Levelling up through employment -

Roundtable discussion

The role of the VCSE in partnership with the health and social care sectors

VCSE
health & wellbeing alliance

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citizens advice

Roundtable discussion write up: Levelling up through employment - The role of the VCSE in partnership with the health and social care sectors

Introduction

The roundtable event was held to review the findings of the 'Levelling up through employment' report. We invited participants (see list in Appendix 1) with expertise and experience in both the Voluntary, Community and Social Enterprise (VCSE) sector and health and social care. Attendees came from NHS England and NHS Improvement, Public Health England, Department of Health and Social Care, and VCSE members from the Health and Wellbeing Alliance. Attendees had access to the full report in advance of the meeting, which was structured to discuss the report's headline findings and two of its case studies. Discussion points covered barriers to levelling up as well as how the VCSE and health and care sectors can work collaboratively within their regions to ensure people are able to find good work.

Roundtable Structure

The roundtable was chaired by Mark Davison, Citizens Advice's Senior Business Development Strategic Lead. Melissa Hatch, one of the report's authors, explained the context and gave an overview of the methodology. Two case study overviews were presented by local researchers Angela Gill and Gary Moorcraft, researchers for Gosport and Walsall respectively. Annika Hjelmskog, Project Sponsor representative from Public Health England gave an overview of the thematic findings.

After the four presentations, participants were asked to consider:

- whether the findings resonated with them
- whether there were any particular themes or issues that participants felt had not been identified by research collaborators but were common amongst their service user/client group
- whether there were any opportunities to embed or test any of the findings discussed at the round table.

Summary of discussion

Collaboration

The attendees broadly agreed with the findings of the report. Key issues resonated, such as the short-term nature of funding to the VCSE from the health and social care sector *"to the point it's becoming a cliche"*, and highlighted the difficulties this creates around employing and retaining quality staff.

Effective collaboration between the VCSE and the health and social care system was also an issue that a number of participants related to. One participant gave an example of how they had built a strong cross-sector collaboration during the pandemic to obtain better outcomes for the people they support. However, given the ongoing pressures of the pandemic, they expressed concern in response to evidence presented by a local researcher. In their case study area, a collaboration that had formed during the pandemic between the VCSE and health sector partners was showing signs of returning to previous ways of working, and barriers to collaboration were developing again.

Participants were familiar with the challenges of VCSE collaboration with the health sector and local government. These reflected common themes within their networks and participants were hopeful that some of the positive changes created during the pandemic will be sustained throughout recovery. One attendee reflected:

"We did some research talking to community businesses about the experience working with statutory sector partners in both health and local government and just the reflection that they were able to forge new partnerships at pace came through really strongly…..We have also heard from others that there is a bit of backsliding to older ways of doing things".

There was some consensus that some of the new ways of working had led to a greater voice for the VCSE within their cross-sector collaborations, and that there could be some lasting legacy around VCSE and system collaboration. This stresses the need to really build on and preserve existing collaborative strengths, and new, innovative ways of working that have sprung from the necessity of the pandemic.

Role of Health and Social Care within levelling up

Attendees were asked:

- whether the topic of levelling up was on the agenda for health and social care systems
- whether they recognised the role of the voluntary sector in supporting employment
- whether the NHS was invested in getting people into employment across both NHS and non-NHS employers.

In response, a representative from NHS England and NHS Improvement spoke in length about their VCSE Leadership Programme. The programme supports the development of diverse and inclusive VCSE partnerships and networks at both individual place and system level. It is intended to develop equitable, cross-system relationships to promote inclusion and reduce health inequalities. Every integrated care system (ICS) will be offered funding and resources to create VCSE alliances, or support to develop existing partnerships. There are also resources on the FutureNHS collaboration platform. In existing partnerships,

"a really good example of people working together for system transformation and in response to employment is in Cheshire and Merseyside. They have done some really good work…..where they're working with their local Enterprise partnership as well".

Participants agreed that this was a positive step for building on existing support for collaborations. Suggestions that alliances will be allowed to develop in ways that respond to their context, and will support the best outcomes for their communities, were well received. This was viewed more positively than previous experiences which were criticised for being too prescriptive, suggesting a welcome culture shift. One participant observed the report's suggestion that city regions seemed to be more coordinated in terms of their voluntary sector partnerships, and it would be good to exploit the existing structures in place with local authorities to draw together community, services and civic infrastructure.

"…..really at scale and pace, anchoring in what the voluntary sector can bring, both as a mechanism for growing people to be able to engage in work...as well as shaping opportunities that are there, so you get a place-based approach".

Devolution and local autonomy

The local researcher for Knowsley explained how devolution has improved collaboration with the VCSE sector. Although there can be some disconnect between the local VCSE infrastructure organisations and local decision-makers, the positives of devolution far outweigh the negatives. Several participants were concerned that the devolution white paper had been repeatedly delayed and believe it is likely to be

subsumed into the 'Levelling up white paper' which is due to be published later in 2021. The group discussed the risks that a watered-down local autonomy (in terms of governance) would pose:

- fewer opportunities/more barriers for the VCSE to influence and collaborate at a local strategic level
- a real challenge for the VCSE in terms of empowerment:
  "The way that this government is thinking about levelling up from my perspective it should involve a power at the centre of it, thinking about ways that places which have been left behind can exercise powers to change….I really think how the government is thinking about levelling up is very different and very far from that conception".

