



social care  
institute for excellence



# The Care Act: New opportunities for the voluntary, community and social enterprise sector

Roundtable report



## About SCIE

The Social Care Institute for Excellence (SCIE) improves the lives of people who use care services by sharing knowledge about what works. We are a leading improvement support agency and an independent charity working with adults', families' and children's care and support services across the UK. We also work closely with related services such as health care and housing.

We provide free-to-access resources including guides, e-learning and films. We also provide training and consultancy services including research, evaluation, digital product development and expert advice. Our specialist areas include the Care Act, safeguarding adults and children, integrated care and co-production with people who use services and carers.

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## About Madano

SCIE has jointly organised this event with Madano. Madano are a strategic research and communications consultancy, specialising in research in the healthcare and energy sectors. Specific to health and social care, they conduct research with providers, exploring what both commissioners and service users seek from personalised health and social care services, and how best to communicate their services to service users and commissioners. Madano also work with housing associations, such as Family Mosaic, on their reputation with their stakeholders, and supporting their communications.

[www.madano.com](http://www.madano.com) [info@madano.com](mailto:info@madano.com) Twitter @madano

Follow the discussion on Twitter using **#VCSEroundtable**

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# The Care Act: new opportunities for the voluntary, community and social enterprise sector



**“We need genuine dialogue to achieve good lives, and good places.”**

Lord Michael Bichard

Chair, Social Care Institute for Excellence

## Introduction

The Social Care Institute for Excellence (SCIE) and Madano were delighted to bring together representatives from the voluntary, community and social enterprise (VCSE) sector that deliver health and social care services, with people who use services, commissioners and experts in the sector, to discuss the impact of the Care Act on the VCSE sector and the new opportunities it offers.

The roundtable discussion was jointly hosted by SCIE and Madano, and chaired by SCIE Chair - Lord Michael Bichard.

Lord Bichard noted in his welcoming comments that VCSE organisations – particularly the smaller organisations - make a significant contribution to the health and social care sector, particularly at this challenging time of reduced budgets. Volunteer-led groups are often trusted and committed members of their community and this can be invaluable in providing personalised care and support services. What can such services contribute to the health and social care agenda, and how has the Care Act impacted on their ability to do so?

Our speakers and attendees explored a range of issues:

- What opportunities and challenges does the prevention and well-being agenda offer to the VCSE sector?
- What does it mean for the type of services that the VCSE sector provides?
- What does it mean for commissioning practice?
- What enables greater engagement between the VCSE sector and other parties? What are the barriers to greater engagement?

## Core messages

**Co-production and co-design** will be essential in meeting the requirements of the Care Act. This is starting to happen, particularly with seed funded projects acting as a catalyst for small community projects, but requires genuine dialogue between parties to continue to grow.

A competitive culture has developed amongst providers in response to commissioning by tender. A **holistic response**, rather than competitive, where the VCSE sector can work together without fear of losing their intellectual property would help towards co-production and co-design with commissioners. There is a question whether the current pressure to compete is driving down quality.

Both commissioners and providers need to understand where **preventative care** 'fits'; it can be health and social care, health and wellbeing or public health to name a few.

**Cross-discipline working** which focuses on outcomes can open opportunities for preventative care. The support is there for preventative care from the Care Act, but there is a 'leap of faith' required to ensure such services are delivered.

The Care Act is welcomed by commissioners and providers, and all are in agreement that it offers opportunities. It could, however, be 'just words' without **cultural and behavioural changes**. A culture change is required by all parties. For commissioners this means a shift to inclusive procurement, where commissioners work with providers to commission services which deliver the best outcomes for local people. For the VCSE sector, it means a willingness to engage with commissioners and demonstrate how they achieve such outcomes to justify spend.

What opportunities and challenges does the prevention and well-being agenda offer to the VCSE sector?



**'We cried and cried when the funding stopped, but we knew we wanted to continue to build a community – not a 'service'. We meet because we want to be with each other. One of our greatest assets is ourselves. We provide each other with respite from the disempowering experiences of giving and receiving care.'**

**Simona Florio, Member and Coordinator, Healthy Living Club Lambeth**

**Simona Florio, member and coordinator of the Healthy Living Club in Lambeth,** offered an insight into how a small grassroots organisation has been benefitting its members and the wider community, despite no support from statutory funding. The Healthy Living Club started as a community group that outlived the closure of an Alzheimer's Society service. It was founded by people with dementia, their carers and the residents of Lingham Court (an extra care unit in Stockwell). When faced with the closure of the service of which they had been "users", they resolved to carry on meeting independently. The volunteers and the paid workers who had been "staffing" the service supported their resolution because they considered it unjust that the people with dementia, who they had come to regard as friends would be deprived of the opportunities provided by the Healthy Living Club. The move to independence has led to a greater flexibility. There is no limit on who they can help or how, or how long for, so all support can be long-term.

