

VCSE Review: Discussion paper on the challenges and solutions to better investment in and partnership with the VCSE sector - response from the National LGB&T Partnership

Introduction

This document provides feedback from the National LGB&T (lesbian, gay, bisexual and trans) Partnership, a member of the Department of Health, NHS England, and Public Health England's Health and Care Voluntary Sector Strategic Partner Programme. The National LGB&T Partnership is an England-wide group of LGB&T voluntary and community service delivery organisations (see below for members of the Partnership) that are committed to reducing health inequalities and challenging homophobia, biphobia and transphobia within public services

The National LGB&T Partnership members intend to positively influence the policy, practice and actions of Government and statutory bodies, in particular the Department of Health, for the benefit of all LGB&T people and communities across England. The member organisations of the National LGB&T Partnership are:

- LGBT Foundation
- East London Out Project (ELOP)
- Gay Advice Darlington and Durham (GADD)
- Gender Identity Research and Education Society (GIRES)
- Health Equality and Rights Organisation also known as GMFA
- Consortium of LGB&T Voluntary and Community Organisations
- London Friend
- PACE
- Stonewall Housing
- Yorkshire MESMAC
- METRO
- Birmingham LGB&T
- BiUK

The National LGB&T Partnership will ensure that health inequalities experienced by LGB&T people are kept high on the Government's agenda and that best use is made of the experience and expertise found within the LGB&T voluntary and community sector. The National LGB&T Partnership has also established a National LGB&T Stakeholder Group which is open to interested groups, organisations, service providers and individuals, giving a direct voice to the LGB&T sector. For more information, see <http://nationallgbtpartnership.org>.

Consultation questions

Q1-5 are administrative questions.

6. How can Joint Strategic Needs Assessments (JSNAs) become more focused on VCSE assets locally?

The National LGB&T Partnership believes that, because of a lack of sexual orientation and trans status monitoring, the JSNA process does not gather the correct information to adequately assess the needs of LGBT people. In an attempt to fill the gap left by a lack of monitoring, LGBT VCS organisations, such as the member organisations within the Partnership, have previously fed back vast amounts of information and statistics that inform their work, as well as representing the

VCSE Review: Discussion paper on the challenges and solutions to better investment in and partnership with the VCSE sector

perspectives of LGB&T people across the U.K as evidence to inform the JSNA process, but it has rarely been taken up or utilised in the final JSNA publication. Therefore JSNAs can become more focused on VCSE assets locally by adequately incorporating the first-hand expertise of assets, such as the National LGB&T Partnership's member organisations, by utilising the valid expertise and evidence provided by them rather than overlooking it, to ensure the LGB&T community is accurately represented.

Alongside this firstly, more local, regional and national research needs to be funded so that the needs of LGB&T people can be further assessed. Secondly, Sexual Orientation Monitoring (SOM) and Trans Status Monitoring needs to be made compulsory across the board in order to ensure mainstream research and services are mutually beneficial for mainstream and LGB&T communities and priorities, and health inequalities can be more efficiently detected.

Another way of ensuring is to work with local VCSE groups and organisations and VCSE infrastructure to create and maintain accurate directories of such assets. This directory can then be used when drafting JSNAs to check for opportunities to involve the VCSE sector.

7. How can commissioners and VCSE organisations at a local level be encouraged to better work together in co-producing local plans within health and social care?

The National LGB&T Partnership thinks that local VCSE organisations and commissioners could be encouraged to better co-produce local plans within health and social care firstly, by levelling the playing field and ensuring that the localised expertise of the VCSE organisations particularly are not overshadowed by the demands of the commissioners.

Secondly, this could be further encouraged by ensuring co-production with VCSE organisations is a key and mandatory part of the commissioner's role. This would require the commissioning process to be more flexible in order to enable VCSE organisations to adapt expectations and spending to the specific needs of the local community they support.

Thirdly, this co-production could be encouraged through sharing good practise case studies to demonstrate the effectiveness of co-production for both parties, and financially supporting this relationship through ensuring VCSE organisations have the necessary resources to fully engage and co-produce, which would further level the playing field.

8. Do you know of any relevant evidence or examples of good practice locally of good partnership working between the VCSE and statutory organisations?

