# VCFSE Representative feedback form

Use this form to plan your engagement before the meeting, and to capture key points to communicate afterwards with sector colleagues.

Email to stephanieg@communityfutures.org.uk once complete.

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| Meeting details |  | Rep details |  |
| **Title** | **Date** | **Name** | **Organisation** |
| Quality Committee | 20/9/23 | Joe Hannett – did not attend agenda points emailed to Chair in advance.  | Community Futures |
| Resources / documents?  | Yes / **No** |  |
| **Main items discussed.** |
| Patient story. NHS Impact – improving patient care together. PSIRF.Clinical Effectiveness group – ToR.  |
| **Implications for the VCFSE Sector.** |
| 1. **Action Log**; “*J Hannett raised that contract review for the Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) Alliance falls on an already stretched service, is opaque, and the communication around this [from the ICB] needs improving. Recommend this is referred to Craig Harris for inclusion in the Strategy, Commissioning & Integration Committee*”. Has anything happened about this? I’ve heard nothing…
2. **Patient story**; Needless to say that story is a powerful showcase for working with capable VCFSE organisations. The organisation mentioned is one of many which has experienced unhelpful stereotypes of the sector in the recent past. This is not me saying “I told you so”, far from it, it is an appeal to try more things like this as a system. Their experience in NHS contracting itself carries valuable lessons for capacity building in the sector (aligning to workforce strategy) to unlock such outcomes together, which should be investigated.
3. **NHS Impact, improving patient care together**; Again this is an area which must proceed with full and equal partnership with VCFSE sector leads (i.e. the LSC VCFSE Alliance), and particularly those organisations operating in a condition-specific space. Many of these small/local VCFSE organisations have set up in the interstices between anchor organisations policy and practise, they provide services to those left out / behind by the system and crucially hear the stories people are unwilling to tell “you” (the corporate you) for fear of somehow adversely affecting their treatment.  There are clear roles for the sector in all five areas of the table on pg. 25 of the pack; developing the vision, engaging with people, culture and behaviours, improvement training – both to and from the sector, early-warning signs – a pathway for the sector. For context, VCFSE involvement in the “BIG ROOM” CI methodology led to disengagement.
4. **PSIRF**; Honestly I don’t understand much of this, but what I do know is that there is growing concern among VCFSE providers about the requirements. No-one questions the intent, it is the capacity within the sector driven by the way we currently procure, and particularly how we commission, services from the sector which is causing the concern. I will link in Angela Allen as she is the one who is most involved and hearing from partners in the sector with concerns. This also links with the sector capacity comment, about contracting with the VCFSE, relating to the patient story.
5. **Clinical Effectiveness Group ToR**; Linked again to the patient story, this needs VCFSE involvement as a core member, and I do **not** support the ToR as it stands – particularly given the statement that it is “…in line with the objectives of the ICS”; if that were so, I would not have to make this point about equal partnership. There are a number of reasons for such involvement, not least the innovative, holistic, and trust and needs-led approach of VCFSE organisations but also learning from adverse experiences some VCFSE organisations have when their approach conflicts with accepted medical/clinical orthodoxy. I believe the CEG and the ICS will benefit from such learning in a safe space.
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| **Items to follow up before next meeting.** |
| All. Item 2 already has a date to follow up with Kathryn Lord and David Rogers.  |
| **Date and venue of next meeting.**  |
| **18th October, 1.30pm at Christchurch building, LCC.**  |