Voluntary Partnerships Programme: Working with the Voluntary Community and Social Enterprise sector

September 2019

NHS

Housekeeping

Please mute your phone during the presentation until question time; this helps reduce background noise.

This is an interactive session. Please add your comments and thoughts into the chat box as we go through the presentation.

The menu at the bottom of the screen enables you to see the presentation and the list of participants/chat box

At the discussion session, type your question or comment into the chat, or raise your hand.

We are only discussing the STP/ICS work of the voluntary partnerships team today. If you have further questions, do contact the Voluntary Partnerships team here: england.voluntarypartnerships@nhs.net

If you are having any technical problems, send a message to the host via the chat panel.

Principles for VCSE Engagement:
https://www.england.nhs.uk/ourwork/part-rel/

Overview

This webinar, for the wider Voluntary Community and Social Enterprise (VCSE) sector, will give an update on some of the partnership work that has been happening in STP/ICS around the country which specifically focuses on VCSE engagement. This webinar will include:

1. Introduction to some key programmes, such as Building Health Partnerships and the STP/ICS Accelerator Programme
2. The opportunity to hear the experiences of VCSE Leaders who have been involved in the programme
3. An understanding of the core components for partnership working, from our learning partner NCVO
4. What good looks like – developing NHS England and NHS Improvement guidance for STP/ICS on working with the VCSE

"Look beyond the health and care system to improve population health – this requires deeper local independent involvement and closer working with the voluntary and community sector, independent sector organisations and communities"

The Kings Fund (September 2018)

Working with the Voluntary Community and Social Enterprise (VCSE) Sector

NHSE/I Voluntary Partnerships Team;
'Working to develop and maximise the contribution that the voluntary sector and volunteering can have on services, communities and individuals and system transformation'.

NHS Long Term Plan Commitments	We will achieve this by
To continue to commission, partner with and champion VCSE	Facilitating the spread and scale of innovative practice and effective partnership working
Every ICS to have a partnership board, drawn from ……….the voluntary and community sector and other partners	Embedding the voice of the VCSE sector across the NHS
To double the number of volunteers in the NHS in three years	Reducing the barriers to volunteering and partnership working

Why partner with the VCSE?

- **Deliver services;** making up a significant proportion of health and care workforce (including volunteers)

- **Advocates;** for different communities and groups across systems (by condition, geography, protected characteristic)

- **Expertise and flexibility;** to deliver innovation and bringing those assets into the health and care economy

- **Credibility and trust**; ability to support non-medical needs and join up services where NHS/social care can't

VCSE organisations are key transformation, innovation and integration partners

VCSE Programmes in STPs/ICS

1) Building Health Partnerships (In partnership with the Big Lottery Community Fund)
- Focus on engaging with VCSE as service deliverers/providers
- Intensive support provided for 9 months

2) Transforming Healthcare Together
- Sharing and scaling learning. Offer includes; Leadership training by the Kings Fund, coaching, workshops, mentoring, access to a practice development network

3) STP/ICS VCSE Accelerator Sites (working with NCVO)
- Supports the development and testing of VCSE Leadership models in 9 systems

Building Health Partnerships

Programme Objectives

- Facilitate **shared leadership and partnership** working to support system transformation and reduce health inequalities

- Deliver actions that have **positive impacts and outcomes** for patients, communities, services and people working in health and care

- Develop **more meaningful and equal relationships** between the VCSE sector and statutory sector and support their capacity for effective and sustainable partnership working

- Provide **national learning** and **support the spread** of these approaches across STPs/ICS

Programme Delivery

- VCSE as providers and co-producers of services

- Intensive support provided over 9 months

JOINTLY FUNDED BY

COMMUNITY FUND   NHS England

DELIVERED BY

IVAR Institute for Voluntary Action Research

Social Enterprise UK   NCVO

North Cumbria: Preventing stroke with the VCSE

Problem

80% strokes are avoidable Copeland ward people 104% more likely to have one

Action

Stalls at 2 community health 'melas' to carry out Health MOT's

Outcome

215 individuals tested 43 referred to GP or pharmacy 200 people received advice and information