The National LGB&T Partnership is aware of the Greater Manchester Building Health Partnerships (BHP) programme and reports undertaken by the LGBT Foundation (originally the Lesbian and Gay Foundation), Institute for Voluntary Action Research, NAVCA, NHS: North, Central and South Manchester Clinical Commissioning Groups, Social Enterprise U.K. and NHS England around health inequalities faced by lesbian, gay, bisexual and trans (LGBT) people in 2014. Notably, the BHP project found that VCSE organisations can provide specialist knowledge and direct access to under-represented groups. This partnership especially has enabled the public sector organisations to address the existing health inequalities, improve access and inclusion for all, and increase genuine and authentic patient and public involvement and voice. The outcomes of the BHP partnership include a range of tools outlining the health needs of LGB&T people which are available here: <http://lgbt.foundation/bhp>.

Additionally, another one of our member organisations: Birmingham LGBT, has partnered with University Hospital Trust Birmingham to bid to deliver the sexual health system in Birmingham and Solihull. This will be the largest sexual health system in the world made up of a partnership between an acute hospital trust, GPs, pharmacies and third sector providers. The partnership approach is based on co-production which included Birmingham LGBT developing the service specification for the LGBT community, capacity building support for the third sector and co-producing the contract.

Similarly in London, a National LGB&T Partnership member organisation: London Friend, partnered their LGBT drug & alcohol service: Antidote with the CNWL Club Drug Clinic – a clinic set up by the NHS to specialise in club drugs after a sexual health service noted a significant increase in gay and bisexual men presenting to their clinic with drug issues. Partnering offered Antidote the opportunity to improve treatment pathways for its clients with a medical or pharmacological need, whilst improving the LGBT cultural competence of the NHS clinic. The partnership has also led to further engagement in drug policy and strategy with Antidote being invited to be a member of an expert group looking at novel psychoactive substances (NPS) for the Home Office; a steering group member for Public Health England’s group looking at chemsex and drug use by MSM; and a member of the expert group which informed the NEPTUNE Clinical Guidance for treatment of NPS published in 2015. Additionally, METRO Charity and the Royal Borough of Greenwich have a long standing, robust and highly effective partnership for the delivery of sexual health services.

However, member organisation Stonewall Housing adds that, whilst there are pockets of good practice that even in these times of public sector cuts could be copied by others, many local authorities and providers do not monitor the sexual orientation or gender identity of their residents/patients, so they do not have a clear picture of the level of LGBT housing need. Stonewall Housing is also concerned that some vital services face decommissioning or disproportionate cuts that make them unviable and without a robust assessment of need, now required under the Care Act, this leaves clients open to further risk of harm and more costly interventions in the future.

9. How might grant processes be strengthened to enable greater sustainability within the VCSE sector?

The National LGB&T Partnership appreciates grants because they enable VCS organisations to be innovative whilst contracts are more restrictive. However, we feel that greater sustainability can be enabled by building grant programmes into longer term funding strategies. Grant funding most often prioritises innovation, but does not provide follow-up funding for successful and efficient existing projects.

Fundamentally, the Partnership believes that the sector cannot sustainably rely on grant funding that will not fund non-pilots because this means many successful, existing projects are not maintained and are thus short-lived due to a lack of funding. In order to enable greater sustainability of the sector there needs to be a funding stream to sustain and roll out further great, successful projects.

There should also be requirements, where appropriate, for the inclusion of VCSE partners for all grant awards, alongside a robust needs assessments and utilising service data that monitors sexual orientation and trans status.

10. Do you think the VCSE sector need additional support to enable it to respond to alternative funding models e.g. social impact bonds? If yes, what type of support do you think would be beneficial?

Yes. The National LGB&T Partnership believe that this support could be delivered as accessible written documents advising VCSE organisations on how to respond to alternative funding models, but also have a broad definition of what is meant specifically by terms such as ‘innovation’ and ‘national impact’.

Alongside this, the Partnership believes that an effective learning and supporting tool could come from having structures and subsequent events through which funded VCSE programmes can share their learning and expertise with VCSE programmes aiming for funding. This funded structure of communication and learning would improve the overall effectiveness of the sector and create a clear line through which best practise can be shared and replicated. Increased, cross-sector communication could also enable gaps in funding streams - where certain types of programmes are not achieving funding despite their necessity – to be rendered visible. This may indicate issues with the overall funding process or a lack of understanding towards the needs of certain communities.

