

Public Health and the Voluntary, Community & Faith sector

Introduction

The Public Health agenda in Sheffield is formidable and the new PCT will face many challenges to achieve its objectives in the first years of its existence. There are however many very real strengths to build on, including the commitment and experience of people working in the PCT and a well developed and active VCF sector that is committed to working in a real partnership with the new Sheffield PCT. This document sets out how we can achieve better public health and reduce health inequalities by working in partnership with the NHS and the PCT in particular.

The Voluntary, Community and Faith (VCF) sector has a key and evolving role in the future of public health in Sheffield. The public health domain outcome in **Standards for Better Health (2004)** is:

“Programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served, and reduce health inequalities between different population groups and areas.”

What are the strengths of the VCF sector?

By their nature VCF sector organisations have to be adaptable, flexible and understanding of the needs of the community they work in and be able to communicate effectively. The real advantage of VCF organisations is their ability to work within communities rather than simply delivering services to them. They are characterised by grass roots operations which have led to trusted effective relationships with communities.

The strengths of VCF sector organisations are;

- They are diverse: small community groups or organisations working in patches or at neighbourhood level, city wide voluntary organisations delivering services or giving support in different locations, including faith based organisations
- The sector works with BME groups and other marginalised groups that statutory organisations can find “hard to reach”, providing culturally acceptable information/support in a culturally acceptable way; this can have a significant impact on awareness and take-up of public health messages (e.g. on physical activity and healthy eating).
- The sector engages with communities and with individuals at neighbourhood level who may be reluctant to engage with health ‘professionals’ or have limited confidence or knowledge to act on ‘professional’ prescriptive advice. (e.g. mental health service users and some people in receipt of Invalidity Benefit)
- VCF organisations actively involve and have the potential to be representative of the communities, constituencies and individuals engaged in issues.
- A good understanding and knowledge of the range of support services available – signposting people on to other agencies which can help them achieve more

- They are designed to operate holistically where several services in the same organisation can be available to provide an integrated approach.
- The potential to record significant amounts of baseline information about the health of people in the most deprived areas of the city.

What is our vision?

Our vision is to develop a partnership approach so that the needs of communities are analysed effectively, and resources are harnessed to work together in a complementary way to achieve maximum impact. This will require both planning and a degree of flexibility.

Recent work in the development of Enhanced Public Health Programmes within geographical communities has demonstrated the potential of VCF partners, such as Upperthorpe Healthy Living Centre and Sharrow Community Forum.

The development of the Local Area Agreement trailblazer business plans showed where proper partnerships were set up used and developed that effective plans can be developed and implemented. We would like to see a more consistent approach applied to this type of working.

How can this vision be achieved?

- By (strengthening) partnership working, particularly at the planning stage so that service needs are identified at community level. This would enable a more effective service to be delivered to those who need it the most.
- By using the information the VCF collects at a community level and using it to complement existing data used by the PCT to provide a more informed view of the health of people in the most deprived areas of the city.
- By taking a more long term approach to funding of the voluntary sector. Moving away from too narrowly focussed short term service level agreements to grants and contracts.

Whilst this way of working may be challenging, there is already a framework within the protocols of the health compact, which have been agreed by the PCT and the VCF sector which would enable this way of working to be transparent and to be measurable.

The VCF sector workforce – both paid and voluntary – is substantial, and if engaged in joint working can significantly complement statutory sector resources. Ultimately, such partnerships can contribute to improving public health in Sheffield, reducing medical costs and enhancing the lives of all people within the city.

What do we want to happen?

The demands that the PCT will face are complex and the pressures on resources are potentially restrictive. We believe the early and active engagement of the VCF in Public Health development is a positive resource that will enable the PCT to achieve its objectives of reducing health inequalities, improving access and actively engaging with the communities of Sheffield.

There is already some excellent partnership work involving the sector, e.g. HEAT Sheffield, whereby VCF groups, SCC and the PCT's work in partnership to co ordinate health promotion information events around the city, but there is a lack of consistency.

In order to contribute effectively to public health in Sheffield, the VCF sector requires;

- Clear and transparent processes for decision making, backed by the Health Compact and the Local Area Agreement.
- Advance notice of key meetings and the timetable for the implementation of key changes.
- Infrastructure support – e.g. for co-ordination, training, “back-office” services and the opportunity for a collective voice.
- A structured and resourced framework to ensure effective VCF contribution to the planning of services
- Appropriate resourcing; through a combination of grants, contracts, and opportunities to tender for service delivery. (It is important to note that significant resources are brought into the city by VCF organisations from outside e.g. from Trusts, Lottery Funding and national government funding streams). Where the need for work is ongoing, multi-year funding helps to provide the necessary stability for planning, and the recruitment and retention of staff.
- “Champions” within the statutory sector with a commitment to support partnership working.
- Joint work around monitoring and evaluation to enhance the sector's ability to evidence its effectiveness.

The New Sheffield PCT has a unique opportunity to build into its emerging frameworks an integrated approach to the engagement of the VCF Sector in Public Health planning and delivery. We want to enter into a dialogue with the Chief Executive and Directors of the PCT to grasp this opportunity to ensure that the PCT and VCF sector can work more effectively and deliver better service to the people who need them most.

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