We have shown this form of community engagement can work, several people have come forward willing to help to take these ideas forward"
Rotary Club

South Cumbria and Lancashire: Neighbourhood approaches

Problem

How to harness the leadership, power and capacity of communities

Action

£10,000 grant to a five neighbourhoods to test new models of working

Outcome

VCSE take the lead on developing neighbourhood approaches to improve health and wellbeing
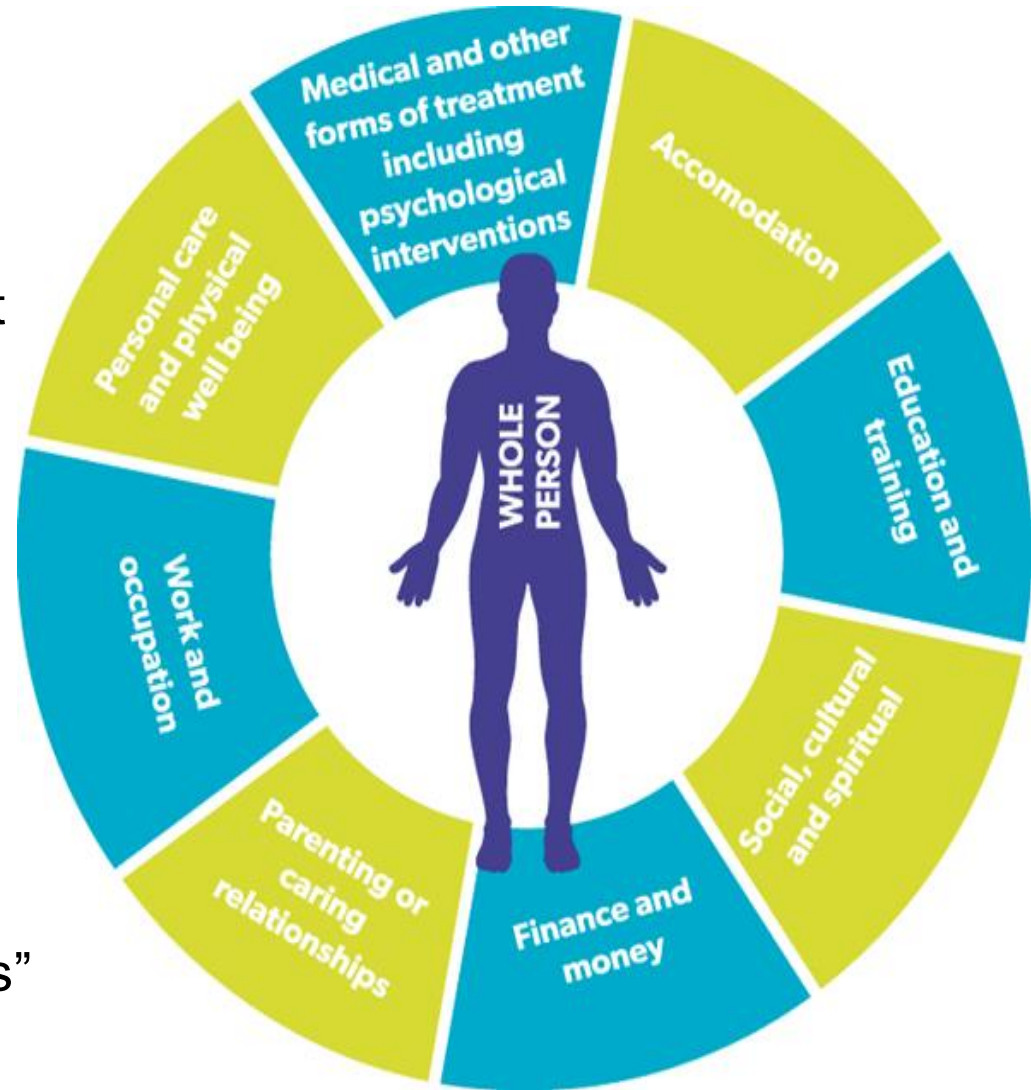
Value of working with VCSE is demonstrated

Moving Forward:

The pilot projects will identify the:

