

NETWORK NETWORK NETWORK

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NETWORK is available in large print or on tape on request. It is also available on the NDVA website. Please contact NDVA if you prefer to receive Network in either of these versions.

The next distribution date for 'Network' newsletter is 30 November 2010. If you would like an article included, please ring or e-mail NDVA to discuss and send copy to us by 5 November 2010.

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NDVA Directors as from 21st April 2010

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Lisa Briddon
Roland Brown
Heather Fawbert
Jackie King-Owen
Ann Sullivan
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David Timcke, Chief Officer
Sue Thickett, Administrative Assistant
Jacqui Willis, Liaison Officer
Roz Van, Finance Officer
Roger Kerry, Mental Health Liaison Worker
Bryony White, Mental Health Administrative Assistant
John Morris, Derbyshire LINK Manager
Sharon Buels, Derbyshire LINK Administrative Support

A Busy Day at ABC!

Health and Social Care Voluntary Sector Forum & Networking Event, 14 July 2010

Sue Howard welcomed everybody to the Agricultural Business Centre, Bakewell for the July meeting of the Forum and annual Networking Event.

David Timcke, who thanked NDVA staff (and our volunteer) for their dedication and hard work in preparing for the day, outlined the business conducted at the first meeting of the new Board of Directors on 29th June.

This included:

- The appointment of honorary positions of Chair (Sue Howard), Vice Chair (Roland Brown) and Treasurer (Teddi Carlson).
- An invitation for our Directors to observe a meeting of the Derbyshire LINK Steering Group.
- The feasibility of having future Networking events, publication of 'Network', etc., sponsored by appropriate and ethical companies and organisations.
- Proposals to hold a business recovery / strategic planning session involving NDVA staff and Board members.
- Decisions regarding the latest Small Grants applications.
- Staff changes at NDVA and Derbyshire LINK (reported elsewhere in this issue).

The Board also received updates on two Projects:

Derbyshire LINK

Is currently able to outreach to approximately 20,000 individual/group members.

Has updated its 'issues' database.

Has succeeded in securing a contract relating to aspects of the Mental Health Capacity Act.

Mental Health Liaison Service

Delivering Mental Health Awareness Training 'Training for Trainers' has resulted in six trainers being ready to deliver the course. A Joint Countywide Meeting between NDVA and the Southern Derbyshire Voluntary Sector Mental Health Forum is planned for 28th September.

Contents

Page 1-5	H&SC Forum
Page 6-9	Notice Board / Networking Event
Page 10-16	NHS White Paper
Page 16-17	The Big Society
Page 18-19	Funding
Page 20	Contact Details
Insert	'What is NDVA?' / 'Listen:Value: Invest'

A Busy Day at ABC!

The next meeting of the Board of Directors will be on 14 September 2010

The “10 Minute Slot”

Now a standing item on the agenda, the “10 Minute Slot” is an opportunity for groups and organisations to update other Forum participants on their activities and to promote events.

Headway North Derbyshire



Peter Shaw, Headway North Derbyshire

Peter Shaw began by explaining that last year Headway were rebranded as Headway North Derbyshire (formerly Headway), as a reflection of the organisation's aspirations. They currently have 100 members, which include 50 brain injury survivors, their families and carers.

The North Derbyshire branch is managed by a small group of volunteers, who produce a monthly newsletter and run a dedicated telephone helpline. They meet on the second Monday of each month at Leonard Cheshire, West Street, Chesterfield, where they participate in various indoor and outdoor activities. Headway North Derbyshire liaise with NHS Derbyshire County, GP's and Social

Services, they have also recently started working the Youth Offending Team.

The aims of Headway North Derbyshire are to:

- Promote wider and better understanding of brain injury.
- Campaign for measures to reduce the number of brain injuries.
- Lobby for better service provision.
- Provide better signposting services.

In the future they plan to cover other areas of North Derbyshire and employ a Development Worker.

For members in the North, Headway provide a service based on an outreach model.

Chesterfield Law Centre

Chesterfield Law Centre provides a free legal service for people living in North Derbyshire. Specialising in housing law, immigration law, employment law and debt law, it also provides an equality and human rights service.

The Centre's services can be accessed by phone or email. Staff can do home visits and they work with Citizen's Advice Bureaus to provide outreach services. Queries are referred to mediation with 77% being solved - only two cases in the last six years have gone to court.

The Centre deals only with individuals, directing businesses, landlords or employers to the appropriate agency.

Chesterfield Law Centre is funded by Derbyshire County Council, North East Derbyshire District Council, Chesterfield Borough Council, Derbyshire County PCT, and the Big Lottery Fund.

Teresa Waldron explained that there is a New Equality Act 2010 which tackles discrimination in employment and in the provision of goods and services. Chesterfield

Law Centre has been funded by the Equality and Human Rights Commission to provide training on the New Equality Act 2010.



Teresa Waldron

Feedback from the Resources and Issues Group

The aim of the Group is to form an interactive open arena for mutual support, to monitor and facilitate change within the health and social care sector. The Group will be working to enhance and develop the strengths of the NDVA Forum and aim for a resource exchange of skills, knowledge and expertise.