11. How could commissioners make better use of social prescribing?

The National LGB&T Partnership feel that the social prescribing process should be treated the same as any other prescribing process: commissioners should use social prescribing as a way of funding the sector and reaching their outcomes by paying for the service provided. Rather than assuming that the sector will always be there to meet the increasing but welcomed demands of social prescribing, commissioners should appreciate and act upon the reality that funding is required to enable the social prescribing process to be successful and effective. By funding VCSE sector through this initiative, health and social care would also enable better integrated services and a more reliable and efficient pathway through which the needs of people are met.

12. What support would be beneficial for commissioners in recognising and working with the diversity of the market?

From our collective experience of working with commissioners, the National LGB&T Partnership has found that commissioners can have no prior experience of working in or with the community or locality they are selected to commission services for. This acts as a barrier to co-production between commissioners and VCSE organisations, and a barrier to fully meeting the complex and specific needs of the people being supported. Our member organisations, Stonewall Housing, provides housing advice and support to over 1,800 lesbian, gay, bisexual and transgender people each year and over 50% of those state their housing problem is directly related to their sexual orientation or gender identity, yet their experience is that not all commissioners are aware of the needs of LGBT communities.

Therefore, we advise that commissioners are required to have relevant experience related to the division of the sector they are commissioning for. Alongside this, the expertise and understanding of relevant VCSE organisations should be directly utilised to educate commissioners further. This VCSE Review: Discussion paper on the challenges and solutions to better investment in and partnership with the VCSE sector

expertise should similarly be prioritised on issues directly related to the needs of local communities so that clinical, one-size-fits-all approaches are usurped for genuinely person-centred ones.

It should also be considered whether the relevant VCSE partnerships or consortiums could be involved in the process through which certain commissioners are assigned to sectors to ensure that their cultural competence towards diverse communities is assessed effectively.

13. If you know of any relevant evidence or examples of good practice in how the VCSE sector is funded or have any suggestions for other ways of supporting the sector please provide details.

Stonewall Housing, a member organisation of the National LGB&T Partnership, found that London Councils appreciated the evidence shared that LGBT people are at risk of homelessness and sexual and domestic violence, and services are best commissioned on a regional rather than local level. Lessons should be learned about this body's engagement process and how it gathers evidence of need to support its plans. Stonewall Housing now provide housing advice and support services in all 33 boroughs in London and have developed partnership approaches with LGBT and homelessness agencies to deliver the London Youth Gateway (which now incorporates LGBT Jigsaw partnership with AKT, Galop and Pace) and the LGBT Domestic Abuse Partnership within London. Here are links for more information: www.londonyouthgateway.org.uk www.lgbtjigsaw.net www.lgbtdap.org.uk. This is an example of how the severity of the evidence gathered by the VCSE sector can be respected and utilised effectively through funding important projects which adhere to the expert advice being offered by the VCSE organisation: i.e., that services relating to homelessness, sexual and domestic violence are best commissioned on a regional level.

Additionally, METRO, another member organisation of the National LGB&T Partnership recalls the following as an example of good practise in how the VCSE sector is funded: identifying the need for provision across local authorities, and commissioning in clusters or in partnership, for example HIV support provision was commissioned across Lambeth, Southwark and Lewisham, and HIV prevention commissioned regionally through the London HIV Prevention Programme. (LHPP) LHPP funds the GMI Partnership, a partnership including METRO (as lead), Positive East and West London Gay Men's Project. By working together they are able to draw on over 50 years of experience of working with men who have sex with men, over 60 employees and more than 125 volunteers.

Suggestions for good practise come from the LGBT Foundation who strongly believe that their sexual health and mental health contracts should be Greater Manchester wide. The LGBT Foundation has been lobbying to get the 23 separate borough-specific commissioners in Greater Manchester to work together and commission collectively. Currently, the process of applying to 23 commissioners – each of whom set slightly different requirements - is utilising resources that could be focused on delivering the services being commissioned. Additionally, this approach to commissioning means that access to services is a postcode lottery: some members of the public are denied access to certain VCSE services – e.g. the LGBT Foundation's mental health services - because their local authority has not commissioned the organisation to meet the needs of LGBT people in that area. The need to implement Greater Manchester wide commissioning is especially relevant to non-geographical communities of identity, such as LGBT people.