1. core requirements to create and sustain a new culture of leadership in neighbourhoods
2. value of these relationships at an ICP level

Blackpool, Wyre and Flyde building a model using the "whole person approach" at a neighbourhood level

This pilot will be led by the VCSE and include "link workers" and mapping community assets

BHP Area	Problem	Action	Outcome
Notts and Nottinghamshire	Delayed Transfer of Care – 42% patients could have had a better pathway home from hospital	• Action Research project with Voluntary Organisations • Business case to build capacity in community to deliver services	• Cross sector relationships • Senior buy in and investment plans
Frimley Health and Care	Healthy workplace behaviour	• Design a campaign aimed at workplace health. Share resources, skills and expertise to care for people at work	• Co-produced campaign increasing take up of prevention/health promoting behaviours
West Yorkshire and Harrogate Health and Care Partnership	a) Early diagnosis of eye conditions (50% eye loss is preventable) b) MSK conditions Calderdale 37% population is inactive	• Co-produced public eye health campaign in Wakefield importance of eye tests and education eye health • Work local young people and VCSE organisations co-deign initiatives that help young people become more active and improve long term health	• Community led public health initiatives • ICS to establish internal capability for co producing solutions • Support new model of service design

Spreading and scaling good practice

Transforming Healthcare Together includes;
- Practice Development Network
- Webinars and workshops
- Case Studies
- Toolkits and Resources

www.ivar.org.uk/transforming-together

**"Transforming Healthcare Together"
conference Birmingham
Thursday 26th September 2019.
Book now**

STP/ICS Accelerator Programme

Programme Aims:

1. Develop and test models of diverse and inclusive VCSE Leadership Groups or Alliances

2. Demonstrate the value of working in partnership with the VCSE sector

3. Support equal and sustainable relationships between VCSE and ICS/STPs

4. Share learning between STP/ICS through action learning and peer support

The National Council for Voluntary Organisations (NCVO) was commissioned as a Learning Partner for this programme.

STP/ICS Accelerator sites

[Bristol, North Somerset and South Gloucestershire](#)
[Cheshire and Merseyside](#)
[Greater Manchester](#)
[Lancashire and South Cumbria](#)
[Lincolnshire](#)
[Norfolk and Waveney](#)
[Staffordshire and Stoke-on-Trent](#)
[Surrey Heartlands](#)
[West Yorkshire and Harrogate](#)

Spotlight on Lincolnshire Voluntary Engagement Team

Ivan Annibal

NHS England and NHS Improvement

Context

- Lincolnshire 2/3 the size of Northern Ireland – population the size of Sheffield

- Over 2000 VCS bodies engaged in widely distributed activities linked to health and care

- 8 Local authorities and 7 NHS bodies

- Service delivery challenged by rurality a number of poor inspection outcomes

- A number of informal and under-resourced alliances: Lincolnshire Independent Living Partnership, Involving Lincs

Positives

- A distinctive sense of place which unites partners

- Small egos and an even balance of organisations

- A common sense that change might be for the better

- Some bright points already – social prescribing, innovation exchange, new medical school

Our Programme

- Memorandum of Understanding (MoU) – currently in discussion – a shared commitment to local procurement which builds capacity founded on the principles of social value

- A new governance structure where everyone is welcome and organisations contribute hard cash where they can

- A commitment to develop a working together brand

- A re-mapping of the distribution of the sector and a programme of capacity building for smaller bodies rooted in peer to peer learning

