# How health and care systems can work better with VCSE partners

The voluntary, community and social enterprise (VCSE) sector is an important partner for statutory health and social care agencies and plays a key role in improving health, wellbeing and care outcomes. Partners across local government, health, housing, care and the VCSE sector have come together during the COVID-19 pandemic.

Closer working with voluntary sector partners will be vital as local systems recover from the pandemic. This briefing outlines five ways integrated care systems can work with the sector to rebuild local systems and reset the way health and care are planned, commissioned and delivered. It has been developed with organisations involved in the NHS England and NHS Improvement's VCSE Leadership Programme. The programme works with 18 health and care systems in England to support the development of VCSE alliances across systems.

## Key points

- VCSE organisations are essential to the planning of care and supporting a greater shift towards prevention and self-care. They are key system transformation, innovation and integration partners.

- Organisations across the VCSE sector are uniquely placed to support people and communities and are vitally important to COVID-19 recovery planning, supporting population health and reducing health inequalities. Deepening partnerships with VCSE organisations will be essential in supporting communities to rebuild and recover following the coronavirus outbreak.

- NHS organisations should maximise the social value they generate by working more closely in partnership with the VCSE sector.

- Local VCSE organisations need to be included in health and care pathways and service redesign planning across systems, including population health management and social prescribing in primary care networks.

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# Background

The VCSE sector has strong links into communities and has played an important role in keeping people connected during the COVID-19 pandemic, responding quickly to meet communities' needs[1].

Organisations across the sector have modified their offer and adapted their services to respond to the crisis. In the Liverpool City Region for example, and in areas across the country, this has included:

- providing frontline services, including emergency food, advice and advocacy, supporting people with their mental wellbeing, and collecting shopping and prescriptions for the most vulnerable

- supporting people and communities in the most vulnerable situations, including communities of identity, communities of experience, those on low incomes and people who had not been in contact with public services before

- supporting sector-wide collaboration, communications and leadership, including the recruitment of thousands of volunteers, providing funding advice and communication across the VCSE sector

- providing leadership and strategic input into system response structures such as local resilience forums and command and control cells.

VCSE organisations are essential to the planning of care and supporting a greater shift towards prevention and self-care, as well as supporting the redesign of care based on population health needs and health inequalities. As key system transformation, innovation and integration partners, they can:

- **deliver services** – those working in VCSE organisations, including volunteers, make up a significant proportion of the health and care workforce

- **amplify the voice of different communities and groups** – VCSE organisations have reach across systems and support communities of place, identity and experience

- **address health inequalities** – particularly for groups with the poorest health and the most marginalised.

Deepening partnerships with these organisations will be essential in supporting communities to recover following the coronavirus outbreak. This briefing outlines five ways integrated care systems can work with the VCSE sector to rebuild local systems and reset the way health and care are planned, commissioned and delivered for patients and communities across England. It includes case studies showing how systems are working with local VCSE organisations to support residents.

## The VCSE sector in numbers

- 166,854 voluntary organisations

- 83 per cent have incomes less than £100,000

- Nine in ten UK households have accessed a service delivered by a voluntary organisation

- £17.1 billion contribution to the UK economy

- Value of volunteering is £23.9 billion

- Assets of £131.2 billion

Source: The UK Civil Society Almanac, 2019

# 1. Develop a clear and equitable role for the VCSE sector

As stated in the phase three guidance, "working across systems, including NHS, local authority and voluntary sector partners, has been essential for dealing with the pandemic – the same is true in recovery[2]."

VCSE groups and organisations are often at the heart of communities and are a vital asset for supporting health and wellbeing. As the health and care system looks to restore services in the wake of the first peak, system leaders should commit to equitable partnerships and co-production with the VCSE sector and reflect this in governance structures and operational activity.

Strategic planning, decision-making, service design, delivery and evaluation cannot be considered systemic without VCSE partners. This equity requires organisational buy-in at both senior and middle management levels. VCSE organisations should be part of shared leadership development programmes.

**Case study: West Yorkshire and Harrogate Health and Care Partnership**

The focus in West Yorkshire and Harrogate is on ensuring the sustainability of the VCSE sector through the COVID-19 response, reorientation period and in the months and years ahead, through investment, partnership and building the sector's infrastructure and capacity. This will be essential in responding to future peaks, maintaining population health, ensuring individuals can access support (including on discharge into the community and to alleviate negative impacts of isolation and social distancing) and to ensure the longer-term sustainability of VCSE health and care-related provision.

The ICS will do this through the Harnessing the Power of Communities Programme acting as a point of coordination and facilitation within the partnership to ensure VCSE organisations are engaged at all levels. It will identify

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opportunities for system-wide collaboration where it makes sense, strengthen the capacity of the VCSE to meet current and anticipated demand, including through access to training and development opportunities, and build partnership work and collaboration across partnership programme areas.