Thus the Club is not a service. It is a dementia-centred community whose members co-produce wellbeing, filling a gap in provision. Although the actives are chosen to meet the needs of people with dementia, everybody involved participates as equal members of the same community.

The South London Health Innovation Network used evaluation tools developed by the New Economics Foundation to measure the impact of the Club and found that their Social Return on Investment is far greater than that of peer-support groups run by other charities in South London. They found that their annual expenditure of £30,784 (plus the resources in kind their leverage in, including £58,736 worth of volunteers' time) generates £506,094 worth of "social value".

The Care Act encourages personalised care and there are undoubtedly positives to offering personalised care through a community-led approach. Simona was keen to highlight, however, that this should not be viewed as a 'cheap way' of offering services. Although the Club is supported by highly skilled volunteers, the continuous need to fundraise can be crippling for a self-managing organisation.

## What does it mean for the types of services that the VCSE sector provides?

Speakers, **Patrick Hall, Practice Development Manager at SCIE**, and **Alan Adams, Director of Children's and Adults' services, London Borough of Hounslow**, both highlighted the increased focus on preventative services in the Care Act and the emphasis on co-production. However at a time of severe financial challenges, preventative care rather than existing frontline services are often the first service to be reduced or cut completely. In a previously target-driven commissioning culture, the question becomes how do you evaluate the effectiveness of preventative care, and therefore what measures it needs to meet to be funded? Preventative care needs to be thought of by both commissioners and providers as a long-term goal.



**“Let's design the new system together. We need the expertise and reach of the VCSE sector in order to do this. And we need a proportionate process of commissioning that works for smaller organisations.”**

Alex Fox, Chair of the VCSE Review and Chief Executive, Shared Lives

‘Thinking long-term’ was a key message from speaker, **Alex Fox, Chair of the Voluntary, Community and Social Enterprise Review**. Community-led services can deliver long-term health and social care, as demonstrated by Simona and the Healthy Living Club, if methods of funding allow this. In order to gain funding for such services there needs to be a ‘culture shift’ from both the VCSE sector and commissioners. Voluntary providers can no longer ‘just ask for money’, and commissioners should be seeking the best outcome from their providers, rather than providing grant funding based on service delivery.

Alex, amongst others, queried whether the health and social care sector is creative enough to deliver outcomes-based, long-term delivery in a time of reduced budgets. Small, community-led organisations can often be best placed to offer creative solutions, but are less well-placed to meet procurement requirements of often risk-averse commissioners, so how do you match the two?

The VCSE Review, chaired by Alex is reviewing these issues amongst others, and will be released in spring 2016.



## What does it mean for commissioning practice?

**“Partnerships lie at the heart of the Care Act, it asks for more of individuals, it is not a purchaser / provider relationship, it is not about ‘buying stuff’.”**

Patrick Hall, Practice Development Manager, SCIE

Patrick summarises his thoughts below:

I'd like to suggest that despite the seemingly bleak situation of public finances, The Care Act provides a framework for the third sector to engage proactively in partnership with local government and represents a means for challenging crude commissioning practice.

The Care Act is not simply a continuation of the simple provider/purchaser policy solutions of the 1990s. There is a recognition that partnerships, and not crude and antagonistic contractualism, lay at the heart of delivering the radical aspiration of the Act – to promote individual wellbeing across a population and to focus on the prevention of need and dependency.

As Joe Fowler, the Director of Commissioning in Sheffield has said, a key challenge for commissioners is accepting a new role – investing to make good things happen, not buying stuff. In other words, it needs to retire its wagging finger and extend its shaking hand to the voluntary and community sector for advice, partnership and leadership.

We are seeing in the Care Act for the first time an opportunity to see people neither as a passive recipient of inflexible state services, nor as disinterested consumers. The VCSE sector has always rejected this binary and is now uniquely placed to lead us in unlocking the potential of connecting people to collectively deliver care in our communities.

What will enable this culture change and greater engagement between the VCSE sector and other parties? What can prevent greater engagement?



**'The Care Act is very welcome, but it is only words unless you have the culture, processes and behaviours to respond to the opportunities it presents.'**

Alan Adams, Director of Children's and Adults' Services, London Borough of Hounslow

Alan Adams, from the London Borough of Hounslow, provided an invaluable perspective from the viewpoint of commissioners. He focused strongly on a need for a change in culture for health and social care commissioners

and providers, strengthening the message of all speakers that commissioners and providers need to address financial challenges together. Strong, open and trusting relationships are essential.

Preventative services are often the first to be cut when times are hard, but they are crucial services, whether we are talking about children's, adult services, or indeed other council services. If we are all clear as to what effective and value for money prevention looks like then commissioners can take that "leap of faith" when it comes to offering preventative care.

Hounslow are also looking across to their public health services programme, and combined grants programmes, (Hounslow runs the 'Thriving communities' programme and The Care Act Innovation Fund) can offer seed funding to a range of programmes to meet health and social care needs. Providers also need to encourage a change in culture and be prepared to work with commissioners in the co-production of services.