14. How can we ensure that social value principles are included in commissioning processes?

The National LGB&T Partnership feels that the Social Value Act should ensure social value principles are included in commissioning processes. The system partners should consider some form of engagement with commissioners to discover what the barriers are for the inclusion of social value and what is preventing them from being compliant with this legislation.

Additionally, the Partnership thinks that, in order for social value to be included in commissioning processes across the board, VCSE organisations and commissioners alike need a clear and identifiable methodology through which it can be understood, portrayed and assessed. A barrier to this occurring is that VCSE organisations do not necessarily know how to effectively communicate their social value impact, even though delivering it comes naturally to them.

15. If you have any examples of social value being demonstrated in commissioning, please share these here:

Manchester City Council involved the local VCSE in deciding the future of its Equalities Fund by recruiting a co-production working group which reviewed the success of the current funding model and identified options for future development. In this way, the VCSE contributed to the shaping of the fund as well as delivering work through it.

16. Are you aware of any local areas where a level playing field has been achieved for smaller VCSE organisations? Yes/ no If yes, please provide details of where this currently happens:

Significantly, Stonewall Housing recalls their experience with one of the Integration Pioneers in North West London. The organisation commissioned by the commissioners in that area met with a number of voluntary sector organisations to discuss ways of involving us in the commissioning of integrated services. We met on 2 or 3 occasions and also supported them in engaging with LGB&T groups in the area. However, those meetings were not followed by the commissioners themselves, and therefore the level playing field and collaborative process was stunted.

The National LGB&T Partnership adds that they think it would be especially useful to broker relationships allowing smaller VCSE to enter partnership bids with larger providers, in our sector enabling specialist providers to be part of bidding for single mainstream tenders. However, equally, commissioners need to recognise the difficulty of smaller VCSE organisations to have the capacity to make such relationships and not be exploited.

17. What more do you think could be done through commissioning to ensure that risks are effectively shared between commissioners and providers?

The National LGB&T Partnership thinks that it is necessary for the commissioning process to take into account the difficulty for many VCSE organisations in meeting the one-size-fits-all requirements set out by some funders. For instance, with regards to mental health funders, the information governance required is the same for VCS organisations and NHS trusts alike. For the former, meeting such requirements means taking time and resources away from the delivery of services. The Partnership feels that commissioners should have different requirements dependent upon size, or allocate sufficient time, funding and resource to enable smaller organisations to meet requirements without compromising their main duty.

18. If you have any other suggestions to help improve commissioning of the VCSE sector please provide details.

VCSE Review: Discussion paper on the challenges and solutions to better investment in and partnership with the VCSE sector

Overall, commissioning of the VCSE sector could be improved if the VCSE sector was involved throughout the process, co-producing investment plans and utilising the different expertise of the VCSE sector and commissioners equally. Such co-production has taken place in London, where 4 local authorities are now progressing with plans for a joint commission of LGBT housing related support services. Negotiations are ongoing with Stonewall Housing to strengthen the services on offer to their communities across the city while offering a more cost-effective and efficient solution for local commissioners, in partnership with a range of providers.

In addition, if the way that the VCSE sector is funded was changed to include a greater number of smaller grants to a more diverse range of communities, rather than large grants to a few (often large or major) charities, the sustainability of the sector as a whole could be better supported. The commissioning process should take into account the reality that currently, the vast majority of funding in the sector goes to a handful of major charities, at the expense of small and medium sized charities who often have underappreciated localised expertise.

19. What support could be given to the local VCSE infrastructure sector (e.g. Council for Voluntary Service) to enable it to demonstrate the impact of its work and achieve sustainability?

The National LGB&T Partnership are surprised to see possible investment in VCSE infrastructure when there is an overall lack of investment in individual front-line organisations' infrastructure.

However, infrastructure organisations could provide training to local groups, for example on how to measure outcomes, to overcome the fact that VCSE organisations are often small scale and focused on providing services so do not have the capacity, resource and skills to be able to demonstrate their social value and impact.

Commissioning contracts should also include some resources especially for monitoring and evaluation, rather than just expecting it to be done (e.g. information governance requirements for mental health contracts). In our experience, the Department of Health is good in this respect and factors in time and costs for project evaluation; however it would be significantly beneficial if other funders and contractors made the same considerations when commissioning.

