

Final report of the VCSE Review launched

[May 19, 2016](#) [Review Administrator](#) [Chair Alex Fox](#)

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The goal shared by everyone who delivers and organises health and care services is wellbeing: its creation and its resilience. Whilst we do not want to spend increasing proportions of our lives in medical nor social care, we will all draw upon primary, acute or specialist services at various points in our lives and we want to find them available, caring and well run when we do. However, whether for people with lifelong disabilities, the ever growing older population or those with long term health conditions and support needs, our dreams remain rooted in living well at home as part of welcoming, inclusive communities. To achieve that goal, we need health and care systems which are organised around and support our lives: which can reach us in our homes, support our families to care, and release the full potential of communities.

When people talk about the difference that charities, social enterprises and community groups can make to delivering health and care services, they often focus on the ways that those organisations can reach people whom mainstream health and care services find ‘hard to reach’ or ‘challenging’, get to know them more deeply, and draw upon volunteers to achieve more than paid staff alone can achieve. All true, and extremely valuable, but, our review of the voluntary, community and social enterprise or VCSE sector found, only half the story.

There was indeed wide agreement that good VCSE organisations are better placed than other kinds of organisation to achieve some of the health and care goals which are now seen as crucial to the sustainability of our NHS and social care systems. It is VCSE organisations which often support groups and communities which are otherwise neglected, not only responding to health needs but also starting to address the social determinants (poverty, housing, exclusion) of health and deep-rooted health inequalities. Through drawing on people power as well as money, VCSE organisations are often uniquely able to offer support which looks at the whole person and whole family, thinking preventatively and whole-lifetime. Many of our recommendations are designed to identify, measure and invest in those added kinds of ‘social value’ which VCSE

organisations bring into a system desperately searching for more bang for its buck.

The current funding trajectory in some areas is towards large, narrowly focused contracts, which can be appropriate to holding big providers to account, but can be poor ways to create the diverse local marketplace of big, small and niche providers called for by the Care Act and needed to reach whole populations and to offer people genuine choice. The most creative planners and commissioners are drawing on the full range of investment approaches, using contracts creatively alongside grants for community development work, personal budget and Personal Health Budgets for personally tailored support packages, social prescribing to link up vulnerable people with effective charities (with funding following the prescription to ensure that's sustainable), and social investment to take risks and innovate.

So developing the VCSE sector as a distinct form of health and care provision is crucial and brings value into the system that money alone cannot buy. But for many of the VCSE organisations and local commissioners who responded to our consultation, just as important as how much funding VCSE organisations could win through competing to provide services, was the extent to which VCSE organisations were involved in planning those services: co-designing the local health and care goals and playing a full part in developing responses meet to local needs and building on local assets and community resources.

Traditionally, the health and care system has been designed largely by the state, with civil society invited in from time to time for consultation and all but a few citizens struggling to have their voices heard. If we are to have a health and care system which is designed around individuals, which draws fully upon their capacity to self-care and the hugely undervalued role of family carers, and in which people are supported to remain included and active members of their communities, then the voices of people who make long term use of health and care services and their families, must be at the heart of planning processes from the start and throughout. It is the VCSE sector which has consistently demonstrated it can reach and engage with local communities: helping even those most often overlooked to speak up, contribute and take the lead. Our recommendations set out how VCSE organisations can be supported – and challenged – to do this.

VCSE organisations want to share in the health and care system's limited resources, but they also bring resources of their own and they are willing and able to share in the risks and responsibilities of creating a health and care system which supports us all to live well, with the people we live, in places we are happy to call home.