Future Challenges

- Getting over the finishing line

- When the thrill leaves the chase

- Policy dissonance

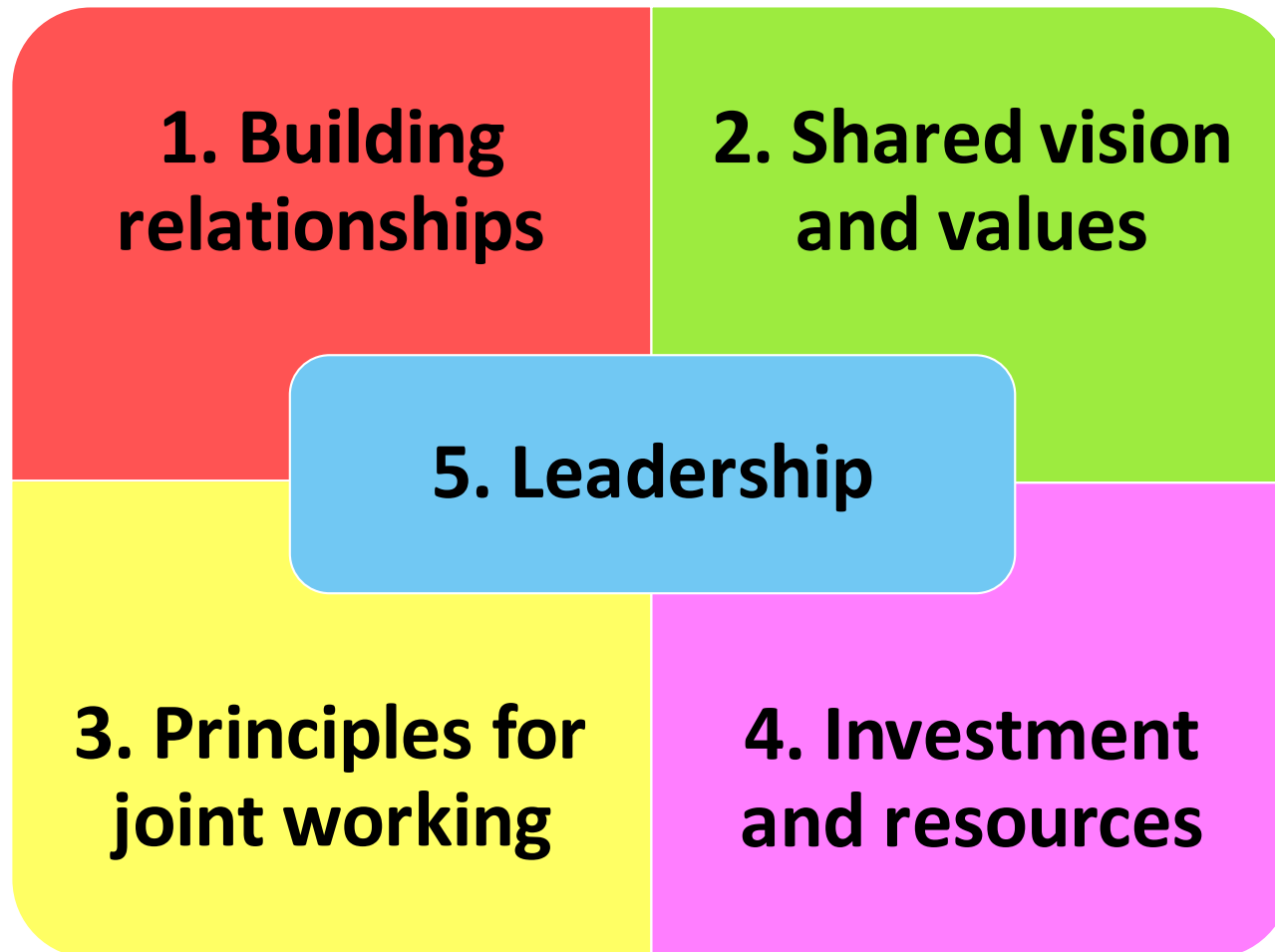- The inertia of ordinariness

- Sustainability

Our Learning: Core components of partnership working

Lev Pedro, NCVO

NHS England and NHS Improvement

Core Components

1. Building relationships

2. Shared vision and values

5. Leadership

3. Principles for joint working

4. Investment and resources

"Our partnership includes the voluntary sector because they are fundamental to our future success. The sector is embedded in communities and has the ability to bring insight, connection, capacity and innovation to what we do. This is essential in an era when we are joining up care to better meet the mental, physical and social needs of people".