20. What, if anything, needs to change about local VCSE infrastructure organisations?

The National LGB&T Partnership thinks that local VCSE infrastructure organisations need to be more consistently fully equipped to support their local LGBT organisations. This would involve being competent of LGBT issues and monitoring sexual orientation and trans status.

21. How could commissioners be incentivised to support VCSE infrastructure?

Under the Social Value Act, Equality Act and the Compact between the VCSE and Government this support is required. However, if these methods are not working, it is important to come up with other ideas. Fundamentally, if commissioners are required to support VCSE infrastructure, an effective method of measuring their support should be devised and consequences should exist for commissioners that do not comply.

However, in and amongst this, a method of effectively engaging with commissioners to determine the barriers to supporting VCSE infrastructure must be created to ensure this issue is effectively overcome.

22. What more can be done to increase the availability of outcomes/ social value/ impact data?

The National LGB&T Partnership thinks that there is a massive gap in commissioners' understanding regarding the costs of monitoring, researching and evaluating to even enable the existence of outcomes, social value and impact data. If the latter is considered a priority then it must be accounted for in funding, time and resource allocation, and should be realised to be an investment in both the VCSE sector and the communities it supports.

23. What kinds of outcomes and impact does the VCSE sector need support to measure and demonstrate?

With regards to smaller VCSE organisations, firstly, there may be a skills gap on how to best monitor impact and present this information. Secondly, there may also be a capacity gap for organisations dealing with complex needs as it takes a lot of time out of services to monitor this process. Thirdly, it is necessary to fund the process of measuring and reporting on outcomes and impact, taking into account the possible and likely gaps for certain organisations and projects, rather than assuming that this process will just continue to occur.

24. How could learning from funded grants and projects be better shared and disseminated?

The National LGB&T Partnership is a funded strategic programme which prioritises intelligence sharing throughout the sector. We, as 13 organisations, effectively and efficiently disseminate learning through sharing our information and experiences between ourselves and to our stakeholder group. Therefore, from our experience, the Strategic Partners Programme, through partnerships such as ours, goes some way to sharing and disseminating learning within the VCSE sector.

However, The National LGB&T Partnership also thinks that learning could be better shared and disseminated if an accessible and effective structure existed through which this could be done. The current barriers in terms of sharing learning between VCSE organisations is that the sector is lacking forums or clear methods of sharing information and there is largely no facilitation for the process to occur. Additionally, little to no funding is available to generate comprehensive learning both internally through researching and reporting, and externally through sharing ideas, failures and successes.

Fundamentally, the Partnership asks how VCSE organisations, especially small or community-led ones, can fund themselves to consistently attend conferences and learning opportunities when it means take funding and time away from front-line service delivery? Within this question is the reality that conferences and learning opportunities predominantly take place in London which is expensive to travel to and stay in, therefore making these events inaccessible for most small organisations across the U.K. Considering this, webinars could be utilised as an alternative and more accessible method of sharing learning between a diverse range of VCSE organisations.

25. How can we best prioritise progressing equality and addressing health inequalities?

VCSE Review: Discussion paper on the challenges and solutions to better investment in and partnership with the VCSE sector

The National LGB&T Partnership feels that in order to genuinely prioritise progressing equalities and addressing health inequalities, the Department of Health, Public Health England and NHS England must move away from a universal model of service provision which renders LGBT people and their specific and often intersectional needs invisible. The common consequence of not recognising and therefore meeting these specific needs is that the issues LGBT people are disproportionately affected by – mental health issues, sexual health problems, drug and alcohol abuse, social isolation and vulnerability in old age and poor access to public services including gender identity services for trans people – are exacerbated.

One key way in which to move past a universal model and enable service providers to better understand their service users is to implement consistent, system-wide sexual orientation monitoring and trans status monitoring. This would demonstrate that, as service providers, you are taking the specific needs of LGB&T people seriously and enable them to identify these needs and thus better meet them. For example, the successful and important work done through the partnership between London Friend's LGBT drug & alcohol service Antidote and the NHS's CNWL Club Drug Clinic to tackle the prevalence of gay and bisexual men presenting to the clinic with drug issues, was enabled through the ability to recognise the prevalent correlation of sexual orientation and this type of drug use through monitoring. The process of making this connection has led to further engagement in drug policy and strategy and the development of expert clinical guidance for the treatment of novel psychoactive substances.