At the recent meeting accreditation and quality mark, monitoring and promotion and marketing was discussed.

The next meeting is on the 27 September 2010, 2pm at Enable's Head Office, Ellen House, Heath Road, Holmewood, S42 5RB.

Commissioning, Funding & Contracts

– How is the changed economic climate likely to affect community groups and voluntary organisations?

This 'questions and answers' session, with James Matthews (Derbyshire County Council Adult Care) and Paul Carney (NHS Derbyshire County), was arranged before we knew just how 'earth shaking' the proposals within the White Paper, "Equity and Excellence

Liberating the NHS" would be. Given that the White Paper had been published just before the Forum, everyone was grateful to James and Paul for 'soldiering on'.

Unfortunately, space limitations do not allow us to include all the questions asked during the session but we hope the following will give a flavour.

Paul began by giving an introduction to the White Paper, which states that the commissioning role will move from the PCT to groups of GP's operating in consortia, who will handle 80% of resources. There will be implications for commissioning and provision. These structural changes mean that the Strategic Health Authority will be abolished by 2012, and the PCT will be fully abolished by 2013. Part of the role of the PCTs now will be to establish the new consortia. National Commissioning Board will have links to the GP consortia.

In time there will be further announcements regarding the future of public health.

Paul said that the PCT values the role of the voluntary sector and will work with the GPs to ensure the voluntary sector is involved in the new structures. Good communication will be the key to a successful transition. James Matthews added that there was a lot of uncertainty, but Derbyshire County Council (DCC) will work in partnership with the PCT. James also said that there was still a lot of uncertainty and a lack of detail in the White Paper about the role of DCC under the new arrangements.

In response to a question from Teddi Carlson regarding meetings / training for PCT and DCC staff about the impact of the White Paper, the Forum was told that workshops for the voluntary sector could also be arranged - and potential clinical leaders will be invited to be involved.

A Busy Day at ABC!

James said that it would be on the agenda at the next Health and Wellbeing Partnership Board. (See footnote to Forum Report)

Jackie King-Owen said that the sector was sympathetic to the problems faced by the PCT and DCC, but it would be hard for the sector to keep up with developments and fill gaps because of the pressures on their funding. Paul replied that there would not be significant cuts in NHS funding, but there will be no new resources. Their strategic plan and six priorities still exist, but all spending including the voluntary sector will be reviewed in the autumn. Nothing will be cut unilaterally and without consultation.

Jackie also commented that many GPs have limited knowledge of the voluntary sector, so it is important that they engage with us.

Roger Kerry asked how Paul thought that equity of service county-wide could be protected, particularly in mental health and would not commissioning by a number of consortia lead to an increased “postal lottery”. Paul replied that it could be a problem. James added that DCC will have more of a role across the consortia; however it will be a role of influence and not control.

In his introduction, James Matthews referred to the Coalition Agreement, which states that there will be a commission looking into health and social care. James feels that commitments to Personalisation will continue and that the pace will be increased. The previous commitments to prevention and early intervention and support for carers will be maintained.

James reminded us that DCC is funded 66% from the Council Tax and the remainder from the business rate (set nationally) and Government grant. The Comprehensive Spending Review due in October will set the level of Government support. Unlike the NHS, there is no protection from cuts for DCC.

Cuts could be anywhere from 35 to 40% - but James knows no more than the general public. £350,000 has already been lost from Supporting People services. Cuts could represent £20 million over three years. There is expected to be a 3% increase in demand for services over the same period due to demographic pressures.

DCC will be reviewing all spending, including funds to the 400 voluntary sector organisations currently supported. James promised to maintain good communications with the sector.

In response to a question from the floor, James said services that are grant aided will be unaffected by tendering. He is not able to give an answer yet to those that are not grant aided.



James Matthews and Paul Carney

Sue Howard commented that many voluntary organisations do an excellent job but do not have the resources to market what they do to Commissioners. She asked James how DCC would ensure fairness and avoid duplication of services (preventing the funding of services in areas where they are already provided).

James replied that he did not accept “duplication” was a problem and suggested it represented service user choice. He did recognise the added value provided by the voluntary sector, but felt it was hard to put into a tendering process. He will consult on how this can be done. He had not got a timetable

for reviews as yet but the process would be speeding up.

It was said that mental health has been seen as a ‘poor cousin’ when it comes to NHS spending priorities. Where does mental health now fit in the list of priorities?

Paul replied that mental health was still a PCT priority as recognised at Board level, however there would have to be a slowdown in achieving them because of reductions in Department of Health and Strategic Health Authority (SHA) funding - as seen in the delay of the county-wide roll-out of Improving Access to Psychological Therapies (IAPT) services. There was still uncertainty about the longer term.

James and Paul were asked, “Do you know whether the Government’s pledge to improve the lot of carers will be upheld? Can we expect any cuts to our funding?”

James replied that he does not want to see reductions in DCC services leading to increased pressure on unpaid carers. He thinks that there will need to be a national debate on the role of the state versus the individual in care. Personally he will work to minimise adverse effects on carers. GPs should have an awareness of who were carers following recent work on registration. Paul agreed.

