

**Bournemouth and Poole Health and Care Forum
Held on February 2013**

Joint Strategic Needs Assessment (JSNA) for Bournemouth and Poole

1. Ways in which Voluntary and Community Sector organisations can contribute to identifying community assets in the JSNA?

1.1 What is a community asset? This is an unfamiliar term and needs to be defined. If we were clearer and had a shared understanding about terminology and about the information required we could share VCS information with health agencies.

1.2 We need to find groups with similar issues/interests and link them together. VCS organisations could identify this themselves through a survey but it needs to be captured centrally. We need a resource online to understand what is available. The following already exist:

- Register of all organisations at CVS
- SAIL (maybe include GPs in that)
- SOURCE? Is it fit for purpose or do we need to develop this?

1.3 How well informed are the Health and Wellbeing Board about all the Community Assets. Do the resources above give the Board enough information or does an additional mapping need to be organised and resourced. It is recognised however that there may be Data Protection issues to consider in sharing data.

1.4 The VCS can signpost and give suggestions on where to go and where to find assets.

2. Way in which Service users and residents' experiences could be captured in the JSNA

2.1 The following existing channels should be used:

- Facebook Pages
- Existing forums like this one
- Information requests through CVS email networks

2.3 Feeding back on services needs to be made as easy as possible. Views of service users could be collected through organisations. Organisations could help with interpreting for service users if we understood better what was required. We could help to design the questions to ask. General requests for info about 'housing' won't prompt us to get involved because it's too vague so ask us for case studies/examples that are specific.

2.4 The VCS is talking to people who are classified as 'hard to reach' every day. We have loads of client feedback, reviews, surveys and comments from local people – but we don't have time to put it into a different format to fit your

boxes. We could share case studies – both positive and negative experiences. We could bring the JSNA data to life by colouring it in with real people's stories.

- 2.5 We need to find easy ways to share information so it doesn't always mean more work without more money. VCS wants to be involved but please – no red tape, there's too much bureaucracy and form filling. Charities do difficult things. It is hard to see how this knowledge can be captured in order to contribute to the JSNA. Perhaps the culture of the way that knowledge is shared and collated needs to change.
- 2.6 Grants would help organisations to work to get the views of users. Different groups could be commissioned to provide information on emerging trends in order to inform the JSNA and to fill gaps in local knowledge. Public Health could train external representatives to be their eyes and ears.

3. How can VCS help shape priorities for improving Health and Well-being?

- 3.1 'Health and well-being' means different things to the NHS and the VCS and so we first need to define our terms. The VCS also need to have more understanding about the data currently being kept and why the NHS has prioritised in the way it has. Language is very important - so please - no jargon, or else the VCS ends up spending time and effort translating NHS documents into plain English the public can understand.
- 3.2 Some communities get lots of support while other communities are completely neglected. Commissioners need to find out what VCS organisations do and what the health and wellbeing value of our work is. Those preparing the JSNA need to have an on-going dialogue with the VCS This is why this forum is so important as ideas and issues can be explored here. Should consider having meetings themed around the key issues to consider the actions and the needs
- 3.4 The voluntary sector is really skilled at early intervention and keeping in touch with real people. VCS can be much more flexible, innovative and person-centred. Criteria in the statutory sector are often very prescriptive and things may have already gone wrong for people before they engage with the NHS. The VCS would be able to contribute a great deal of information about the health priorities as expressed by people themselves at an earlier stage which would inevitably be about tackling the causes and preventing ill-health rather than treating the symptoms.
- 3.5 Identifying gaps – the VCS has first- hand knowledge of issues that affect local people but we don't always know how or who to inform. On the other hand, duplication is an issue in the voluntary and statutory sector. VCS is a patchwork, there is no co-ordination that is why somebody might have 6 people helping and somebody might be isolated. This is also an issue for the statutory sector with services commissioned from different agencies and

examples of 4 services provided by 4 different visitors without coordination. The VCS often plays a coordinating role between services and this could be fed back to improve service delivery and reduce duplication. Organisations need to know what is currently available (central database)

- 3.6 Contractual requirements mean that VCS fill in endless forms for commissioners – is there a way that our contractual requirements could be made more standard and shared, to save us filling in even more forms? Is there a way this information could be used to inform priorities as after all it is a true reflection of our perception of the needs and priorities of people. This is a source of data which may be being lost.
- 3.7 The VCS could also play a key role in managing expectations and helping individuals to understand there is no perfect solution/cure