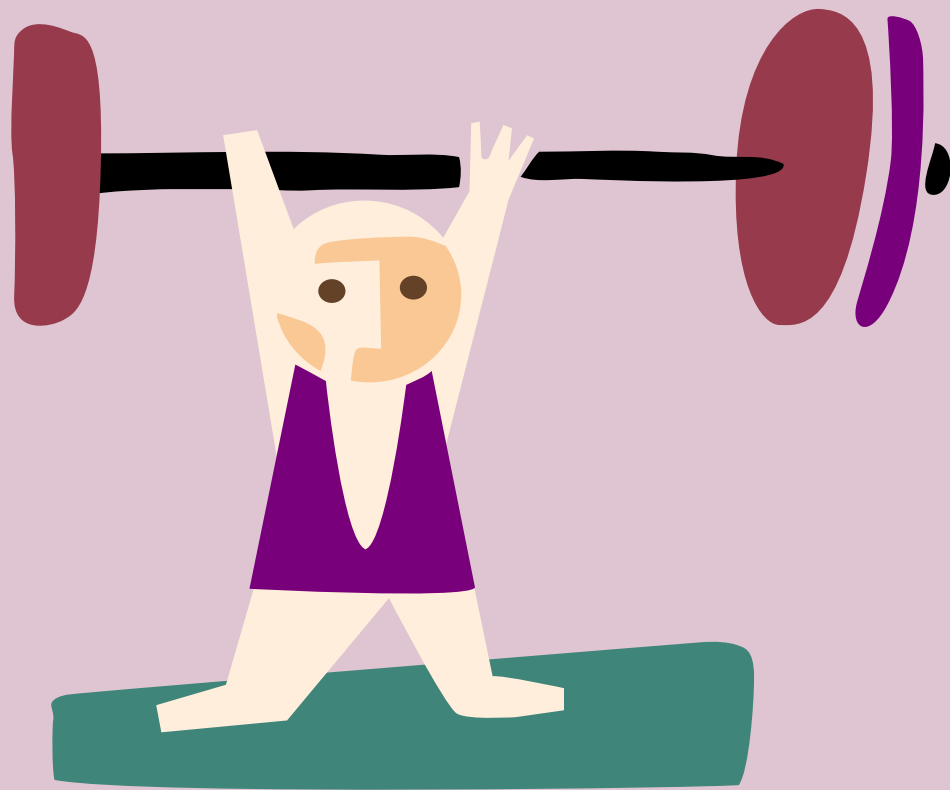


In sickness and in health



**A PLAN FOR HEALTH FROM THE
VOLUNTARY AND COMMUNITY
SECTOR IN THE HIGH PEAK AND
DERBYSHIRE DALES**

In sickness and in health Report

Background

Voluntary and community groups for years have been working within communities, delivering services and providing support to people where and when it is needed. There can be no doubt that their work contributes to the health of individuals throughout the area, both directly and indirectly.

What's more, the people working with and for voluntary and community groups are driven to do what they do, they are passionate about issues especially around health. So, it comes as no surprise that they hold strong views on the direction and approach adopted by statutory agencies who also work with health issues, in particular the Primary Care Trusts and Social Services. This dynamic can be both a source of valuable cooperation and synergy, and of compromise and active debate. This report is an attempt to outline some of the concerns of local voluntary and community groups and some of the wishes. There are recommendations for action, not just for statutory agencies but also for the voluntary and community sector. It is an attempt to further the synergy between organisations working together to improve the health of our communities.

For many years, people in the voluntary and community sector (and no doubt in statutory agencies as well!) have felt that as well as doing their work (both voluntary and paid), they have had little time to respond to new policy debates that have been originated in national or local initiatives from statutory agencies. However, as they are passionate about the issues they stretch themselves to engage with them. This report is an attempt to turn the tables, for the voluntary and community sector to express its vision, what it would like to see happening within the health agenda instead of simply responding to someone else's thoughts and recommendations. It is a start of a process that will continue with, amongst other things, a further event next year to see how much has been achieved.

