

HSVP National
Event 29th February
Leeds

Area	Attendees contact details	Summary
Brighton & Hove	Geraldine Des Moulins - The Fed Geraldine.Desmoulins@thefedonline.org.uk Judith Cooper Brighton & Hove City Council judith.cooper@brighton-hove.gov.uk Michelle Pooley Brighton & Hove City Council michelle.pooley@brighton-hove.gov.uk Sally Polanski Community Works sally@bhcommunityworks.org.uk Steve Foster – Brighton & Hove Council Steve.Foster@brighton-hove.gov.uk	<ul style="list-style-type: none"> • Developing a city wide social value framework. • Using a 'live' commission • Monitoring, evaluation and impact work – call for action on Community Data burden • Advising mental health commissioners on how to embed social value
Lambeth	Cassie Newman Cassie.Newman@london.probaton.gsi.gov.uk Chris D'Souza Lambeth BC CDSouza@lambeth.gov.uk Lorren Stainton Richard Tomlins, Cohesia Ltd richard@cohesia.co.uk	<ul style="list-style-type: none"> • Focus on social value in reducing offending and offender health • Co-producing social value outcomes (Plain English necessary) • Asset based approach • Offender/Commissioner relationship • Cross agency/Service user engagement • NHS England engagement
Oldham	Oliver Collins, Oldham Council Oliver.Collins@oldham.gov.uk Su Barrett, Oldham Council suzanne.barrett@oldham.gov.uk	<ul style="list-style-type: none"> • Initiated their social value charter and procurement framework in 2012 • Greater Manchester Devolution a key driver • Local drivers the Locality Plan & Oldham Partnership • SV about making the borough co-operative (not just the council) • Working with CCG alongside to engage and coproduce social value outcomes
Shropshire	Janet Gittins, Shropshire CCG Janet.Gittins@shropshireccg.nhs.uk Neil Evans, Shropshire neil.evans@shropshire.gov.uk Tereza Hayek, CAB Shropshire astf@shcab.cabnet.org.uk	<ul style="list-style-type: none"> • Existing social value group, and council had a social value framework • Getting partners (CCG, Police and Crime commissioner) signed up to principles • Held 'Shout about Social Value' event for commissioners and providers • Aligning SV outcomes & reporting between commissioners • CCG developed its own guidance (prevention and equalities)

<p><u>North Tyneside</u></p>	<p>Felicity Shoesmith, North Tyneside Council felicity.shoesmith@northtyneside.gov.uk Paula McCormack Meadow Well Connected paula@meadowwellconnected.org.uk</p>	<ul style="list-style-type: none"> • Programme attracted larger group including chair of HWBB Cabinet member • Embedding SV in criteria in awards scheme Social Value Business Awards (Chamber of Trade) • Policy/framework passed by cabinet – SV will be considered across all goods/services at least 10/20% weighting • Sector Connector – businesses and unions on board • Changes with CCG leadership and capacity, continue to seek opportunities/engagement
<p>Reading</p>	<p>Sarah Morland Reading Voluntary Action sarah.morland@rva.org.uk Sarita Rakhra NHS Berkshire West CCG Sarita.Rakhra@nhs.net</p>	<ul style="list-style-type: none"> • CCGs, local authority, business (Kyocera), public health, PCC • Built on existing work and policies across the sectors • Framework developed with 5 key areas – plan to test on live commission (support for learning disabled people) • RBC stood back (cutting funding to VCSE) • 6 local authorities, 7 CCGs in Berkshire overlap • NHS Berkshire West CCG building SV into the commissioning process
<p><u>Leeds</u></p>	<p>Alan Cale, NHS Leeds South and East CCG alancale@nhs.net Emma Carter, Leeds City Council emma.carter@leeds.gov.uk Liane Langdon NHS Leeds North CCG llangdon@nhs.net Pat Michael, Leeds City Council patricia.michael@leeds.gov.uk Pip Goff, Leeds Community Foundation pip@leedscf.org.uk Richard Norton Voluntary Action Leeds richard.norton@val.org.uk</p>	<ul style="list-style-type: none"> • No. different agencies universities, CSU, across 3 CCGs • Revamp of social value charter (one page) – formally adopted this month • More than commissioning – how to make the Leeds pound go further • Supported CCGs & HWBs to commission for SV • Raised awareness and can now hold city to account on SV
<p>Calderdale</p>	<p>Alan Duncan, Voluntary Action Calderdale alan.duncan@cvac.org.uk Amanda Greaves, Calderdale Council amanda.greaves@calderdale.gov.uk Hilary Thompson, AgeUK Calderdale and Kirklees hthompson@ageukck.org.uk Lucy Beever, Calderdale BC lucy.beever@calderdale.gov.uk Paul Davis, Calderdale Council paul.davis@calderdale.gov.uk Angela Everson Women Centre Ltd angela.everson@womencentre.org.uk</p>	<ul style="list-style-type: none"> • Health landscape in Calderdale Vanguard / new CCG commissioning framework • Charter went to HWB – signed up collectively and individually to SV (CCG, LA, PCC, housing provider) • SV commissioning group met – momentum lost • Quality in Health Developed by VA Calderdale quality