John Wardle asked whether Paul and James agreed that the coalition Government sees the Third Sector as an alternative, cost effective way of providing some services in order to save on more expensive front line services – and should their organisations not be pressing this case? He also said that the support of the Third Sector cannot be expected without the provision of adequate funding.

Paul said that it was a good point; they would try to ensure GPs understand the value of the voluntary sector providers. James added that the sector was particularly good in the field of prevention and early intervention,

Footnote to Forum Report

Subsequent to the Forum, at a meeting of the Health and Wellbeing Partnership held at County Hall on 19th July, David Timcke (acting as 3D Representative for the Local Area Agreement) was able to outline our Sector’s questions and concerns arising from the White Paper. He also made it clear that, in addition to our wish to be involved in developments, including workshops and meetings about the impending changes, the Sector was also keen to be proactive, offering whatever resources we have to help in taking matters forward (for example, helping train new commissioners so they have a better knowledge of local community and voluntary groups, together with an understanding of their funding needs, what activities they currently undertake – and their potential).

Date of the next Health & Social Care Voluntary Sector Forum meeting is 20th October 2010

Zan Hurst commented that voluntary organisations have always found it difficult to get into practice based commissioning; it was important that the sector was involved in the training of the consortia

Elaine Hill, representing DCIL, asked, “Will there be a short fall to organisations funding because of Personalisation?” James replied that Derbyshire County Council cannot guarantee they will fill the financial gap left by Personalisation, but they will be working with those affected by it.

Joyce Cupitt asked how the voluntary sector could play its role in the “Big Society” without adequate core funding. James agreed there was a lack of clarity about what role the sector was expected to play, but said that he was more interested in long-term than short-term solutions so core funding would be important.

At the end of a lively session, enhanced by excellent audience participation, Sue Howard thanked Paul and James.

NOTICE BOARD NOTICE BOARD NOTICE BOARD

New (and not so new) Staff

We extend a warm welcome to two new members of NDVA and Derbyshire LINK staff – both based at Chesterfield.



Roz Vann

Rosa-Lynn Vann (Roz) has recently joined the NDVA staff team in the newly created role of Finance Officer. Working three days a week Roz will evaluate and improve the organisation's financial practices and procedures - a task she is looking forward to tackling as well as the challenges that she is sure will arise as she is new to the charity and voluntary sector and its various financial and social changes and challenges.

Since leaving school, 'too many years ago', says Roz, the majority of her working life has been in the accounts department of a variety of private sector companies and she has seen many changes over the years. Mixing study with work she has gained a variety of qualifications culminating with passing her Final ACCA accounting examination in June

2009. Having had enough of studying for a while Roz took a positive approach to redundancy and spent time in Portugal with her husband, helping a friend set up in an ice cream business - which was a little less stressful than an earlier personal project of helping her husband project manage the building of their new house whilst retaining her part time role of Management Accountant.

Having a penchant for cake Roz has a personal challenge this year to get a little fitter! Roz is hopeful this will be achieved by avoiding using the lift at Market Hall and climbing the numerous stairs to the office.

Jacqui Willis – who may be already known to you as NDVA Liaison Officer – has taken on a second part time role as LINK Development Worker, (Amber Valley, Derbyshire Dales). Jacqui is really excited to join the LINK team and eager to make a positive contribution to Derbyshire LINK.



Jacqui Willis

Bringing light to Personal Budgets, Self Directed Support, etc!

Representatives of Derbyshire's community groups and voluntary organisations will be invited to come along to one of a series of workshops being held across the County from this autumn.

Derbyshire County Council Adult Care, in association with NDVA, are organising the workshops which aim to shed light on how personal budgets are calculated, as well as providing updated information on self directed support and other aspects of Personalisation.

Dates will be 23 Nov, 30 Nov, 7 Dec and 14 Dec. Further information will be available from DCC / NDVA (including via the NDVA E.News bulletin) as soon as venues, and other details are firmed up.

If you would like to register an early interest – and be sure of receiving details when available – please simply send an email (headed "Autumn Workshops") with your contact details to ndva@btconnect.com (if you do not have access to email, please telephone the NDVA office on 01246 555908)

Networking Event



Councillor Robin Baldry, Chairman of Derbyshire County Council, talking with Tanya Nolan and John Morris at the Derbyshire LINK stand

Over 40 Community Groups and Voluntary Organisations took part in the annual NDVA Networking Event, immediately following the Health and Social Care Voluntary Sector Forum on 14th July. The main concourse at Bakewell Agricultural Centre buzzed with conversations throughout the afternoon - and several continued well after the formal close!

This 'Free Entry' Event gave groups and organisations an opportunity to inform the public, politicians, senior managers of health and local authorities, as well as health and other professionals about the health and social care related services the voluntary sector offers across Derbyshire.

Informal observation indicates that up to 200 people passed through the concourse during the afternoon and many expressed surprise and admiration at the breadth of services offered by the voluntary sector.