Representatives from local voluntary and community groups came together to plan an event, *In Sickness and In Health*, that began to outline this process and input into this report. At the same time, the **Congress for Older People** in High Peak and Dales met to discuss what they would like to see from voluntary services. The **Health Living Network**, a partnership initiative has also been working in areas of the High Peak and Dales and this work has brought up issues from communities that also need to be integrated into this report. **Village Agents** in supporting the development of village plans have also come across health issues from the village communities. So, this report is an attempt to bring some of these findings together and in doing so is bound to miss some out, but will include others for consideration. Points are not necessarily acknowledged as they are often shared and come from all the sources, but every contribution has been valuable. There is also a feedback sheet to work towards including other issues later, please feel free to use it!

In sickness and in health Report

What does the voluntary and community sector contribute to health

The contribution of local voluntary and community groups to health reflects the diversity that exists within the sector. This is a snapshot (albeit an important one) of part of this contribution. In reading, one should remember that:

*“Voluntary and community organisations make a major and incalculable contribution to the development of society”
(The Compact, Home Office, 1998)*

*“Community and voluntary groups play an important role in improving the health of local people.”
(Strengthening Accountability, Department of Health, 2003)*

Direct Services

Many voluntary and community groups are set up to deliver direct services that deliver direct health benefits to individuals and communities.

For example:-

- support for carers
- respite care
- transport to appointments, shopping and social activities for example
- support to individuals returning from hospital
- meals and social contact
- home help services
- information and advice on access to services
- basic first aid training
- health promotion such as exercise classes for older people

Bakewell and Eyam Community Transport delivered 66,000 passenger journeys in 2001/2002 to enable people to access hospital appointments, dental appointments, social activities, shops and amenities and other important services.

In sickness and in health Report

Indirect Benefits

The delivery of direct services often has indirect benefits which contribute to the health of individuals and communities.

For example:-

- increasing self esteem and confidence
- developing skills and experience to support career development, returning to work and so on
- raising awareness of issues such as the needs of disabled people
- reducing the need for people to receive additional health services and medical interventions
- increasing good physical and mental health
- developing community safety and decreasing fear
- supporting independence, reducing isolation and loneliness which results in more individuals being able to stay in their homes
- improving access to services
- preventing breakdown of family life
- developing and maintaining networks and sense of community
- reduction in suicide
- increasing income and reducing poverty
- reduces coronary heart disease and other conditions
- improves quality of life
- maintains dignity and respect
- reduces falls and accidents

Access Groups work throughout the High Peak and Derbyshire Dales producing information leaflets on accessibility of buildings, restaurants, cafes and pubs. This not only raises awareness about the needs of disabled people but increases tourism and revenue to these businesses.

Way of working

Although voluntary and community groups work in many different ways, as a sector the way in which local groups deliver services has an impact on health.

For example:-

- innovative and creative solutions developed
- provides a voice for people
- works with the most marginalized communities
- promotes community action and involvement
- often run by service users for example self help groups
- develops participation in communities
- is flexible in the way it responds

High Peak Diabetic Self Help Group has been going for 18 years, supporting people with diabetes, raising money for a Diabetes Liaison nurse, giving training for GP surgeries and teaching children how to do their own insulin injections and blood tests.

In sickness and in health Report

Value for money

Voluntary and community groups make economic sense. Not only does the delivery of services often result in increased family incomes (for example, benefits advice, access to employment and so on), but funding local groups can often support access to further funds to be brought into the area. There are many ways in which the voluntary and community sector contribute to the local economy.

For example:-

- skills development
- funding brought into the area
- jobs created and secured
- access to benefits increased

High Peak Citizen's Advice Bureau runs a project with the Health Living network based in GP surgeries offering advice to people on access to benefits. In 2001/2002 the reported increase in the access to benefits was £381,476. An estimated total of benefits accessed would be potentially £866,992 from 3395 enquiries.

Direct benefits for statutory agencies

The work of voluntary and community groups has direct benefits for statutory agencies.