		<p>assurance system for VCSE health outcomes</p> <ul style="list-style-type: none"> • SV embedded in procurement contract mgmt. • Weighting depends on nature of contract • Norm embedded in - changed quotation level to allow it
Halton	<p>Eddie Jones, Councillor eddie.jones@halton.gov.uk Elaine Roberts-Smith, Halton BC elaine.roberts-smith@halton.gov.uk Lisa Driscoll, Halton BC lisa.driscoll@halton.gov.uk</p>	<ul style="list-style-type: none"> • Focus on health inequalities • Alignment of principles and strategies • Leadership – political and within the CCG • SV applied to 20 tenders so far, applies to everything over £1000 • Social Value tracker for measurement • Providers going above and beyond what asked for • Working with local businesses/training • New social value brand via local student • Having procurement involved essential
Salford	<p>Alison Burnett, Salford Council Alison.Burnett@salford.gov.uk Anne Lythgoe, Salford Council Anne.Lythgoe@salford.gov.uk Chris Dabbs, Unlimited Potential chris.dabbs@unlimitedpotential.org.uk Clare Ibbeson, Salford CVS clare.ibbeson@salfordcvs.co.uk</p>	<ul style="list-style-type: none"> • Elected Mayor – City Pledge (signed by 30 orgs to date) • Co-terminus boundaries with a focus on 'place' • New website being developed • Interesting SV tracks to higher scoring generally • Clear KPIs outlined in top tenders • Common values to join things up • Embed SV into what already exists • Centre for local economic strategy (GM)

Post presentation discussions:

Community data burden: All stakeholders are struggling with lack of money, commissioners don't always know about other commissioners' demands on providers. Is there a way to address this? Organisations could be accredited independently of tenders or it's a question commissioners should ask of providers, what data are you already providing?

Commissioning: Weighting most felt 10/20% more realistic (5% feels more like it's 'seen' and a token rather than a core/important part of the contract. Brighton recently applied 30% to a DV service. Needs to be adaptable depending on the content of the

contract. Need to have clear framework/policy to be able to effectively score social value clauses.

Providers – SV questions sometimes hidden in the tender, which makes it difficult to address when you're limited on words.

Round table discussions - feedback soundbites!

1. Momentum, leadership, engagement, culture change

Individuals are important - as is political will. But boundaries (of H&SC operation, of geography, of politics) create barriers that make it harder.

2. Policy and strategy into reality

To make it happen policy should be owned at different levels, with all spotting and taking opportunities to embed social value. Don't get too hung up on who's in the room - go where the energy is to start with.

3. Measurement and monitoring, what and when

Don't embed to the point you can't see the social value!

4. Going beyond health commissioning and procurement, getting own house in order; supply chains and highways

The right individuals need to drive it but it's a long term process, and needs constant attention across organisations.