Another way in which a universal model can be overcome is to better fund specialist VCSE organisations – such as the National LGB&T Partnership's 13 member organisations – who actively work to progress equality and address health inequalities on a daily basis. In light of this point, it is important to remember that the LGB&T sector represents 5-7% of the population who identify as LGBT (Department of Trade and Industry, 'Final Regulatory Impact Assessment: Civil Partnership Act', 2004), yet they receive only 0.03% of the national charitable income. (Women's Resource Centre, 2010) These statistics are indicative both of the outstanding efficiency and impact that the LGBT VCSE sector yields on limited resources and the need to better fund this sector.

Finally, in order to address health inequalities and progress equality it is important to have structures such as the National LGB&T Partnership who enable a mutually beneficial relationship between the sector and the system partners. This is necessary because the key to addressing health inequalities is to understand the local communities and their needs, and the way of achieving this is to engage with the VCS. In collaboration with the system partners, the National LGB&T Partnership has developed the Equality Delivery System (EDS) which details good equality work in the health sector and is about embedding equality and diversity across NHS practices. The Race Equality Foundation is soon to publish guidance on how to engage the VCS in EDS, however in support of this the National LGB&T Partnership thinks that the VCS should be engaged much earlier in the process of assessing NHS organisations against the EDS criteria to ensure health inequalities are effectively addressed throughout.

26. Please provide any evidence of good practice in promoting equality / addressing health inequality through funding that you are aware of:

Good practice in promoting equalities and addressing health inequalities through funding that the National LGB&T Partnership are aware of is the Big Lottery Funded Programme: *Ambition for Ageing*. This programme works with 8 local authority areas across Greater Manchester utilising a VCSE Review: Discussion paper on the challenges and solutions to better investment in and partnership with the VCSE sector

place-based approach with equalities issues and marginalisation embedded from the start. By embedding equalities issues from the start, there has been an expectation throughout the commissioning of Local Delivery Leads (LDLs) that within their ward-specific projects, the LDLs will focus on how to increase access for minority groups.

Working to prioritise this aim, the programme funds the existence of the 'Equalities Board' which consists of representatives from organisations who already support equalities groups in Greater Manchester. The role of the Board is to ensure that equalities issues remain at the forefront of the programme and the individual, ward-specific projects, and fundamentally that older members of equalities groups in those wards are equally able to access the projects funded by the programme.

Rather than overlooking equalities issues or just bringing in specialist organisations to engage with particular equalities groups in a tokenistic manner, this approach attempts to mainstream equalities issues to make projects for older people accessible to *all* older people.

Another example is the LGBT Foundation's programme *Pride in Practice* which was originally funded by Department of Health's IESD fund. Endorsed by The Royal College of GP's, *Pride in Practice* is a support package that promotes equality and health inequality with regards to lesbian, gay and bisexual patients through providing training on these issues for GP's across Greater Manchester. This training enables GPs to be compliant with the General Medical Council Guidelines and the Equality Act 2010, and in doing so helps ensure that lesbian, gay and bisexual people across Greater Manchester will have their needs met by their GP. Currently, *Pride in Practice* is funded to work with 1 in 4 GP Practices in Greater Manchester, meaning over 750,000 patients are registered at *Pride in Practice* registered Practices. Between April 2014 and March 2015 *Pride in Practice* has trained almost 1000 health professionals; 100% of health professionals asked said they would recommend the training and 87.5% of GP Practices that received training implemented sexual orientation monitoring.

.27. Do you agree with the new aims?

Yes, the National LGB&T Partnership agrees with the new aims and looks forward to seeing how they're embedded.

- promoting equality and addressing health inequalities
- contributing to health and well-being outcomes for all communities in England.

28. Do you think the VCSE is better placed than the statutory sector to achieve improved health and care outcomes in some areas? If yes, please let us know which outcomes and why you think the VCSE sector is better placed to achieve these

VCSE organisations are better placed than the statutory sector to achieve improved health and care outcomes in some areas because they often reside in community settings and possess the cultural competence to comprehend and cater to the specific and intersectional needs of diverse communities. On a whole, VCSE organisations genuinely utilise a person centred approach rather than a condition centred one. As a result, VCSE organisations have better service delivery models to improve wider health and wellbeing in a holistic sense rather than just the main condition.