This includes working with all programmes to ensure that through collaboration with the VCSE sector, support reaches those from some of the most vulnerable population groups. This includes those with existing and emerging mental health issues, people with disabilities, older people, black and minority ethnic groups, those who are shielded, unpaid carers, people experiencing homelessness, refugees and travellers, those at risk of violence and abuse and those experiencing a bereavement. The ICS is working on developing options for planned care pathways that focus more on prevention and self-care, and to support people to stay at home while maintaining their health and wellbeing. Over time, it will work towards a more preventative, community-based approach to health and care where possible.

Of paramount importance to sustaining the VCSE sector and supporting change for the population is identifying financing options and securing a sustainable commitment to VCSE funding. The partnership is therefore developing a long-term business case for VCSE strategic and operational engagement, and long-term, sustainable, joined-up investment in the sector.

The ICS has made a commitment to apply the National Voices' five principles for the next stage of COVID-19 response to all its work.

## 2. Co-design outcomes for people and communities

The 2018 Joint VCSE Review recommended that health and care systems be co-designed with local people. This is echoed in Public Health England's 2019 report on Place-Based Approaches to Reducing Health Inequalities.

System transformation will not be genuine or effective without the VCSE. Systems must be engineered to get the best from all partners. VCSE organisations are trusted and expert partners and are key to achieving transformation around health inequalities. They have reach into communities and often support people most at risk. This reach can help 'systemise' people's experiences to create outcomes.

**Case study: Suffolk and North East Essex framework for system planning**

The ICS' planning framework (below) uses an outcome-based approach that links together different elements of plans in a way that drives better outcomes for people. It shows the context for NHS planning and delivery within the ICS, combined with planning and delivery by other sectors (local government and VCSE) in integrated local alliance programmes that enable the benefits set out in the system's five-year strategic plan.
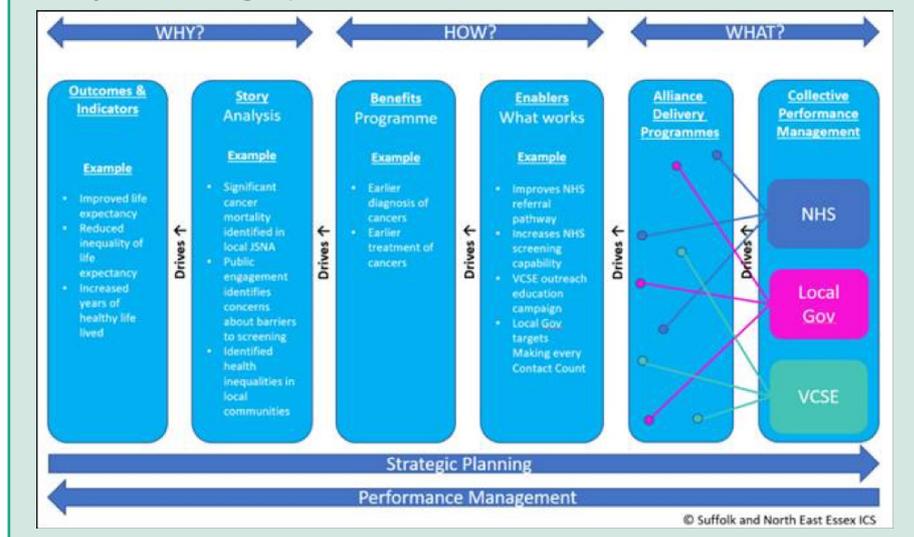
# 3. Commit to longer-term investment in the VCSE

To help build back better, there needs to be a pragmatic and long-term approach to resources and how services are commissioned, including the need to commission for outcomes. Systems need to build on what is there and embrace the innovations that have emerged during COVID-19. NHS organisations should maximise the social value they generate by working more closely in partnership with the VCSE sector.

There needs to be a systemic view on commissioning for outcomes across a system, in line with the Local Government Association's Integrated Commissioning for Better Outcomes Framework and the VCSE Joint Review's recommendation that the NHS develops and test ways for commissioners to invest in and reward the creation of wellbeing and resilience.

The principles that govern investment should be the same for all system partners and resources made available to build the capacity and capability of the VCSE sector to help the system truly transform. System partners need to recognise and value the assets in the VCSE sector and the external investment the sector generates.

**Case studies: Local investments**

**Bristol, North Somerset and South Gloucestershire STP's community services contract**
The contract ringfences 3 per cent of the ten-year £100 million contract for VCSE delivery (£3 million per annum). This is not new money and needs to be found from restructuring existing services. There is a paper uplift (CQUIN) over that period.

**Suffolk and North East Essex ICS grants**
Suffolk and North East Essex works with its local community foundations and has invested £2 million for smaller VCSE organisations to deliver social prescribing or deliver health and wellbeing-related activity in communities.

**Greater Manchester's Social Value Framework**
This aligns with the priorities of the Greater Manchester strategy and will include tangible actions for all sectors. An evaluation estimated that if social value was adopted as common practice across Greater Manchester, the social value that could be generated is £759 million per annum (caveats apply).

**Cheshire and Merseyside Health and Care Partnership**
A system-wide approach has been developed to establish a Social Value Charter, a network of champions, training, tools and anchor kite mark.