The different possible levelling up funding streams were highlighted, and specific concerns were raised around the UK Shared Prosperity Fund. Participants expressed the need to have a certain amount of funding ring-fenced for the VCSE, which should be community-controlled. A risk was identified that control of the fund may be too centralised, and participants questioned whether this investment will really get to the left behind areas in the right way. Lobbying the government before the release of this Shared Prosperity Fund was suggested as a way to influence the process, and keep the role and potential of the VCSE sector prominent.

VCSE Recovery

There was some concern from participants about how the pandemic had negatively impacted some parts of the VCSE sector. Attendees questioned whether these organisations will be able to recover to pre-pandemic levels and whether this will have an impact on the possibility to level up. Participants also highlighted the need to ensure some of the smaller VCSE organisations do not get left behind. Larger, more established organisations may have the resources to engage at a more strategic level. It's important that the VCSE infrastructure organisations who are working with ICS leadership, are able to represent the whole VCSE in their region, and can advocate for and mobilise even the smallest of services, to ensure widespread influence. Another participant echoed this, using a supporting example of a term coined by the National Lottery Community Fund, naming a funding stream for larger organisations that "were more able to play". This top-level funding, however, was intended to support the smaller VCSE organisations, and participants suggested something similar could be encouraged or adopted as part of leadership programmes within ICSs.

DWP and good work

The lack of DWP presence in the report was questioned, and a local researcher clarified that although a request for a research interview had been granted via their jobcentre, it was too far past the deadline for inclusion. Another participant shared their experience of working with the DWP as being a difficult organisation to communicate with but acknowledged the fundamental role they play in helping people access work, and the importance of their collaboration with the rest of the system. One participant felt that DWP saw the VCSE as more of a provider of services than a strategic partner. This needed to change to include the VCSE at a more strategic level, so they can influence the design as well as delivery of services.

The group recognised that making employment inclusive and accessible is a really challenging area to get right, but felt it was crucial that systems:

"keep front and centre of strategic mindsets, the joint benefits economically and for health and wellbeing, providing good work and removing barriers to individuals and communities to access these opportunities has on individuals and communities".

For levelling up, attendees highlighted the additional benefits that will come from making access to employment more accessible and equitable for all. In the aftermath of the pandemic, anticipating high levels of redundancies becomes even more important. People who have faced existing and long-term barriers to good work will have the additional barrier of applying for work in a jobs market that will be highly competitive, and likely with high numbers of other recently unemployed jobseekers, who are much closer to employment.

Local economy and health and social care

One participant gave an example of how their local NHS/CCG are not present in shaping or improving their local economy. Their local councillors might engage with NHS representatives about plans for the local hospital or access to healthcare services, but observed little engagement in terms of the local economy. This highlights that in multiple sectors, the role of the NHS and care sector is not fully prominent in relation to employment and levelling up;

"...when people are thinking about economic recovery, people don't necessarily see the health and care sector as a growth sector that's going to help with recovery"

Participants agreed that a key recommendation of this report is that the NHS needs to be part of these economic discussions. One participant from the health sector commented:

"I think there's a real need for that cultural change, and I'm hoping or slightly optimistic that one of the four roles of the ICS is around social-economic development. There's a kind of chance now to think about whether it's the NHS as an employer or how the NHS influence and support an inclusive economy and wider employment opportunities as well as the wide range of economic and environmental issues, so now is the time and I think that is a really strong recommendation."

The discussion also covered the role of the VCSE sector as a partner to ICSs, agreeing that both the VCSE and the NHS have an important role in not just health, but employment. As a sector, the VCSE needs to be thinking about how they are providing good work tackling health inequalities and improving diversity and inclusion. It was acknowledged there will be a challenge for all sectors involved but the NHS has started work in this area as there is currently ongoing work to highlight the employment element of the role of the NHS as an anchor institution and in workforce supply. One of the participants suggested that;

"we will not understand how the pandemic has really affected people until we are well into recovery and those who have seen a change in their mental and physical health may not be able to return to work".

There was a suggestion that there may be a crucial opportunity for the VCSE and health sectors to think strategically and jointly about meeting the challenge of potential employment shortages in their local areas. To support people who aren't quite ready for work, the VCSE can offer some targeted efforts in terms of skills, volunteering and coaching, to get local populations ready for upcoming health and social care sector jobs. Alongside existing high levels of vacancies in the health and care sector, more jobs are potentially going to be created as levelling up investment comes into those areas.

Social Value

In terms of recognising and encouraging social value, which participants agreed is important as;

"there could be another way of weighting recruitment and employment decisions and sharing whatever benefits we may be able to generate from this pandemic fairly".