For example:-

- support reaching targets and fulfilling statutory obligations, for example reduction in coronary heart disease
- reduces demand on services
- ensures appointments are kept
- allows earlier release from hospitals, freeing up beds for others
- enables consultation with all sections of communities, particularly marginalized groups
- inputs into policy and practice development
- gives advice and expertise
- delivers services on behalf of statutory agencies

In High Peak and Dales voluntary sector representatives are elected at the Health and Social Care Voluntary Sector Forum (which serves groups in North Derbyshire) and they attend various meetings at the Primary Care Trust to ensure that a voluntary sector perspective is heard at these meetings.

In sickness and in health Report

What does the voluntary and community sector want statutory partners to understand about them

There is a general feeling that statutory partners do not necessarily understand, or show an understanding of the voluntary and community sector, how it works, what value it brings, what services are delivered and so on. Local groups would like statutory partners to understand the following points about them:-

Voluntary but not amateur

Although the voluntary and community sector is often called 'voluntary' this does not mean that it is not a professionally run service which works within a framework of legal and social duties. In particular the voluntary and community sector:-

- employs many people within the sector who work alongside volunteers
- includes unwaged people but this does not mean uninformed
- is very flexible in the way it can respond to need and can often respond very quickly
- is run by independent management committees made up of local people who are often service users, funders should not have power over them
- often follows nationally recognised quality standards and delivers a quality service to people
- shouldn't be seen as the cheap option
- provides an alternative, and in some cases more appropriate service
- can take risks, developing creative and innovative responses to need (later often adopted by statutory agencies).

Peak District Rural Deprivation Forum conducted some research into hidden deprivation in rural areas conducted by Mori. This research is now quoted by the Countryside Agency and other statutory partners as an example of good practice.

Reaching people

Local voluntary and community groups work for and with the communities they serve, and indeed are often run by members of the community. They are particularly successful in reaching the most marginalized communities, which statutory agencies often have difficulty reaching.

In particular the voluntary and community sector:-

- provides vital links into different communities, especially important in this rural area
- has a vast knowledge and experience of communities and the needs they face
- highly values volunteers and users of the services
- provides a network of information
- is approachable and supportive and empowers people.

In recent surveys, word of mouth is seen as the most effective method of getting information about services and facilities. Many areas have networks and forums that share information such as Development Workers Forums that exist in both High Peak and Derbyshire Dales.

In sickness and in health Report

Adding value

The voluntary and community sector adds value to the work of statutory agencies. There is a definite economic contribution made by local groups and providing funding to local groups can often lead to more funding being brought into the area.

In particular the voluntary and community sector:-

- offers a cost effective method of delivering services
- needs to have realistic deadlines for applications
- cannot make long term plans on short term funding
- needs funding for the delivery of core services
- has a lack of resources to be able to deliver the amount or breadth of services it has the potential to offer
- can support access to further funding if supported that can deliver benefits to the whole community

High Peak CVS recently conducted research 'Dynamic and Diverse' that showed for each £1 given to local groups in High Peak there was a total economic benefit of £5.23.

Valuable partners

Although independent from statutory agencies, the voluntary and community sector can be a valuable partner in improving the health of our communities. In particular the voluntary and community sector:-

- is not a threat - but a model
- needs to retain, and be supported, to retain its independence
- should be treated as an equal partner
- wants to be consulted, taken notice of and respected on matters of policy and strategic development
- needs to know and be able to prepare for the withdrawal of services, and other things that might affect the demand on the services the sector offers
- prevents crises, both individual and organisational

The Compact Working Group produces a Code of Good Practice on Consultation and Policy Appraisal that is available to support statutory agencies and voluntary and community groups to work together. It is available from NCVO on 0845 600 4500 or from your local CVS.

In sickness and in health Report

How can the voluntary and community sector get its message across

Increase information and communication

The voluntary and community sector needs to increase awareness about what it does and how it works.

