues. Responsibility for implementing the Compact is taken seriously at senior levels – it is not uncommon for the council’s head of strategy to attend Compact Steering Group meetings, and the Mayor is a vocal advocate of the Compact. This approach to local strategy meant that Lewisham were well positioned to get to grips with new health structures whilst ensuring that the VCS were involved from the outset.

The Lewisham Compact contains a Code of Practice on Commissioning, which describes what a good commissioning cycle looks like. The Code contains an expectation of early discussions with potential providers – and this has been met in relation to work on Healthwatch and in the establishment of HWBs so far. It is a mark of how successful the Lewisham Compact is that this high level of compliance has come to be expected locally. From an early point, partners recognised the importance of having VCS representation on HWBs, which have been in place since 2011. There is a Healthwatch steering and development group, which the VCS and Local Involvement Networks (LINKs) are involved with.

Lewisham has a Health and Social Care Forum of voluntary organisations, which meets two to three times a year. It is expected that the group will establish close links with the Compact Steering Group going forward. The LINK has also done some interesting work with GPs to develop their public involvement mechanisms. Voluntary Action Lewisham has a Health Inequalities and Social Care Officer post, which is funded jointly by the local authority and Primary Care Trust, and has been involved in discussions to shape plans in relation to the personalisation agenda.



The VCS in Leeds has strong local cross-sector partnership structures, and a well-embedded local Compact. As a result, the VCS has been able to secure influential roles in new local health structures.

VCS representation on the HWB takes advantage of existing local VCS structures, by including the Chair of Healthy Lives Leeds, the health and wellbeing network for the VCS. Healthy Lives Leeds in turn feeds into Third Sector Leeds, an alliance of voluntary and community organisations, charities, faith groups, and social enterprises working in Leeds. Attendance at Healthy Lives Leeds has been improving because of this improved influence and events on JSNA, and the Joint Health and Wellbeing Strategy (JHWS) have attracted high-level speakers from statutory sector partners.

GPs in the area detailed plans for developing CCGs at an event attended by more than 200 people, and Voluntary Action Leeds has subsequently built up a good relationship with emerging CCGs. Healthwatch in Leeds will be subject to a procurement exercise, and Voluntary Action Leeds is working with LINKs to put a collaborative proposal together with as much relevant expertise from the VCS as possible, which will include further consultations.



The merging of both CVSs and PCTs across St Helens and Halton - whilst retaining two separate local authorities and two local Compacts - has presented both challenges and opportunities for the development of new health structures. Thanks to having a strong and active Compact in place, St Helens has lead the way - but a commitment to the Compact way of working from Halton Borough Council means that both areas are likely to benefit from strong VCS involvement in local health decision making.

Both St Helens and Halton have a strong commitment to VCS involvement in terms of representation on HWBs. St Helens has had a shadow HWB in place for over a year and the CVS were represented from the outset. Though Halton are taking longer to set up their HWB they have invited the CVS to be involved.

St Helens Borough Council and its shadow HWB are well aware of the Compact and its principles. There is an expectation that this knowledge will be passed through to CCGs and that an imminent renewal of the Compact will provide a good opportunity to engage new audiences. There is recognition in Halton that their Compact needs to be updated, as many of its principles relate to the now defunct Local Area Agreement and related targets. Importantly however, the Compact way of working is understood by local partners.

In St Helens the CCG has established a relationship with both the LINK and the CVS. In Halton, the CVS has had money from the PCT in the past to fund a post working specifically in the health sphere. This has included work on VCS engagement and quality (making sure organisations are in a position to bid for and win contracts). CCGs in both areas are interested in this work and it is likely that they will adopt some of the good practice lessons from the PCT's work. The two local authorities are now appointing to two new posts to build on this relationship.





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Leeds	David Smith, Director, Voluntary Action Leeds
St Helens	Sally Yeoman, Chief Executive, Halton & St Helens Voluntary & Community Action

If you feel that your local Compact has had engagement in local health structures that others may be able to learn from we would love to hear from you. You can contact us at:

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