Derbyshire LINK 2010 Annual Report can be seen at: www.derbyshirelink.org.uk

Alzheimer's Society and the Staveley Centre

Alzheimer's Society staff will be offering support on a one-to-one or group basis to both users of the centre and those living in the surrounding area. The monthly dementia cafés are open to anyone who has dementia, their carers or family. The cafés offer the opportunity for support, information, practical tips and the chance to spend some time with friendly and supportive people in a relaxed and social setting.

A carer's support group will also be held monthly with the primary purpose of providing emotional support and information to people who are involved in caring for someone with dementia. A support group works on the principles of sharing and acknowledgement of the needs of its members. It is envisaged that every member of the group will have something to offer - an insight into their experience of caring may open up possibilities for other people.

Appointments can be made to meet a member of Alzheimer Society staff at the centre for individual support and to discuss any concerns. Again these are available for people with dementia and those who care for them. The service will offer emotional support and information relating to both dementia and services available. For those unable to reach the centre alternate venues can be arranged.

For details of any of the above, or for an informal discussion please call Chesterfield 01246 223366, or email derbyshirenorth@alzheimers.org.uk

Allenton (Derby) to Benefit from the 'Big Local Trust'

The Big Lottery Fund in England is investing up to £200 million to establish the Big Local Trust, an independent charitable Trust that will support local funding schemes in 100 – 150 urban and rural neighbourhoods that have been overlooked for funding. The targeted neighbourhoods will be places where many people face multiple barriers to meeting their needs, and which have not had great success in gaining resources to help. The first 50 target neighbourhoods have been announced – the only one in our area is Allenton in Derby.

Once established, funding will be given out through local funding schemes in each of the target neighbourhoods. The Big Local Trust will help local people and partner organisations set these up. The local funding schemes will support projects that meet needs that local people have identified as their priorities - these will be different in each area. Each target neighbourhood will receive between £1m and £2m and local funding schemes will have up to 10 years to allocate the money.

Big Lottery is currently inviting expressions of interest from organisations or partnerships wanting to run the Trust (i.e. to set it up nationally, rather than administer local schemes) and, according to the website, expect to announce their preferred candidate by June 2011.

More information can be found on the Big Lottery website at
http://www.biglotteryfund.org.uk/prog_biglocaltrust?tab=1®ioncode=-uk

Meet the Commissioners Joint Event

NDVA's Voluntary Sector Mental Health Network (VSMHN) and Southern Derbyshire Voluntary Sector Mental Health Forum (SDVSMHF) are holding a joint meeting on September 28th at the Coney Green Business Centre in the George Stephenson Room. David Gardner and Georgina Horobin from the Mental Health Commissioning Team will be attending to give information and answer questions from the floor.

This is our opportunity to discuss the important issues facing us all with the Mental Health Commissioners. The event will begin at 12 noon with a lunch provided by 'Occasions'. The agenda for the meeting is:

- **The Future of Mental Health Commissioning**
- **Primary Level Services Up-date**
- **Day Services Review**
- **Supporting People Services Review.**

Booking forms will be sent out in the next few weeks. For further info contact:

Roger Kerry on 01246 555908 (North Derbyshire)

or

Angela Kerry on 01773 599995 (South Derbyshire)

News from Groups:

Relate – Derbyshire Training Service have a number of FREE courses coming up with places available.

- **Counselling Skills for Non-Counsellors** – Chesterfield area – 19.11.2010
- **Taking Charge of your Life** – Chesterfield area – 1.10.2010
- **Stress Management** – Ripley – 1.12.2010

- **Taking Charge of your Life** – Derby area – 13.9.2010 (for people who are out of work, including unemployed, economically inactive or 16-19 NEET).

They also have a number of short 3½ hour 'Taking Charge of your Life' courses taking place throughout August for people living in specific parts of Chesterfield.

For more information please contact Sarah or Catherine on 01246 555039 or e-mail training.relate@btconnect.com

Public service delivery and the voluntary sector

The Office for National Statistics has produced a report on the 'Measuring Outcomes for Public Service Users' Project. Key points include:

Research on the role of the voluntary sector in public service delivery found that:

- In 2007-08 the voluntary sector received £12.8 billion of funding from Government, this accounted for approximately 36 per cent of voluntary sector total income
- Five service areas - employment and training, law and advocacy, education, housing and social services - are heavily dependent on Government funding, receiving over half of their total income from government
- Over half of the funding from local government to the voluntary sector

went to the social services area

- In 2007/08 nearly three-quarters of Government funding to the voluntary sector was in the form of contracts. This gives an indication of the level of involvement of the voluntary sector in delivering public services
- There was no significant difference in outcomes between care homes in different sectors. However, residents in voluntary sector care homes tended to have fewer needs.
- Controlling for other factors, there was no systematic difference in outcomes between early years providers in different sectors

For more information see <http://www.ons.gov.uk/about-statistics/methodology-and-quality/measuring-outcomes-for-public-service-users/third-sector/index.html>

White Paper: Equity & Excellence: Liberating the NHS

Background

The White Paper on Health has the potential to create one of the biggest changes to the structure and function of the NHS since its creation in 1948. One East Midlands have produced a summary briefing that aims to outline the main functions of the structures it is proposed will emerge from the forthcoming Health Bill and some of the potential implications for the voluntary and community sector. It is formed of a mix of direct quotes from the White Paper and summarised text. An appendix to the Briefing Note sets out a summary of the timescales for all changes highlighted.