Some priorities include:-

- information and communication at different levels, from service users to PCT board members. This could be information but could also include representation and ensuring that a 'voice' from the voluntary and community sector is heard throughout the health delivery process
- accessing clinical networks to increase awareness of and referrals to local groups from health professionals
- delivering and attending joint training.

Demonstrate value

The voluntary and community sector needs to demonstrate that it can deliver services that are cost effective and add value to the work of statutory agencies.

Some priorities include:-

- marketing and selling what we do, illustrating quality
- carrying out research into qualitative and quantitative analysis of what local groups deliver
- implementing quality standards to the work
- reporting honestly to funders, beneficiaries and statutory partners.

Process

Local voluntary and community groups can support a greater understanding through working together to ensure that:-

- there is representation at all levels
- there is early involvement in projects both from other voluntary groups and statutory agencies
- a unity of purpose is developed by the voluntary and community sector and statutory agencies
- their profile is developed
- the agenda is set by local voluntary and community groups.

In sickness and in health Report

Some initiatives to build on:

- 1. Derbyshire Social Services has opened up its staff training to voluntary and community groups.*
- 2. Derbyshire Dales and High Peak CVS have produced Directories of local voluntary and community groups which are available in libraries, GP surgeries and other places.*
- 3. Ashbourne Multi Agency Group provides a forum for Derbyshire Dales and South Derbyshire PCT, Social Services and the voluntary and community sector to get together, share views and opinions and inform each other on plans and policy developments.*
- 4. The Congress for Older People in High Peak and Dales brings together all agencies and older people themselves to look at future priorities and developments needed to improve services for older people.*

What does the voluntary and community sector want to see happening

The voluntary and community sector has come together to suggest what they would like to see happening within the health agenda. The vision in parts is laid out below and there are some suggestions for action. Above all, local groups look forward to improving working relationships with statutory partners and others to improve the health of our communities.

Strategic development and planning of health services

Before the delivery of services can happen, strategy and planning occurs. Without the integral involvement of the voluntary and community sector at this initial stage, the plans and ultimate delivery of services will not be as effective. In particular there needs to be:-

- a formalised structure/process to involve the voluntary and community sector which would ensure involvement from initial stages and ensuring that support for involvement is recognised
- links need to be established between all service providers which could lead to service level agreements or shared understanding on delivery of services
- local answers to local needs should be promoted
- voluntary organisations need to be supported to formulate their own strategic development plans

Derbyshire Dales and South Derbyshire PCT are involving local CVS in planning a stakeholder day which looks at ways in which local groups and the PCT can develop a closer working relationship.

In sickness and in health Report

Development of access to services provided by statutory agencies

As the voluntary and community sector work with the most vulnerable and marginalized communities, they can be a source of support and advice on how to ensure that services delivered are as accessible as possible. In particular there needs to be:-

- services delivered locally with outreach to smaller communities
- information available about services and contact details through using media, all avenues of communication including partners and networks
- increase in the quality of service
- clarity on what is expected from the involvement of local people
- more responsive approach to be able to quickly respond to needs as they are identified
- support to developing community transport to enable people to access services, shops and social activities

High Peak and Dales PCT runs the Farm Out Project, which has conducted a participatory health needs assessment of the farming community from which public health solutions have been developed addressing mental health problems, access to healthcare, accident prevention and musculoskeletal injuries.

Provision of services provided by voluntary and community sector

As shown already, many services are already provided by voluntary and community groups but there is always room for improvement. In particular there needs to be:-

- more research into the gaps of provision and the most appropriate ways of addressing these needs
- better marketing and awareness raising of what services are being delivered
- increase in the support and capacity of existing voluntary and community organisations
- celebrate examples of good practice
- clearer channels for representation of local groups at all levels of policy and strategic development and planning

Derbyshire Dales CVS is currently working with Derby Friend to develop a research project looking into the needs of lesbian, gay and bisexual people in Derbyshire Dales.