There was a suggestion of more focus on social value over the next year, as the NHS will be mandating a minimum of 10% social value in procurement. With procurement comes jobs, which leads to employment, which fills the supply chain, which supports levelling up, and so on. Social value is also going to be embedded in commissioning, so it is important the VCSE is ready not only to be a strategic partner but are also working towards delivering this value themselves. One participant welcomed the news regarding this mandate, as clearly defining what social value means has been really difficult. Every commissioner and every organisation has a slightly different understanding.

Good work practices

Lancashire and South Cumbria ICS was highlighted as an example of good practice for the NHS working in place-based partnerships. Along with other good examples, this could be collated and showcased by NHS employers. There was however, an agreement that this good practice was not yet systemic, and the role of the ICSs really needs to be harnessed and embedded in social and economic development. There was a suggestion that Public Sector bodies should embed good work charter thinking, and the [Manchester Good Work Charter](#) was cited as a good example of this. When the public sector is procuring services, they have the power to ensure that the jobs generated through their contracts, via their providers, are of good quality, and beneficial for the health of their staff.

Reflections from the discussion

The Chair's summary suggested that the conversation had given participants the opportunity to talk about some of the issues the report had highlighted, and how important the role of the VCSE might be in the post-Covid recovery agenda. There was also an opportunity to highlight and think about ways good practice can be implemented. Participants felt there was an opportunity to discuss some of the issues that the report focused on, but acknowledged that some prominent issues, such as regional infrastructure, were beyond the scope of action for those involved on the call, and in these particular sectors. For example, the issue of accessible, equitable and affordable transport. It was valuable, however, to hear insights from the local researcher in Gosport, who talked about their specific geography and context, and the impact that has on people's ability to access good work and 'level up'. When participants discussed the areas over which they have some influence, there were some optimistic ideas and willingness to take them forward.

Summary of Roundtable recommendations for policy and practice

- Both **VCSE and health and social care partners** need to continue to strengthen relationships, collaboration and new ways of working which were set up at pace during the early stages of the pandemic. To support this, VCSE and health and social care partners need to ensure **collaborations are on equal footing** so compacts and partnership agreements would be a good start.
- Another piece of work to collate good practice around forming strong outcome-focused collaborations could be completed by finding and analysing good examples of these strong partnerships between **VCSE organisations and health and social care providers,** local government etc to **discover what makes the partnerships work well and share this learning**.

- Devolution was a positive step in terms of more local autonomy. This may have led to fewer barriers for local government to involve the VCSE as equal and crucial partners in strategic planning, decision-making, service design, delivery and evaluation. It is essential that **levelling up supports the VCSE to work alongside local government** to build back better.
- **Funding available for levelling up also needs to be ring-fenced to tackle socio-economic issues** alongside infrastructure. This funding should be influenced by community needs and led at a place-based level.
- **Government departments** involved in supporting people in work need to **make it easier to collaborate with the VCSE and wider partners**. This will help to unlock those additional benefits to the individual, communities and economy which come from equitable and accessible employment.
- **Anchor institutions** need to be more involved in strategic discussions around how they can **be part of the solution to help local economies to recover post-pandemic.**
- The **VCSE** needs to **understand its role in supporting employment as good employers**. In particular, focusing on providing good work, tackling health inequalities, improving diversity and inclusion, etc.
- **Health and social care, local government and VCSE** should lead by example and set up and embed **good work charters** within their localities.

Appendix 1 - Participants list

The following participants attended and contributed to the discussion.

Angela Gill	Community Consultant - SMART Community Solutions.
Anita Counsell	Public Health Manager, National Health Inequalities Unit, Public Health England.
Annika Hjelmskog	Public Health Support Manager, Health Inequalities.
Brian Gouldson	Chief Executive Officer - Citizens Advice Knowsley.
Carrie McKenzie	Voluntary Partnerships Senior Manager, Voluntary Partnerships Team. NHS England and NHS Improvement.
Dania Hanif	Head of Policy and Programmes - Association of Mental Health Providers.
Dorothy Hakim	Strategy & Strategic Communication, Employers Health and Inclusive Employment, Department for Work and Pensions.
Gary Moorcraft	Community Engagement Officer (Research and Campaign) - Citizens Advice Sandwell and Walsall.
Geoff Munn	Head of Policy, Department of Health and Social Care.
Judith Kurth	Public Health Manager, National Health Inequalities Unit, Public Health England.
Mark Davison (Chair)	Senior Business Development Strategic Lead - Citizens Advice.
Martin Tod	Chief Executive, Men's Health Forum.
Melissa Hatch	Business Development Strategic Lead for Health - Citizens Advice.
Nick Plumb	Policy and Public Affairs Manager, Power to Change.
Nuzhat Ali	National Lead - MSK Health/Head of Health and Work Priority and Programmes Division Health Improvement Directorate Public Health England.
Paul Ogden	Senior Adviser at the Local Government Association.
Rachael McKeown	Inequalities Policy Fellow · Association for Young People's Health.
Ranjit Senghera	National lead for Equality and Health inequalities at NHS England NHS Improvement.
Sara Bordoley	Health Inequalities Lead NHS England.
Sue Christoforou	Policy Manager - Homeless Link.