



Voluntary and Community Sector Forum report

1 & December 2011

Follow-up meeting on Health and Wellbeing priorities and decision making in Wandsworth

Understanding community needs and assets for the JSNA

Ensuring a voice for the voluntary and community sector on the Health and Wellbeing Board

Engaging with GP commissioning

Voluntary and Community Sector Forum

Follow up meeting to discuss health and wellbeing and the Joint Strategic Needs Assessment in Wandsworth

Wandsworth Museum, 12 December 2011

In December 2011, representatives from the voluntary and community sector (VCS) as well as from Wandsworth Council and NHS Wandsworth came together to follow up the recommendations from the VCS Forum in September 2011. The focus was on the new Health and Wellbeing decision making structures in the borough and on community involvement in the Joint Strategic Needs Assessment (JSNA).

In connection with this meeting, a set of one-page profiles related to each of the JSNA priorities were prepared by Laurence Gibson from the Public Health Department. These useful documents give a quick and informative snapshot of what each priority means and what is being done to tackle it. Download them here. More information as well as a survey on the JSNA can be found at www.wandsworth.gov.uk/observatory

Highlights from the discussions

We need to improve the information flow from and to the Health and Wellbeing Board.

LINK can help bring up issues directly to investigate; Roger Appleton as the LINK representative can follow this up with the Board and report back.

The JSNA process should show what is being done about each of the key areas, which can help smaller organisations see how they could help, either by signposting or by directly providing a service.

To get information from the community, it is important to establish a relationship. Contacts with small organisations and the Council could work better if they were informal, personal and supportive.

We need an information resource for local people, GPs, patients, professionals, carers and organisations.

Identify key voluntary and community organisations for each priority to get a better idea of what is being done in the borough.

Involve communities in design and monitoring of services. We must empower people to hold the CCG to account.

GPs could be responsible for liaising with the community groups that are working in their vicinity. It's time to start building relationships. Facilitation?

Commission communities! Models like the community hosted IAPT service developed by WCEN, the Mental Health Trust and community organisations could work for a range of services.

Where is the link between preventative services and Personal Budgets – the latter only caters to high levels of need? We are missing a strategic link.

Engaging with health and wellbeing in Wandsworth

Our two Voluntary and Community Sector Forums on health and wellbeing during 2011 brought together 80 people from a diverse range of groups. We had small community groups catering to the most deprived areas of Wandsworth, as well as major voluntary organisations delivering public sector contracts.

The first meeting in September gave us some ideas for how we could collaborate with each other and with the local public sector. The second meeting in December took those ideas forward by putting representatives from key public sector organisations and Wandsworth LINK at tables to host conversations with groups about actually getting on with that collaboration.

Many ideas and concrete measures were proposed and it emerged that people in the voluntary and community sector feel that relationships and regular communications are key – being kept in the loop and knowing who to contact makes a difference for community groups.

It emerged that several organisations are willing to feed into and support LINK to bring local issues to the attention of the Health and Wellbeing Board. Public Health is also keen to develop closer links with organisations to enable a better understanding of how the voluntary and community sector relates to the JSNA and to health and wellbeing outcomes more generally.

Action points from the previous meeting (download the report [here](#)) were discussed with table ‘hosts’ who were matched with the action point that most related to their area of work (see below). Sadly, no groups from west Wandsworth attended to discuss local JSNA priorities with Dr Peter Ilves, something we will look into for next time.

Community Intelligence & the JSNA

Hosted by Laurence Gibson, co-author of the JSNA, Public Health

Engaging with GP Commissioning

Hosted by Sandra Iskander, Head of Performance and PPI, NHS Wandsworth

Do we have the right health and care priorities?

Hosted by Houda al-Sharifi, Director of Public Health

Working with Wandsworth LINK to influence the Health and Wellbeing Board

Hosted by Roger Appleton, LINK representative on the HWBB

Tackling JSNA priorities in West Wandsworth

Hosted by Dr Peter Ilves, Clinical Lead, West Wandsworth Locality Group

Community Intelligence & the JSNA

How can community information about local people's lives and needs find its way into the Joint Strategic Needs Assessment?

Facilitated by Laurence Gibson

Questions and issues

The JSNA currently feels like it has more of a health focus. There is a need to understand community social care needs as well.

Recognising and catering to the needs of carers is often difficult; their work is hidden, under valued and under recorded. This can result in a focus on other services and carers being overlooked.

Can we make more use of the website?

There are many 'options' in the voluntary sector; there are many groups helping people (and that could offer services to people with Personal Budgets). We need to have a clearer idea of what is available through the community.

What's in it for small community groups that deal with inequalities and deprivation? How can the JSNA be linked to their work and why should they feed information through? Is there any benefit for them?

At the Mercy Foundation on Kambala Estate following the riots, over 60 people came together to talk about the implications and issues around the unrest, but this was done without public sector involvement. A missed opportunity?

Suggested solutions/action

Information about social care priorities and needs could be pulled together from people who attend the Adult Social Services Provider Forum – lead contact?

There are big issues at stake around social isolation, poverty etc. Perhaps issues could be tackled jointly by offering joint sessions in community settings – benefits advice for example?

Email updates.