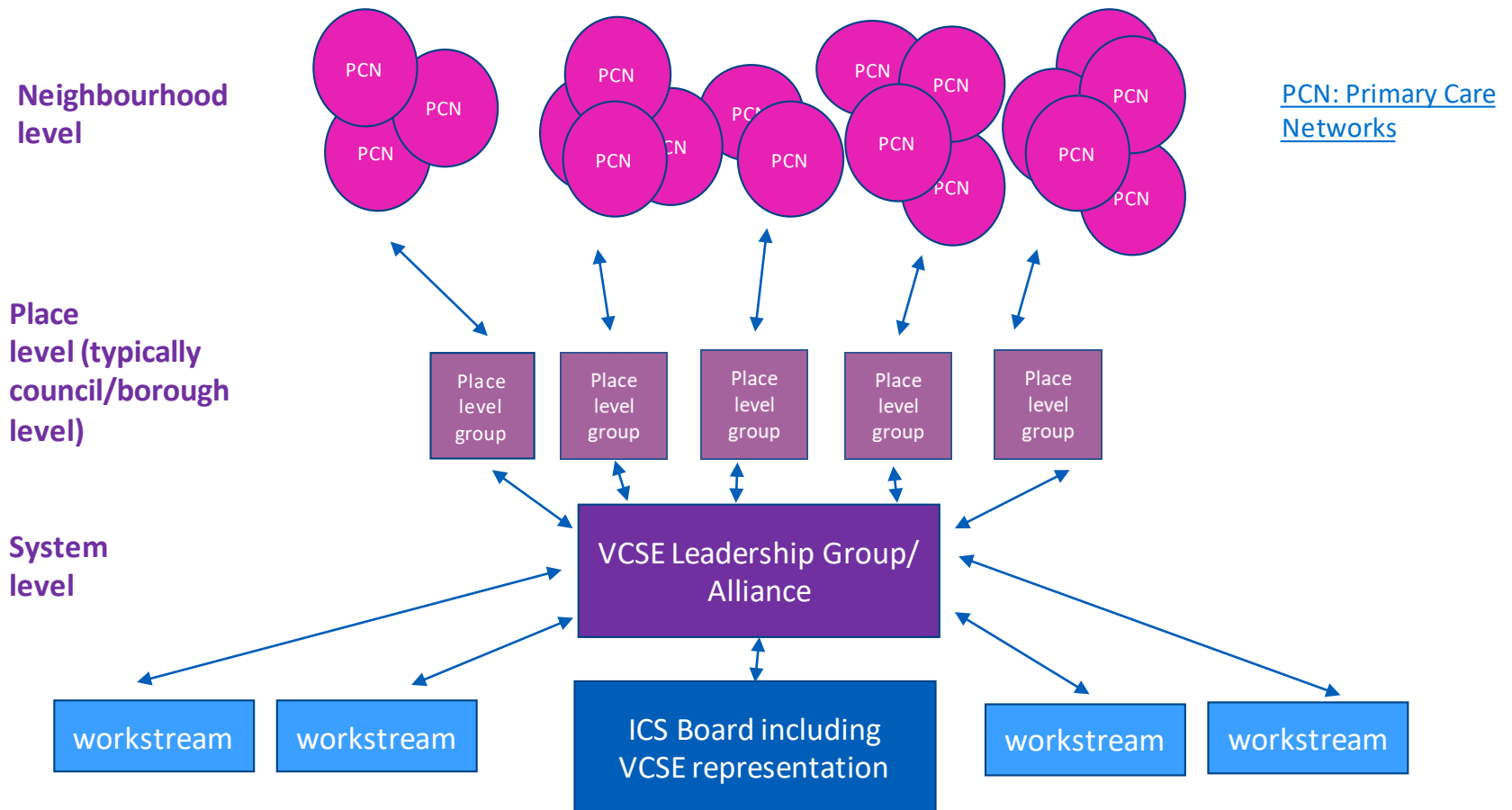NHS colleague, West Yorkshire & Harrogate ICS

What good looks like?