In sickness and in health Report

Consultation and access to information

The voluntary and community sector want to be involved in determining, commenting on, advising, implementing and evaluating the way in which services are delivered. However, there is often the feeling that they are consulted endlessly by statutory partners and never see any of the outcomes from this. Accessing information to pass on to the service users of voluntary and community groups is also often difficult and often needs 'translating' so that service users can understand the contents.

In particular there needs to be:-

- barriers removed to ensure that different organisational cultures are respected
- involvement of the voluntary and community sector at the initial stages
- statutory agencies need to come to us, find out what we are doing and what we can do to support them
- focus on outcomes
- reasonable deadlines for consultations
- use of available networks to access information and experience
- single points of information developed
- resources available to ensure the full participation of voluntary and community groups is possible.

Volunteer drivers are a valuable source of information on people's opinions of hospital services as they are always talking to patients on the way home immediately after they have had treatment.

Funding

Inevitably funding of voluntary and community groups remains high on the agenda for them. In particular there is a need for:-

- allowing budgeting for real costs and support to local groups to do this
- longer term funding which covers core costs matched with realistic expectation
- joining up available funding to recognised needs
- lobbying for more funding to be available to voluntary and community groups
- evaluation needs to be pertinent to service users as well as funders
- support to local groups to access funding
- joining funding together to address recognised needs through partnerships such as Local Strategic Partnership
- need to support local groups to match outcomes to those of the funders for example, a group delivering Tai Chi classes to older people can argue that they are reducing coronary heart disease within this group as the resulting exercise reduces stress, increases physical and mental well being and so on.

A Funding Code of Good Practice has been produced by the Compact Working Group and is available from your local CVS or NCVO on 0845 6004500.

In sickness and in health Report

Taking things forward

This report calls on everyone involved in the delivery of health services to take note of the wishes of the voluntary and community sector.

In particular, the sector calls upon:-

Local voluntary and community groups to

- develop more publicity and information about the services they deliver and use all available channels to distribute them such as libraries, post offices, GP surgeries, local press and so on
- recognise that statutory agencies have targets they need to fulfil. Local groups need to be more aware of these targets and to show how their work can support them
- work together to ensure that information sharing, consultation and representation is facilitated
- carry out and share further research into the needs of communities and gaps in provision and identify appropriate organisations to deliver solutions.

Statutory agencies to

- raise awareness of the contribution of the voluntary and community sector within staff, for example including an introduction to the voluntary and community sector within induction or other training
- implement the Compact Codes of Good Practice and work towards establishing a Compact with the local voluntary and community sector
- consult the voluntary and community sector when planning the withdrawal of services
- recognise the outcomes beyond the targets set by national government that contribute to the health of our communities

Other ideas include

- organising more joint training or other initiatives to increase understanding of how each other works, for example “Shadow a volunteer day”
- developing a Congress for Older People in Derbyshire Dales and South Derbyshire PCT area
- developing other multi agency forums for disabled people, children and young people, mental health and so on
- develop local single points of information such as the Information Kiosk at the Agricultural Business Centre in Bakewell.

In sickness and in health Report

Appendix one: In Sickness and In Health Event

6th March 2003 at Bakewell Agricultural Centre

The following people were present and so contributed to this report:-

Kevin Skingsley	High Peak CVS
Annette Lowe	Karten CTEC
Christine Price	Ashbourne Volunteer Bureau
Kevin Fradley	Ashbourne Community Transport
Graham Hunt	Derbyshire Rural Community Council
Elaine Ball	Buxton Access
Penny Kill	Community Arts – Eyam
Penny Nicholls	North Derbyshire Alcohol Advice Service
J Allsopp	First Taste
J Murphy	Hathersage Luncheon Centre
Peter Fenton	Derbyshire Dales CVS
Doreen Booker	The Federation of West Derbyshire Mental Health Service Groups
Sally Cox	Peak District Rural Deprivation Forum
Marion Fuller-Sessions	Derwent Rural Counselling Service
Margaret Cole	First Taste
Sue Burnage	Buxton Volunteer Bureau
Michelle Reece	Supporting Parents of Drug Abusers
Browen Anthony	Matlock Hard of Hearing Club
Pam Wood	South Derbyshire CVS
Mary Bundy	Hathersage Luncheon Centre
Joanne Holt	Buxton Volunteer Bureau
Gill Geddes	Ashbourne Volunteer Bureau
Jon Taylor	New Mills Volunteer Centre
P E Hall	Careline
D Longden	Nedcash
W Whiting	Rethink
A Dudley	Bakewell Access Group
Deborah Oddy	Bakewell and Eyam Community Transport
Nick Oddy	Bakewell and Eyam Community Transport
Angela Andrews	Age Concern Derby & Derbyshire
Richard Waterhouse	Ashbourne Playaway
Angela Bown	Peak District Rural Deprivation Forum – Healthy Living Network
Leigh Selway	Leonard Cheshire