The VCSE sector has also shown to be cost effective in delivering targeted services, and are often more able to access harder to reach elements of the community due to having local knowledge and achieving the trust of community members.¹

29. How can social prescribing (or similar mechanisms) be used in building better partnerships and strengthening collaborative working?

The National LGB&T Partnership feel that by treating the social prescribing process the same as any other prescribing process: commissioners using social prescribing as a way of funding the sector and reaching their outcomes by paying for the service provided, a more equal partnership can be achieved between VCSE organisations and commissioners. Rather than assuming that the sector will always be there to meet the increasing but welcomed demands of social prescribing, commissioners should appreciate and act upon the reality that funding is required to enable the social prescribing process to be successful and effective. By funding the VCSE sector through this initiative, health and social care would also enable better integrated services and a more reliable and efficient pathway through which the needs of people are met.

30. We are looking for examples of good practice of co-production in the development of plans or strategies either in localities or in particular specialisms. Please provide examples of any such plans that you have come across.

In addition to the examples given in question 8, Stonewall Housing were offered a specialist contract by a local authority to deliver housing related support for LGB&T people fleeing harassment and abuse. This came about because the local authority reviewed their framework for services because they recognised the need for specific services for LGBT communities.

LGBT Foundation is funded by Manchester City Council through its Equalities Fund to support the development and implementation of the Council's equality monitoring strategy. LGBT Foundation advises particularly on sexual orientation monitoring, and through the funding can offer training and consultancy to Council directorates on how to use monitoring to improve LGB people's access and experience.

31. How can we ensure voluntary organisations are able to work in equal partnership with statutory sector in the design of services or local plans?

The National LGB&T Partnership think that in order to ensure voluntary organisations are able to work in equal partnership with statutory sector, funding is necessary to help build and maintain relationships into effective working partnerships. This is necessary in order to ensure that charities of all sizes are able to contribute their expertise and experience without compromising the time and funding that is currently spent on service delivery.

Equal partnership with VCSE organisations and the statutory sector in the design of services is more easily enabled when it is not done so in a tokenistic manner – commissioning VCSE services to tick boxes – but instead provides a meaningful engagement in the issues and priorities at hand. Such an arrangement currently takes place in the partnership between London Friend and several other LGBT VCS providers who work with NHS GUM clinics to target sexual health and broader wellbeing services to trans people through cliniQ. Through this approach, organisations jointly staff

¹ Greater Manchester Building Health Partnerships Summary Report, May 2014, pp. 15-20.

the clinic which brings support services provided by the LGBT VCS such as counselling, advocacy, housing and substance misuse into one setting – the GUM clinic - where trans people can also access sexual health services in a sensitive environment.

In addition to this, with particular regards to the LGBT sector and more generally, to equalities groups, an equalities approach must be embedded throughout. This would mean that equalities issues were part of the *design* of services so that accessibility, monitoring and co-production with specialist VCSE services were taken into account and implemented from the start. The National LGB&T Partnership strongly believes that the expertise, experience and efficiency of the sector should be utilised proactively as an asset in the design of statutory services (i.e. to include sexual orientation and trans status monitoring, to consider accessibility and to respond to the specific needs of LGBT people). As it stands, the LGBT sector is largely commissioned to deal reactively with issues which arise as a result of the fact that the prior stage had not taken place.

32. What kinds of infrastructure or organisations are needed to support better partnership working?

As has been referred to in previous questions, it is necessary to support VCSE organisations to monitor and prove their effectiveness. Additionally, infrastructure organisations need to be LGBT inclusive and aware so they can equally and effectively support LGBT VCSE organisations.

The National LGB&T Partnership refers to the infrastructure organisation: LGBT Consortium and themselves, the National LGB&T Partnership, as the kinds of organisations that are needed to support better partnership working as they provide effective learning streams and efficient communication routes between the VCSE and the statutory sector.

33. Is there a VCSE representative on your local Health and Wellbeing Board?

For most of our member organisations, there is a VCSE representative on their Health and Wellbeing Board. .

The METRO specifically add that occasionally, Healthwatch Greenwich (hosted by METRO) attend the Greenwich HWB. They also feed in via Naomi Goldberg at Greenwich Action for Voluntary Service (GAVS). Dr Greg Ussher, the METRO CEO is also Lay Member and lead on patient and public participation matters on the Greenwich CCG.