# 4. Build on what is already there

VCSE infrastructure organisations provide advice, support and training to charities and communities in local areas. In areas where there is existing VCSE infrastructure, they have played a key role in responding to COVID-19. This has included supporting and advising charities and community organisations during the pandemic, as well as playing a role in the recruitment of thousands of volunteers and offering advice to developing mutual aid groups.

System partners need to understand existing VCSE infrastructure and the integral role these organisations must play to support COVID-19 recovery plans. These organisations are uniquely placed to support people and communities and are vitally important to recovery planning, supporting population health and reducing health inequalities.

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**Case study: VCFSE Sector Resilience and Capacity Fund**

VC6 (an alliance of voluntary, community, faith and social enterprise infrastructure organisations) in Liverpool City Region has highlighted the need for a programme of investment to strengthen existing VCSE infrastructure. The first peak decimated the sector's spare resources, and staff and volunteers were fatigued by the considerable work undertaken. There is concern over the capacity and availability of resources should there be a second peak.

The alliance has proposed a £25 million VCFSE Resilience and Capacity Fund for the region, which would provide "cross-sector investment to develop the sector's long-term capacity and resilience and help VCFSE organisations to replenish and prepare for their ongoing role in mitigating the worst effects of the pandemic."

Source: Together for Liverpool for Good

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# 5. Embed VCSE services and support in COVID-19 recovery

Local VCSE organisations need to be included in health and care pathways and service redesign planning across systems, which includes population health management and social prescribing in primary care networks. Systems need to build on emerging good practice and innovation, and embrace positive changes.

**Case studies: VCSE involvement in care pathways**

**Bristol's Out-of-Hospital Programme: Test and Learn Pilot**
The programme pulls together specialist VCSE organisation that are:

- experts in their field

- already in receipt of the public service contract or grant

- supporting people who would be vulnerable to or disadvantaged by COVID-19.

The Test and Learn pilot supports the engagement and involvement of VCSE organisations that are not co-terminus with health system structures and those that support equalities communities and communities of interest and practice (rather than geographic communities). It integrates non-geographic organisations into geographic/NHS structures.

This model provides the fastest route required to receive specialist support. A light-touch triage service is in place to enable that and to reduce potential barriers from GDPR issues. The system needs to fit round community organisations and not the other way around.

**West Yorkshire and Harrogate: Wakefield Virtual Youth Work**
WF-I-can.co.uk is a new online resource developed in partnership between the children's workforce, including the VCSE, Wakefield Council, the CCG and children and young people in the Wakefield District. This resource includes self-help tools and tips to improve wellbeing, along with links to organisations.

WF-I-can also offers an online chat service for children and young people, currently available Monday to Friday from 1pm to 5 pm and 7pm to 9 pm. This facility has received excellent feedback. It provides a safe space to have a conversation with a professional, where they feel valued and listened to, and links them to other local offers from which they could benefit.

# NHS Confederation viewpoint

The NHS England and NHS Improvement (NHSEI) ICS maturity matrix[3] states that for systems to be considered 'mature' or 'thriving', they must be able to demonstrate "strong collaborative and inclusive system leadership, including local government and the voluntary sector, with a track record of delivery".

This short document is designed to help VCSE partners to put their arguments and asks forward in the new ICS world as they seek to be part of a "collaborative and inclusive system leadership." It is not a policy paper but a set of asks the sector believes will help it work effectively within increasingly integrated health and care systems.

Many NHS Confederation members are upfront and open in recognising the VCSE as skilled and equal partners that bring an important approach and perspective to improving the lives of communities. But if we are honest, the NHS has not always thought like this. As we look to reset the relationship with patients, carers, families and communities, stronger and more authentic relationships with the VCSE should be at the forefront of the approach.

# References

1   The King's Fund (2020), Tough challenges but new possibilities: shaping the post Covid-19 world with the voluntary, community and social enterprise sector [online] www.kingsfund.org.uk/blog/2020/05/covid-19-voluntary-community-social-enterprise-sector-vcse

2   NHS England and NHS Improvement (2020), Third phase of NHS response to COVID-19. www.england.nhs.uk/coronavirus/publication/third-phase-response

3   NHS England and NHS Improvement (2019), Designing integrated care systems (ICSs) in England www.england.nhs.uk/publication/designing-integrated-care-systems-icss-in-england

# NHS RESET
**FOR THE FUTURE OF HEALTH AND CARE**

NHS CONFEDERATION

## About NHS Reset

COVID-19 has changed the NHS and social care, precipitating rapid transformation at a time of immense pressure and personal and professional challenge. One message from leaders and clinicians across the UK has been clear: we must build on the progress made to chart a new course.

NHS Reset is an NHS Confederation campaign to help shape what the health and care system should look like in the aftermath of the pandemic. Recognising the sacrifices and achievements of the COVID-19 period, it brings together NHS Confederation members and partners to look at how we rebuild local systems and reset the way we plan, commission and deliver health and care.

NHS Reset is part funded through sponsorship by Novartis Pharmaceuticals UK Limited.

**Join the conversation # NHS RESET**

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