Within each section some possible implications for the sector are presented. It should be noted that these are only some possibilities as the detail has not been developed sufficiently yet to enable full analysis of potential impact. One East Midlands welcomes your thoughts specifically in these areas and have set up a specific section on the Regional Voices website for comments: www.regionalvoices.net

NHS Finances and Reducing Bureaucracy

Central to the White Paper is an acknowledgement that although spending will increase in real terms each year of this Parliament, local NHS organisations will need to make unprecedented efficiency gains. Total efficiency savings will be £15-20 billion, achieved by abolishing Primary Care Trusts (PCTs), Strategic Health Authorities (SHAs) and reducing the function of the Department of Health (DH). There will be cuts of up to 45% in NHS management costs.

Possible implications for the sector:

- Less funding available
- Less resource available for strategic working
- Less partnership working with the sector

Underpinning Values

General Themes

The NHS is integral to Big Society, reflecting the social solidarity of shared access to collective healthcare, and a shared responsibility to use resources effectively to deliver health. As such, the principle of shared decision-making will become the norm: 'no decision about me without me.' The NHS constitution will be upheld, with the NHS standing for fairness for everyone.

The Government is clear in this White Paper about what the NHS should achieve but will not prescribe how it should be achieved – NHS institutions and providers will be more autonomous, with clear duties, and transparency in their responsibilities to patients and their accountabilities i.e. power transferring to front-line clinicians and patients. There is also an ambition in the Paper to create the largest social enterprise sector in the world.

Possible implication for the (VCS) sector:

- An opportunity and expectation to be involved in shaping how this works

The 'Information Revolution'

(Note: NDVA staff have heard this described as the most revolutionary aspect of the White Paper's proposals)

There is an intention to reduce the imbalance in knowledge; giving access to information from a range of sources on conditions, treatments, and lifestyle choices for your own health and those you care for. It is intended to create ways for patients to communicate with clinicians on-line, and provide services on-line to enable people to access them at their leisure.

Patients will rate services and clinical departments according to the quality of care received. Hospitals will need to be open about mistakes and always tell patients if something has gone wrong. Providers will also be under clear contractual obligations,

with sanctions, in relation to accuracy and timeliness of data.

Patients will have control of their health records, starting with access to those held by their GP, extending over time to health records held by all providers. People (patients) will be able to share their records with third parties, such as patient support groups.

Possible implications for the sector:

- Potential to support clients better as they will be able to share their files if they wish
- Opportunity to work with statutory services to identify support mechanisms for those who do not have access to the internet
- New contractual obligations on providers for data collection

Increased choice and control

Patients and carers will have far more clout and choice, not just in where treatment is received, but also the circumstances of this treatment and care. In return, patients will be expected to take responsibility for the choices they make, concordance with treatment programmes and the implications for their lifestyle.

Personal health budgets will be extended and:

- Increase the offer of choice of any provider, (including private and voluntary sector)
- Introduce choice of named consultant-led team, choice in some mental health services, in diagnostic testing and post-

diagnosis, in long-term conditions, and in end of life care; extend maternity choice

- Give patients more information on relevant research studies and more scope to join if they wish
- Provide a clear right to register with any GP practice with an open list, without being restricted by where they live
- Develop a coherent 24/7 urgent care service

Possible implications for the sector:

- Choice of any willing provider could increase opportunities for new providers
- Consideration required on how best to help clients make choices and support the most vulnerable
- Potential issues in many areas around transport and where people live

White Paper: Equity & Excellence: Liberating the NHS

Improving Healthcare Outcomes

The Government intends to establish improvement in quality and healthcare outcomes as the primary purpose of all NHS-funded care, the NHS constitution, and model contracts for services. Wherever possible, clinically credible evidence and evidence-based measures clinicians themselves use will be the source of outcomes goals. This will span both health and social care and include a focused set of national outcome goals determined by the Secretary of State, against which the NHS Commissioning Board will be held to account.

Patient safety will be placed above all else and there is an aim to foster a culture of active responsibility where staff and patients are empowered to ask, challenge and intervene.



If providers deliver excellent care in line with commissioner priorities, the commissioner will be able to pay a quality increment, however, if poor quality care is delivered, the commissioner will also be able to impose a contractual penalty.

Possible implications for the sector:

- A payment by results system could be damaging for small organisations without the resources to be paid in arrears
- Could stifle innovation and risk taking

Structural Changes

Current Structures

Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs) will be abolished in the next few years but will help pave the way for the structures (outlined in the full report). Summary details of some of the responsibilities and formation of these are provided below (please note: only responsibilities highlighted within the White Paper are summarised here).

Possible implications for the sector:

- Many PCTs have provided significant funding for the sector including activities which may not emerge as priorities, both in terms of reduced spending and the emergence on consortia (e.g. housing

advice is often funded through mental health and wellbeing etc.)