## Views from around the table

'The people who use your services are the greatest resource you have. I want you to come and reach out to me and use me as an asset.'

'Contracting has turned caring into a transaction and removed my access to power. Small organisations don't have the capacity to write bids – which really makes it an equalities issue.'

Larry Gardiner, Chair, Meadow Brook Residents Association and member of SCIE's Co-production Network

'Don't under-estimate the catalysing effect of small amounts of money for community projects. CDF's Community First programme – which provided small amounts of funding to community projects helped those projects to continue and critically to attract other support.'

Alison Seabrooke, Chief Executive, Community Development Foundation

"Contracting does work against the community sector and the concept of a holistic approach. In the past, we received ten years of investment from the Big Lottery for our work. We developed a trusting relationship with our funder, built up over a length of time."

Nick Dunne, Bede House

'Commissioners and providers are locked into a difficult pattern of behaviour. That, combined with austerity, is paralysing that relationship. Money is locked in to traditional ways of behaving and commissioning with most provision being from the private sector, and less than 20 per cent in the voluntary sector.'

Des Kelly, Executive Director, National Care Forum

'It is very important to all partners are seen as equal around the table – people who use services, carers, providers and commissioners.'

Lynda Tarpey, Director-elect, Think Local, Act Personal

## Related information

Healthy Living Club, Lambeth [www.hlclc.wordpress.com](http://www.hlclc.wordpress.com)

VCSE Review – [www.vcsereview.org.uk](http://www.vcsereview.org.uk) @VCSEReview #VCSEReview

**SCIE Care Act resources**

**SCIE guide to co-production**

**SCIE Prevention Library**

SCIE report **Community-led care and support: a new paradigm**

## Programme and speakers

The Care Act: new opportunities for the voluntary, community and social enterprise sector

Monday, 30 November 2015

SCIE, Kinnaird House, 1 Pall Mall East, London SW1Y 5BP

- |        |  |
|--------|--|
| 2.45pm | Arrivals   |
| 3pm    | <b>Welcome and introductions</b><br>Lord Michael Bichard, Chair, SCIE  |
| 3.10pm | <b>The difference VCSE services make</b><br>Simona Florio, Member and Co-ordinator, Healthy Living Club, Lambeth   |
| 3.20pm | <b>Opportunities within the Care Act</b><br>Patrick Hall, Practice Development Manager, SCIE   |
| 3.30pm | <b>The future of VCSE: co-design and collaboration</b><br>Alex Fox, Chair of the Voluntary, Community and Social Enterprise Review and Chief Executive, Shared Lives |
| 3.40pm | <b>Supporting VCSE services</b><br>Alan Adams, Director of Children's and Adults' Services,<br>London Borough of Hounslow  |
| 3.50pm | Discussion   |
| 4.50pm | Chair's closing remarks  |
| 5.00pm | Reception  |
| 6.00pm | Close  |

## Delegates list

Stephen	Lowe	Policy Officer; Community Care	Age UK
Nick	Dunne	Director	Bede House
Sian	Lockwood	Chief Executive	Community Catalysts
Alison	Seabrooke	Chief Executive	Community Development Foundation
Moira	Griffiths	Group Care and Support Director	Family Mosaic
Lynda	Tarpey	Director	Hasca Ltd
Simona	Florio	Member and Co-ordinator	Healthy Living Club
Violet	Johnson	Member	Healthy Living Club
Helen	Bolger	Strategic Commissioning Manager	Lambeth London Borough Council
Alan	Adams	Executive director for children and adults services	London Borough of Hounslow
Kamaljit	Kaur	Cabinet Member for Adult Social Care and Health Services	London Borough of Hounslow
Sandra	van der Feen	Health Policy Officer	London Voluntary Service Council (LVSC)
Gareth	Morrell	Head of Research	Madano
Danielle	Campbell	Research Director	Madano
Laurence	Gardiner	Chair	Meadow Brook Residents Association
John			
Des	Kelly	Executive Director	National Care Forum (NCF)
Fiona	Glen	Director	National Institute for Health and Care Excellence (NICE)
Daniel	Button	Social Policy Researcher	New Economics Foundation
Natalia	Lachkou	Commissioning manager	Oxfordshire County Council
Alex	Fox	Chief Executive	Shared Lives Plus
Steve	Chapman	Director	Skillnet Group Community Interest Company
Matt	Clifton	Chief Executive	Skillnet Group Community Interest Company
Iris	Steen	Head of Communications	Social Care Institute for Excellence
Jennifer	Collieson	Senior Information Specialist	Social Care Institute for Excellence

Tony	Hunter	Chief executive	Social Care Institute for Excellence
Patrick	Hall	Practice Development Manager (Policy)	Social Care Institute for Excellence
Michael	Bichard	Chair	Social Care Institute for Excellence
Paul	Richards	Director	Stay Up Late
Chris	Mellor	Independent Chairman	Tameside and Glossop Care Together Programme Board

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