34. Do you think VCSE organisations in your area have a good and effective route to the Health and Wellbeing Board?

The National LGB&T Partnership thinks that the VCSE is massively diverse and having one person to represent the varying issues encountered by different subsectors of the VCSE sector is problematic when it comes to ensuring that the diversity of the sector is represented in the Health and Wellbeing Board.

More specifically, in Islington, the Health and Wellbeing Board have engaged well with Stonewall Housing. The latter have been involved in some meetings and online discussions. However, lack of capacity meant that Stonewall Housing engagement has been limited but nevertheless, they remain in close contact with the Board.

On the other hand, London Friend flags up the difficulties for VCSE organisations in engaging with the Health and Wellbeing Boards when they serve a large geographical area. This is particularly amplified in London - working city-wide with 33 local authorities - and is impossible for small or even medium VCSE organisations to do. Several of the London-based LGBT organisations have their bases in the same local authority (although their work plan covers London) so there's a risk, if they all start locally, of them trying to engage with the same Health and Wellbeing Board and not covering many others. For often over-looked communities, such as the LGBT community, it is especially pertinent that LGBT representatives have access to the Boards to ensure the needs of LGB&T people are consistently considered and met.

The National LGB&T Partnership asks that the varying capacities of voluntary sector organisations be taken into account when considering routes to the Health and Wellbeing Board (and indeed other such organisations). What to professionals working in the sector may appear to be standard bureaucracy can appear overly complex to grassroots organisations. Therefore, methods of engagement for such organisations that carry a similar weight but have a vastly streamlined pathway are preferred.

35. Do you think there is a good relationship in your area between the statutory sector working in health and care and the VCSE sector?

In many respects, The National LGB&T Partnership feels that the VCSE sector and the statutory sector have a good relationship. However, as we represent 13 separate organisations, it is likely that we will have varying experiences.

In the case of the Partnership itself, we have a mutually beneficial relationship with the system partners. The Strategic Partner Programme is valued and sets these bodies apart from other areas of government and has achieved a good degree of co-design and production. This relationship has also been helpful and important in implementing policy at a local level.

In Greater Manchester, the relationship between the LGBT VCSE sector and health providers is actively fostered and significantly improved through the LGBT Foundation's programme *Pride in Practice*. As mentioned previously, this programme simultaneously helps lesbian, gay and bisexual people accessing GP services in Greater Manchester and the GP's that sign up themselves through enabling the latter to meet the needs of the former through being compliant with the General Medical Council Guidelines and Equality Act 2010. *Pride in Practice* is actively designed to work in partnership with GP practises to meet the demands of policy makers, patients and staff, fundamentally making their lives easier.

36. How best can national VCSE infrastructure organisations be supported?

37. What, if anything, needs to change about national VCSE infrastructure organisations to enable them to better support the wider VCSE sector?

38. What is needed to support better co-production with organisations focusing on progressing equality and tackling health inequalities?

Co-production with organisations on progressing equalities and tackling health inequalities should ensure that these issues are embedded throughout projects, programmes and decision making, as evidenced by the Big Lottery funded programme *Ambition or Ageing*. An example of this embedded approach is also the National LGB&T Partnership member: London Friend's Antidote VCSE Review: Discussion paper on the challenges and solutions to better investment in and partnership with the VCSE sector

specialist LGBT drug & alcohol service as they worked with the CQC to develop their new guidance for inspecting substance misuse services, ensuring LGBT issues were considered throughout.

Issues relating to any significant minority group should not be considered as an after-thought and relevant organisations brought in in a tokenistic manner to deal with these minority-related issues. Progressing equality and tackling health inequalities requires public bodies to work with the experience and expertise of VCSE sector on all issues, including those that are considered “mainstream”, to consider at-all-times how members of equalities groups and those possessing protected characteristics are impacted by their policy and decisions.

As stated previously, the National LGB&T Partnership also feels that co-production of any kind should be enabled through funding the involvement of VCSE organisations to ensure that they are able to participate without compromising their core services. The VCSE sector consistently provides specialist expertise, experience, effectiveness and efficiency to its involvement with statutory bodies and organisations and thus, rather than assuming that the VCSE sector will be able to continue to provide such high quality participation relatively for free, this service should be valued like any other,