- SHAs have also provided funding to the sector and the loss of the regional tier could have implications on funding for organisations that cross boundaries

The Secretary of State for Health will:

- Have a reduced ability to micromanage and intervene in the NHS
- Set a mandate for the NHS Commissioning Board and hold it to account
- Provide arbitration as a last resort in disputes between NHS commissioners and local authorities (LA's)
- Provide the legislative and policy framework
- Account annually to Parliament

The Department of Health (DH) will:

- Be much reduced and more strategic
- Focus on improving public health, tackling health inequalities and reforming adult social care
- Establish a commission on the funding of long-term care and support, to report within a year
- Revise and extend quality accounts
- Work closely with Department for Education on services for children.

NICE will:

- Develop quality standards for outcomes
- Have its role extended to cover health and social care.

Public Health Service will:

- Be a new service created to integrate existing health improvement and protection bodies and functions, including increased emphasis on research, analysis and evaluation.
- Be responsible for vaccination and screening programmes
- Create a joint appointment of local Director of Public Health with LA's
- Set national objectives for improving health outcomes through LA's.

The NHS Commissioning Board will:

- Support GP consortia develop and support their commissioning decisions
- Assess NHS commissioners and hold GP consortia to account for performance and quality
- Provide leadership for quality improvement and standardise good practice
- Promote equality, patient and carer involvement and choice, championing the interests of patients rather than of

providers (e.g. Personalisation)

- Develop an implementation plan for choice of provider
- Calculate practice-level budgets to be allocated to consortia
- Commission certain services, including dentistry, community pharmacy, primary ophthalmic services, national and regional specialised services
- Support Secretary of State and the Public Health Service to ensure the NHS in England is resilient
- Promote involvement in research and use of research evidence
- Lead on tackling inequalities in health outcomes and accountable for the national outcome goals identified within the Outcomes Framework.
- Not manage providers or be the NHS headquarters

Possible implications for the sector:

- With the loss of the regional tier, there is a question on how local VCS organisations can interact with the national level effectively

GP Consortia will:

- Be groups of GP practices with responsibility for commissioning and budgets for the great majority of services for their patients.
- Not be restricted by size or geographic coverage but all GP's will have to join one.
- Decide what commissioning activities they undertake themselves and what activities they may choose to buy in from, including from local authorities, private and voluntary sector bodies.
- Not be directly responsible for commissioning services that GPs themselves provide.

White Paper: Equity & Excellence: Liberating the NHS

- Hold contracts with providers and may choose to adopt a lead commissioner model, for example, in relation to large teaching hospitals.

Have a duty to:

- promote equalities
- work in partnership with LA's e.g. in health and adult social care, early years, public health, safeguarding, and wellbeing of local populations
- involve the public and patients, including in the commissioning process.

Possible implications for the sector:

- Current contracts with PCTs require one tender to cover a large geographical area. If consortia cover smaller areas, this could have resource implications for the sector if multiple tenders are required
- Working with GP consortia will not just be about third sector provision but also about community organisations working in partnership with GP consortia to ensure local need is understood
- There is a need to educate GPs on the diversity of the sector, especially regarding often excluded communities
- There is also a need to educate the sector on how best to work with GPs
- Opportunities to open up a range of third sector providers
- Consider ways of linking GPs who have a specialist interest with relevant patient support groups

Local Authorities will:

- Have national objectives for health improvement set by the Public Health Service
- Employ a Local Director of Public Health (joint with Public Health Service) responsible for ring-fenced health

improvement funds allocated according to local population needs

- Promote integration and partnership working - set up (or strengthen existing) "health and wellbeing boards" to join up the commissioning of local NHS services, social care and health improvement
- Lead joint strategic needs assessments (JSNA)
- Fund Local HealthWatch. LINks will become Local HealthWatch and the local authority will commission either Local HealthWatch or HealthWatch England to provide advocacy and support.

Providers will:

- Be required to publish quality accounts from 2011
- Enable patient access to healthcare records held on patients (in future)
- Be under clear contractual obligations in relation to data collection.
- Have greater autonomy and accountability over training and educating the workforce, and greater ownership of the quality of education and training.
- Be licensed by Monitor and CQC.

Care Quality Commission (CQC) will:

- Be the quality inspectorate across health and social care for both publicly and privately funded care
- Issue a joint license with Monitor for providers to maintain levels of safety and quality and ensure continuity of essential services
- Inspect providers in response to information received from patient feedback and complaints, HealthWatch, GP consortia or NHS Commissioning Board

Monitor will:

- Be the economic regulator for all providers of NHS care
- Issue joint license with CQC for providers to maintain levels of safety and quality and ensure continuity of essential services
- Promote competition
- Provide price regulation where necessary
- Support continuity of services (proactive powers to protect essential services and help open the NHS social market up to competition)
- Investigate complaints of anti-competitive purchasing and act as arbiter
- Be able to apply transparent subsidies where they are 'objectively justified'

Possible implications for the sector:

- There is an ongoing question on who is a provider which will need to be resolved to ensure that smaller organisations are not excluded.

Local HealthWatch will:

- Have the same existing roles as LINks plus additional ones as below.
- Be funded by and be accountable to LA's
- Ensure that views and feedback from patients and carers are an integral part of local commissioning across health and social care
- Provide advocacy and support if commissioned by the LA, helping people access and make choices about services especially those who lack the means or capacity to make choices. Support individuals who want to make a complaint. Be involved in the LA's new partnership functions
- Provide intelligence for national HealthWatch and be able to report concerns about the quality of providers,

independent of the local authority, and have the power to recommend that poor services are investigated.