Longer roundtable notes:

Momentum, leadership, engagement, culture change

Challenges: Disengaged local authority and/or CCG. Too many organisations to engage, differing levels of social value knowledge

- Work with politicians early on
- Politicians should make decisions not directors
- Need 'culturally embedded' individuals to lead and share
- Need to hold people to account with the Act
- CCGs/LAs good connections with others – use social capital
- Helps to have someone from public health
- People promoted and changing roles can grow reach
- How to influence the new larger regional areas in the Sustainability and Transformation plans

Policy and strategy into reality

- Align with existing plans – both local and regional

- Connect with interested parties, keeping it meaningful and topical and linking with what is already here – recognising relevant and key audiences
- Identify opportunities
- Developing a Social Value Alliance – e.g. for training
- Embed – not only in service specifications but in performance management across organisations too
- Work jointly, commission by commission – where opportunity presents itself
- Senior GPs as champions (friends and allies in surprising places?!) and others so building a ‘movement’ with support and leading to tangible results that others can’t fail but see the benefits of

Measurement and monitoring, what and when?

- EU pushing social side
- Intelligent commissioning, use of a voluntary clause
- How to measure SV that’s already been commissioned?
- Halton simple tracker of the delivery on social value clauses

Innovation

- Specs often written in a way makes it difficult to include innovation
- Innovation: Halton originally was too prescriptive, changed their approach to increase innovation
- Want SV to be seen as core but how to measure?

Support for smaller VCSE

- VCSE too honest in what they write in their tenders, which doesn’t always translate into procurement
- Leeds working to encourage smaller organisations to form partnerships, Brighton and Hove experience that forced partnership doesn’t work
- Reducing number of documents that need to be filled in – Lambeth
- Procure better for what you’re commissioning take advantage of positives that SV gives you

Going beyond health commissioning and procurement.

Individuals

- Different agendas bring people
- Focus on commissioner - social value
- Programme management office - their template could include social value
- Middle management & senior management level relatively siloed

Local organisation

- Supply chains of hospital trusts
- Cap city-wide / value for money...
- Lot more for less - subsidising contracts....?
- Capacity of VCSE but also capacity of LA to know provision

- Rates very low etc. payment by results.. quality standards....
- Challenges of ethos / principles ----> consortiums vary etc

Regional

- How to get to CSUs to drive on to CCGs
- Is it risky to work with large providers? Transforming Rehabilitation - contract problems...and challenges of supply chains

National policy

- Central government need to push it and put infrastructure around it
- VCSE need to influence how they commission generally
- Need to reach out to SMEs and larger orgs
- How do you encourage large providers to work with smaller ones?
- Top-down and bottom-up

Key Challenges

Geographical

- Non coterminous boundaries – challenge to working relationships
- Agreeing citywide priorities

Systems

- Procuring SV from the business sector
- CCG AND Local Authority engagement
- How to get social value embedded in devolved health and care budgets
- Regeneration (Vauxhall, highways etc) if big things happening how do you make sure SV part of it?
- Health felt too restrictive – needs to be true cross agency e.g. offenders, housing, employment.
- CSUs to engage and embed (and other regional organisations)
- Getting partners in none traditional areas working together

People

- Plain English SV
- Difficult to spend/find the time in the current climate
- Changes in CCG/Council how to maintain engagement Social Value becomes embedded 'beyond words'

Evidence

- 'Community data burden' how to avoid
- Proportionality - pre-approval & certification & accreditation

- Measurement practicalities all partners involved in service re-design and setting criteria

Key learning:

- Use Plain English
- Don't underestimate the power of the people in the room
- Patience, persistence and clear vision
- Time & capacity and commitment important
- Face to face essential: local meet with national, regional, there is tension and it helps to meet up

What we need to continue to drive forward work on social value:

We asked you what support and action was needed to continue to drive this work forward.

Learning opportunities

- Peer learning with politicians
- Continued sharing with 12 areas (and more)
- Partner websites & info circulated (and contact details of all here today)
- Sharing measurement tools

Influence regional/national policy and practice

- Regional level social value decision making – links to other partners (commissioning with a regional focus)
- NHS England commissioning for social value
- NICE Commissioning Engagement Guidelines
- A legal challenge and judicial review
- Common narrative on social value in context of austerity
- Senior support from private orgs that 'get it'

Evidence

- Evidence of where social value has really made a difference in a contract beyond M&E
- Social Value commissioning case study of all that has been learnt along the way (start to finish).