The website needs to be easy to navigate and it should have a contact person with telephone number and email. It could also feature events of relevance to the JSNA and possibly the funding streams.

The JSNA process should show what is being done about each of the key areas, which can help smaller organisation see how they could help, either by signposting or by directly providing a service. The web pages could have a section where organisations could submit information.

The funding bulletin from the Council is appreciated by local groups. Can we get the name and contact to sign up?

To get information from the community, it is important to establish a relationship. Contacts between a small organisation like the Mercy Foundation and the Council could work better if they were informal, personal and supportive. This takes time and effort – is it too resource intensive to have real dialogue with communities?

Engaging with GP Commissioning

How can local organisations work with the new Clinical Commissioning structures?

Facilitated by Sandra Iskander

Questions and issues

How are Clinical Commissioning Groups (CCG) held to account?

CCGs need to understand what voluntary and community organisations do – how can we get to know each other?

How can we make joint and joined up working happen?

What is the mechanism to oversee/monitor private sector involvement in commissioning and provision?

The JSNA is a useful tool for understanding needs, but what about disempowered communities that suffer health inequalities?

Concerns about how commissioning decisions will be made – who shouts loudest?

The health & wellbeing relationship links with how communities relate to themselves. We need a resourced engagement plan to achieve behavioural change within communities.

Early intervention focus – voluntary and community groups understand needs and can offer innovative solutions, but this requires flexibility and support.

Allocate some resource to investigate issues raised by local groups.

Suggested solutions/action

Involve communities in design and monitoring. We must empower people to hold the CCG to account. Ensure that quality criteria are prominent in the service specification.

The way GPs work with patients and communities presently is going to change. GPs could be responsible for liaising with the community groups that are working in their vicinity. It's time to start building relationships. Facilitation?

GPs should have links to social care.

Long term community engagement and is needed in areas of high deprivation. A lot of projects are funded for a couple of years and then stop, e.g. on the Winstanley estate, only to be restarted again. It would be better to keep them going.

We need an information resource for GPs, patients, professionals, carers etc.

Commission communities! Models like the community hosted IAPT service developed by WCEN, the Mental Health Trust and community organisations could work for a range of services.

Professionals talking to communities and communities talking to communities – important to create spaces where this can happen.

Importance of Lifetimes in coordinating function.

Do we have the right health and care priorities?

Does the JSNA cover the key issues affecting local people in Wandsworth?

Facilitated by Houda al-Sharifi

Questions and issues

Dementia is an area of mental health that needs to be addressed more explicitly with a clear referral pathway.

The links between mental health problems and re-offending should also be looked at more.

How is Personal Budget debate reflected in the JSNA process?

Where is the link between preventative services and Personal Budgets – the latter only caters to high levels of need? We are missing a strategic link.



The work done by VCS groups is underestimated and the gap in services that they fill is not fully appreciated.

People with needs that don't qualify for help – what should they do? Do front line workers pick up on them?

Why is the volunteering service out of borough?

Suggested solutions/action

Commissioning services for specific issues – can we find out how to get involved in service design, specification and even opportunities for community based delivery? Lead contact for mental health commissioning and community relations?

We need one community database where people can see what VCS groups are doing.

As day centres close and higher fees prevent older people attending the remaining ones, we need to address the rising number of isolated elderly.

What are the ways to get involved to start co-creating services?

Better support to navigate the care system would be useful – it should not feel like a fight to try and get help for your loved one.

Staying connected to the agenda – opportunities to get updated, communicating with communities. Email updates?

The frontline human resources – Community Development Workers, social workers, area coordinators (any others we don't know about?) – could help ensure continuity and local knowledge is picked up on.

Dialogue with each other and with decision makers – relationships matter.

How can the community influence the Health & Wellbeing Board (HWBB) via LINK?

Facilitated by Roger Appleton

Questions and issues

Is the HWBB visible enough or can it be made more profile? Difficulty of contact with HWBB – does it have a website link?

What is the forward plan of the Health & Wellbeing Board?

Information flow – some groups are really getting involved like the Older People's Network, but this is not the case for all groups. We need to improve the information flow in both directions.

How do GPs feed into this process with the information about patients moving around the system?

Winter deaths – has the flu vaccine campaign had an impact on the death figures?

How can the HWBB understand what VCS groups do?

Most items on the Board's agenda come from officers in the Council. Others can raise issues for discussion.

Long term mentally ill people are dropping out of the Personalisation assessment process.

Suggested solutions/action

Build an email network for HWBB for regular updates to be sent round with the forward plan and feedback on what has been decided. Possible to link with the voluntary sector as well as with Public Patient Involvement groups at GP practices.

Identify key voluntary and community organisations for each priority to get a better idea of what is being done in the borough.

Finding key points where the NHS and social care interact, e.g. GPs feeding elderly people into voluntary sector day activities.

Bring up issues directly to investigate, e.g. changes to sheltered housing wardens. Roger as the LINK representative on the HWBB can follow this up with the Board and report back.

Getting messages to the HWBB about e.g. flu vaccine and winter deaths. Use of GPs, community groups – use existing structures and set up regular communications to get information and share it.

Benefits people. Life after the Joint Visiting Team? Clarity on this?





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