Possible implications for the sector:

- Patient voice and choice will be critical if state involvement is decreased.
- The sector has a role in choice, shared decision-making.
- There is further need for debate about how local / national advocacy will work
- Many organisations already provide advocacy in other areas. Locally discussion will be required in terms of funding etc.
- To be successful Local HealthWatch will be required to work closely with the voluntary sector. Within the consultation ways of better engaging with the sector could be investigated.

National HealthWatch will:

- Be created as an independent consumer champion within the CQC
- Provide leadership, advice and support to local HealthWatch
- Provide advocacy services on behalf of a local HealthWatch if required
- Provide advice to the Health and Social Care Information Centre on information to help facilitate patient choice about their care
- Provide advice to the NHS Commissioning Board, Monitor and the Secretary of State
- Have powers to propose CQC investigations of poor services, based on information received from local HealthWatch and other sources

Consultations as part of the White Paper

The proposals outlined above represent just an overview. Further documents have been published which will be consulted on until early October as follows:

1. Commissioning for Patients
2. Local democratic legitimacy in health
3. Freeing providers and economic regulation
4. Transparency in Outcomes - a framework for the NHS
5. Regulating healthcare providers

The consultations will help shape the details surrounding the proposals outlined above and represent an opportunity for the sector to be involved. Although the 'what' has largely been decided, the 'how' is very much still being shaped.

During September, Regional Voices will be providing events in 9 locations across the country to provide you with an opportunity to speak directly to those leading on each of the consultations papers.

Details of dates and venues can be found on the Regional Voices website at www.regionalvoices.net or by calling 0113 394 2304 (textphone users add prefix 18001 to access BT Typetalk).

On the 19th July, David Cameron launched the Big Society in Liverpool announcing four 'vanguard communities' that will pilot their plans. These are Liverpool, Eden Valley in Cumbria, Windsor & Maidenhead and Sutton (a London Borough). So what is 'The Big Society' and how will it affect those of us working or volunteering in communities?

The Government hopes to 'fix our broken society' by getting people to work together locally, supporting them to get more involved in decisions that affect them and running their own local services. It will encourage charities, community groups and social enterprises to take over from the public sector. Cameron has called it 'The biggest, most dramatic re-distribution of power' while skeptics claim it's merely a cover to mask public spending cuts and the beginning of the removal of state support and intervention.

Future Consultations

- Information strategy and how to implement these changes – Autumn 2010
- Choice of treatment – Autumn 2010
- The development of "health and wellbeing boards" – Autumn 2010
- Public Health White Paper – Autumn 2010
- Social Care White Paper – 2011

Regional Voices will again be working with

the sector on the consultation accompanying these proposals.

TO SEE THE ONE EAST MIDLANDS BRIEFING IN FULL GO TO: www.oneeastmidlands.org.uk/policy_list.php?article_id=78

THE WHITE PAPER AND ITS ACCOMPANYING CONSULTATION PAPERS CAN BE DOWNLOADED FROM THE DEPARTMENT OF HEALTH WEBSITE: www.dh.gov.uk/liberatingthenhs.

So, what's being planned?

- Giving more power to communities to take over facilities and run services
- Using funds paid back to the FutureBuilders Loan Fund, 5000 community organisers will be trained to identify local leaders, bring communities together and identify ways of tackling problems locally. This will be supported by a small grant fund for community groups in the poorest areas, called 'Communities First'
- A National Citizens Service for 16 year olds will be piloted next summer offering 10,000 7-8 week placements for the post exam period
- Launching a Big Society Bank in April 2011 using funding from dormant bank accounts. This will be administered by the Co-operative Bank which estimates that funds could reach £400 million.
- An annual Big Society Day to celebrate the work of neighbourhood groups and encourage people to take part in social action projects
- The Big Society Network. The website www.thebigsociety.org.uk aims to bring individuals together with the public, private and voluntary sectors to 'get things done' and will provide a 'toolbox of advice, case histories, links to people and resources...'
- Reforms to the planning system to give neighbourhoods more ability to shape the area they live in
- Introduce a 'Right to Data' which will enable the public to access Government data sets and the Police will publish

monthly local crime statistics to make them more accountable to the communities they serve

- Suggest that Local Authorities publish details of any spend over £500
- Giving Local Authorities 'General Power of Competence' which means they will be able to deliver a wider range of services than just their statutory duties.

A new Big Society Committee is being chaired by Francis Maude, Minister for the Cabinet Office and will bring together ministers from all departments who will have responsibility for ensuring the Big Society agenda is implemented across Government. This will include ensuring that Compact is observed across Whitehall.

Back in Liverpool, on the day that the Prime Minister made his announcements, Nick Hurde (Minister for Civil Society) visited Liverpool CVS and appeared very supportive of their aims to support frontline voluntary organisations and encourage volunteering. However, the Big Society won't bring 'big money' – the vanguard areas will be supported to cut red tape and achieve their goals by one community organiser and a 'bureaucracy buster'. Voice hopes that they work in partnership with the organisations that already exist to support charities, community groups and volunteers in local areas.

