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The voluntary sector and the NHS

As the evidence stacks up suggesting that some parts of the NHS continue to be overstretched while others struggle to manage financial pressures, quality metrics and standards are not being met. It may be the voluntary sector that the NHS turns to in order to help it manage these unrelenting pressures. The Health and Social Care Act 2012 enabled the voluntary and community sector to become providers of health services, a source of support for commissioning and a partner in tackling health inequalities. Voluntary sector organisations should be able to work in equal partnership with the Department of Health (DH), NHS and social care to help shape and deliver policies and programmes, for the benefit of the sector and improved health and wellbeing outcomes. Many voluntary organisations see their key function as tackling health inequalities and they often do this through facilitating greater access to services for those people who have complex needs.

There is nothing new with the voluntary sector (sometimes referred to as the third sector) operating within health and social care. The statutory sector spends about £3.39 billion per year on health services that are provided by voluntary and community organisations (Curry et al, 2011).

The voluntary sector is known for its flexibility, its ability to respond in a variety of ways to diverse situations and for its capacity and capability to develop services to address needs that are not being met (or not being met in an effective manner) by the statutory sector. The work of the third sector can be wide-ranging, with a great deal of its work focusing on upstream preventive and wellness support; this also includes an advocacy and signposting role. Voluntary organisations have a legacy of being able to work across services, for example, health and social services, housing and education, resulting in an holistic response to caring for individuals and families. Most voluntary organisations have an in-depth understanding of particular local needs; local communities often trust these organisations through their experiences of working with them. This, I think, makes the voluntary sector an attractive partner for the NHS in its pursuit of providing high-quality care that is personalised and responds to patient choice.

With the voluntary sector's invaluable source of knowledge about local populations and their needs, it is ideally placed to work closely with health and wellbeing boards and GP consortia. The sector can offer much support and input in the development, implementation and sustainment of joint strategic needs assessments that are central

to the work of the health and wellbeing boards. Commissioners should recognise and use voluntary and community organisations' knowledge of local populations explicitly seeking their advice and support.

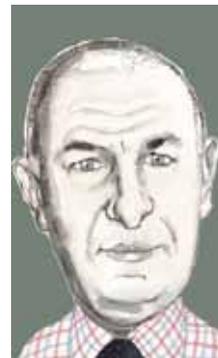
If the voluntary and community sector is to participate fully, becoming effective partners in the modern health and social care system, then there needs to be greater understanding and awareness of the specialist services that voluntary organisations can offer. It is important that commissioners are open to changes in contracting that will enable integrated and flexible working. This will also apply to front line staff such as nurses who should be working cheek by jowl with those in the voluntary and community sector with the joint expectation that this working arrangement will enhance patient outcomes.

The NHS can work together with other organisations such as those in the voluntary sector to build specific services around the needs of their patients. This might aid the NHS in concentrating its efforts on the delivery of its other general services, helping to avoid being overstretched as a result.

An example of this arrangement working effectively is where the charity Sue Ryder is running, on behalf of the NHS, five neurological centres and seven hospices that are located throughout the UK. Each centre provides specialist care for people with long-term conditions and life-changing illnesses. This and similar arrangements can help to free up much sought after hospital beds as well as reducing preventable hospital admissions.

More successful partnerships can be made possible if trusts are willing to work with other organisations to improve services and meet local needs, whether that means transferring specialist services to improve quality and efficiency or increasing education

available to staff. The sector itself should take steps if it is to effectively seize the potential opportunities offered by the reforms. **BJN**



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Curry N, Mundle C, Sheil F, Weaks L (2011) *The Voluntary and Community Sector in Health. Implications of the Proposed NHS Reforms*. Kings Fund, London