Notes from the workshops – Children England

1. Lobbying around homelessness in the region – what are the links with registered social landlords
2. Routes for influencing in the new structures locally, to a certain extent regionally and also nationally
3. Routes into Health and Wellbeing Boards – looking at what priorities they should cover i.e. Housing, Child Poverty, Social Determinants of Health (cross cutting issues)
4. VCs Representation on the new structures i.e. Health and Well Being Boards
   - Challenges around gaining good representation when organisations are not a defined provider
   - Difference between sitting on the board and truly representing the sector and the role of infrastructure and wider CYP forums to support effective engagement
5. New types of Commissioning
   - Inroads into GPs as commissioners
   - Conversation cafes in Herts a good example of a two way format between GPs and providers, face to face contact
   - Champions in specific areas to facilitate engagement i.e. a GP who knows and understands the sector but also VCS champions who can raise the profile of the sector so that its not just done on an individual basis
   - Conflict between issue based and taking it through to holistic provision, as well as bringing together a range of provision
   - GPS are not the only access point, NHS commissioning boards for middle England, crucial to know and understand what will be commissioned and where

6. Localism
   - % of funding going to large organisations, when do they stop being a charity ?
   - Consortia and sub contracting arrangements not always suitable or effective depending on the types of contracts
   - Innovative models or future models of collaboration
   - Timescales for delivery and getting consortia together are not clear or able to be achieved
   - Education commissioners and procurement teams i.e. TUPE, registration, timescales
   - Capturing the lessons learnt

- Need joint discussions between the LAs and VCS about communities, values and the impact of commissioning on the structures of communities

7. Evidencing Impact
    - Evidence based practice debate
    - Longitudinal studies, intelligence
    - How the VCS engaged with JSNAs
    - Data sets that the VCS can link with via Health i.e. CHIMAT
    - Points of influence