Our thanks to Claire Thornber, VOICE Project, for providing this article.

Nationwide Foundation Small Grants Programme (UK)

The Nationwide Foundation makes grants to registered UK charities (including those in Northern Ireland) which offer financial and / or housing related support to survivors of domestic abuse and older people. The funding programmes under which the Foundation makes grants to survivors of domestic abuse and older people includes developing financial capability and fighting financial exclusion and to support housing needs. Priority is given to applications for work engaging families of beneficiaries; applications for work which fits more than one objective (e.g. aims to address the financial and the housing issues of survivors of domestic violence / older people identified); and work supporting those groups identified who are from deprived areas. The maximum grant available is £5,000 and to be eligible, applicants need to be registered charities with an annual turnover of below £500,000. Applications can be submitted at any time.

First published on the Grants Online website July 2010

**For further information email: enquiries@nationwidefoundation.org.uk
www.nationwidefoundation.org.uk Tel: 01793 655113**

2011 GlaxoSmithKline IMPACT Awards (UK)

The 2011 GlaxoSmithKline IMPACT Awards are now open to applications from small and medium UK registered charities that have existed for a minimum of three years. The Awards are an annual scheme that recognises and rewards small to medium sized charities that are doing excellent work to improve people's health. Nine charities will receive £25,000 each, with one overall winner receiving £35,000. There will also be five highly commended awards of £5,000 and up to five runners-up awards of £3,000. Those organisations that win or are highly commended for an award will also be invited to send up to two representatives to take part in a free training programme, valued at £4,000. Previous winners have included: Arts for Health Cornwall and Isles of Scilly; HALE (overall winner); New Horizon Youth Centre. The deadline for applications is the 24th September 2010.

First published on the Grants Online website July 2010

**For further information email: enquiry@kingsfund.org
www.kingsfund.org.uk/current_projects/gsk_impact_awards Tel: 020 7307 2400**

The Community Fund

The Community Fund is the Co-operative Charitable Foundation grant scheme that helps local communities throughout the UK. Since it was started in 1997, thousands of clubs, community groups and self-help organisations have benefited.

Committed members of The Co-operative Group, who want to help improve the lives of others, donate part or their entire share of the profits to enable the scheme to work. These members have already raised millions of pounds each year for all kinds of community projects and last year alone gave away £1.2 million in donations.

If your community, voluntary or self-help group needs a grant of between £100 and £2,000, you can apply by visiting the Co-operative website.

www.co-operative.coop/ethicsinaction/communities/fundsandfoundations/communityfund/

Information supplied by High Peak CVS

Enterprising Services Support Fund

Derbyshire County Council is supporting the development of local enterprises that provide a range of services to support local communities and the roll out of Personalisation.

Application forms are available from Sandra Pink at Links. **Contact: linkscvs@btconnect.com**

Dates:

Submission Date

23rd September 2010

Consideration by Panel

30th September 2010

For details about the Derbyshire contract go to: <http://www.sourcederbyshire.co.uk>

For details about the Derby contract go to:

http://www.derbycitypartnership.co.uk/doc_externalfunding.php

If you register your interest you will be on the list and kept up to date with information throughout the tender process.

Acknowledgement to Derbyshire Contracts Advice Network (DCAN)

NDVA Small Grants and 'TEUIF' Fund

NDVA manages a small grants scheme which offers financial support towards the running costs of health and social care related voluntary groups in north Derbyshire, with priority given to those having limited financial resources. Funding is provided by NHS Derbyshire County (PCT) and Derbyshire County Council.

We also manage the 'Travel Expenses & User Involvement Fund' (TEUIF), which is designed to cover out of pocket expenses of service users, carers and voluntary group representatives who participate in a variety of planning groups and consultation exercises relating to health issues in Derbyshire.

Further information can be seen on our website

www.ndva.org.uk or contact us on 01246 555908

The Ashden Awards for Sustainability Development (UK)

Now open for applications. The aim of the award, which is open to schools, businesses, not for profit organisations, the construction sector, the public sector and for organisations that promote organisational change, is to reward organisations that have excelled at providing sustainable energy at a local level. The award is for existing, not new projects. Awards are given for the benefits that sustainable energy brings rather than for the technology used. This year there will be a total of 6 UK awards. One gold award will have an award fund of £20,000 and the other five will receive an award fund of £10,000. Previous winners have included St Columb Minor School, Cornwall, who took a practical but fun-packed approach to driving energy use down by making eco pledges in class and at home, generating energy with wind and solar, and giving their building a green overhaul; and the Isle of Eigg Heritage Trust, Scotland, who cut their carbon emissions by 50% by carefully managing their energy use, actively encouraging energy-saving in everyone's daily life and generating 90% of electricity through renewable energy. The closing date for UK projects is the 26th October and for International projects the 19th October 2010.

First published on the Grants Online website July 2010

**For further information email: info@ashdenawards.org www.ashdenawards.org
Tel: 020 7410 0330**