In sickness and in health Report

Appendix two: In sickness and in health feedback form

Name: _____
Organisation: _____
Contact Address: _____

Telephone Number: _____
Email address: _____

What I liked about the report: _____

What I felt could be improved: _____

What I would like to see included in any updates: _____

Other comments: _____

*Please return to:
In sickness and in health,
Derbyshire Dales CVS, Council Offices, 3 Bath Street, Bakewell DE45 1BY
Or email: enquiries@derbyshiredales.cvs.org.uk*

In sickness and in health Report

Appendix three: Useful contacts

If you would like to know more information about health services in your area contact:

High Peak and Dales PCT

Rachel Mee, Newholme Hospital, Baslow Road, Bakewell, Derbyshire
DE45 1AD Tel: 01629 812525

Derbyshire Dales and South Derbyshire PCT

Vicki Price, Repton Health Centre, Askew Grove, Repton, Derbyshire DE65 6SH
Tel: 01283 703407

Derbyshire Social Services

Portland House, Clifton Road, Matlock Bath, Matlock, DE4 3PW
Tel: 01629 772323

If you would like to know more about voluntary and community groups in your area and the work they do please contact:

Derbyshire Dales Council for Voluntary Service

Sarah Paisley, DDCVS, c/o Council Offices, 3 Bath Street, Bakewell,
Derbyshire DE45 1BY Tel: 01629 812154

High Peak Council for Voluntary Service

Tony Okotie, Community Space, 1a Bingswood Trading Estate, Whaley Bridge,
High Peak SK23 7LY Tel: 01663 735350

In sickness and in health Report

Acknowledgements

This report and the *In sickness and in health* event would not have been possible without the support of High Peak and Dales Primary Care Trust (PCT) through funding acquired by Derbyshire Dales Council for Voluntary Service (CVS) from the Joint Working Fund. For details of the project contact Peter Fenton at Derbyshire Dales CVS.

The Congress for Older People held a meeting looking at what voluntary services were needed by older people in the High Peak and Dales. Many of the findings of this meeting are also included in this report. The Congress for Older People is run by a steering group of individuals from the community of High Peak and Dales, representatives from voluntary organisations, social services, High Peak and Dales PCT and others. For details contact Brenda Page at High Peak and Dales PCT: 01629 812525.

The Planning Group for the *In sickness and in health* event was:-

Sue Burnage, Buxton Volunteer Bureau
Margaret Cole, First Taste
Peter Fenton, Derbyshire Dales CVS
Marion Fuller-Sessions, Derwent Rural Counselling Service
Frank Hall, Derbyshire Dales CVS and Congress for Older People
Steering Group
Zan Hurst, North Derbyshire Voluntary Action
Kevin Skingsley, High Peak CVS

This report was written by Peter Fenton, Derbyshire Dales CVS with the support of the Planning Group above.

Further copies are available from:-

Derbyshire Dales CVS, Council Offices, 3 Bath Street, Bakewell DE45 1BY
Tel: 01629 812154

High Peak CVS, Community Space, 1a Bingswood Trading Estate, Whaley Bridge,
High Peak SK23 7LY Tel: 01663 735350

**Copies are available in larger print or in other formats.
Please contact Derbyshire Dales CVS on
01629 812154 for details.**

May 2003