NHS England and NHS Improvement guidance for STP/ICSs on engaging and working in partnership with the VCSE sector at

- system level
- place and
- neighbourhood level

- Co designed and co-developed with VCSE partners at various workshops and webinars
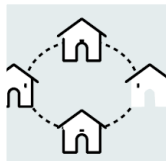
- Informed by work of Voluntary Partnerships Team

Emergent model for strategic VCSE engagement

Neighbourhood level

PCN
PCN
PCN

PCN
PCN
PCN
PCN

PCN
PCN
PCN
PCN

PCN
PCN
PCN
PCN
PCN

PCN: Primary Care Networks

Place level (typically council/borough level)

Place level group
Place level group
Place level group
Place level group
Place level group

System level

VCSE Leadership Group/ Alliance

workstream
workstream
ICS Board including VCSE representation
workstream
workstream

Core components

1. Creation of (or working towards the creation of) a **voluntary sector leadership group or alliance**. This is a group made up of a number of VCSE organisations with the aim of being a broker for wider sector and a single point of contact for system colleagues

2. Voluntary sector **representation** on statutory or cross-sector group/workstreams including the STP/ICS Board

3. Mechanism for **two way communications, engagement and feedback** with wider voluntary sector and wider system partners/structures to amplify the voice of people and communities

What good looks like at neighbourhood level

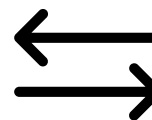**Features of VCSE partnerships at this level**

- **VCSE included as partner** on multi-disciplinary teams along with health, social care, supporting high-risk individuals and high-intensity service users

- **Information governance** agreements in place with VCSE

- **Social prescribing link workers** connect people, their families and carers with relevant community groups

- **PCNs map VCSE groups** in their area and connect them with social prescribing activity

- **PCN work through VCSE partners** in their area to engage with groups with poorest health outcomes

- **Population health management,** local VCSE is mobilised to tackle local health challenges along with statutory partners (e.g. falls; isolation; respiratory health; smoking)

Sustaining partnerships at this level

- **Key community anchor organisations** (e.g. community centres, community /neighbourhood associations) are supported

- **Grant funding** is available locally to nurture and develop existing and new community groups, building on the skills and interests of citizens

- **Capacity-building** support is available for local community groups (e.g. on safeguarding, IG, food handling)

Connectors to other levels

- **Social prescribing link workers** in primary care networks are integrated into place-level social prescribing and VCSE plans

- **Neighbourhood-level community** groups are connected to support at place level with funding, capacity-building

DRAFT FOR DISCUSSION

What good looks like at place level

Features of VCSE partnerships at this level

- **VCSE is represented in governance** at place level (ICP/ICO/LCO)
- VCSE may be represented on Health & Wellbeing Board
- **VCSE is involved in place-level workstreams**, including leading some workstreams (e.g. redesigning models of care)
- The **local infrastructure organisation is a strategic partner** for wider involvement of VCSE at place level
- There is a **clear local plan for social prescribing**, developed with input from VCSE sector leaders, local CVS, local authority and health commissioners, PCNs, referral agencies and Health & Wellbeing Board
- **Outcomes and assurance frameworks** agreed between VCSE & statutory partners (e.g. to

Sustaining partnerships at this level

- There is a **grants programme** for the VCSE supporting place-level priorities)

- **Partners protect and grow local VCSE infrastructure** organisations (e.g. CVS)

- **VCSE is included in place-based leadership training** for health and care partnership

- There is **training and support for local agencies** to understand link worker roles

Connectors to other levels

- **VCSE representatives in place-level** governance are part of a system-level VCSE alliance or leadership group

Things to consider

1. VCSE partnerships at place level
(what would/could work, any challenges, how could these be overcome)

2. VCSE partnerships at neighbourhood level
(what would/could work, any challenges, how could these be overcome)

3. Connections and communication
(how do we connect VCSE partnerships and ensure that communication flows between all levels?)

**Shape the guidance
Webinar "what good looks like"
Monday 14th October 10am to 11am**

Moving forward

1) Building Health Partnerships Cohort 3: Population Health Management

2) STP/ICS accelerator programme:

> a) Legacy Fund – 7 systems

> b) Cohort 2 – 12 systems

3) Bespoke activity: projects focusing on VCSE engagement with Primary Care Networks

4) Developing learning networks

Thank you taking part in the webinar

Any questions?