



## **Integrated Care Webinar series 2021/2022**

### **Voluntary sector partnerships and Integrated Care Systems**

**Tuesday 30 November 2021**



NHS England and Improvement System Transformation, in partnership with the Social Care Institute for Excellence (SCIE)

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## Your Panel today

Chair: Neil Tester, Director at the Richmond Group of Charities

Frances Newell, Head of Partnership Development, Leadership and Partnerships team, NHS England and NHS Improvement

Alex Boys, Deputy Chief Executive, NAVCA

Susannah Howard, Programme Director, Suffolk and North East Essex ICS

Sally Chandler, Chief Executive, Carers Trust Hillingdon

Stewart Lucas, System Lead for VCSE Integration (Mental Health), Manchester Mind.

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Frances Newell, Head of Partnership  
Development, Leadership and Partnerships  
team, NHS England and NHS Improvement

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# The view from a local partnership

From Medway  
and Swale  
Memorandum of  
Understanding  
between  
statutory,  
community and  
voluntary sectors

Voluntary and Community organisations make a major and literally incalculable contribution to the social, cultural and economic life of Medway and Swale.

They act as pathfinders for the involvement of our population in the design and delivery of services and often act as advocates for those who otherwise have no voice. In doing so, they promote both equality and diversity.

They help to alleviate poverty, reduce health inequalities, improve the quality of life and empower socially excluded people.

The Voluntary and Community sector also makes an important direct economic contribution to the area.

The Voluntary and Community sector in Medway and Swale can operate most effectively if it has the understanding and support of the statutory sector, and vice versa.

## ICS guidance on partnerships with the voluntary, community and social enterprise sector

The [ICS Design Framework](#) sets the expectation that integrated care board (ICB) governance and decision-making arrangements support close working with the VCSE sector as a strategic partner.

The guidance provides more detail on how to embed voluntary, community and social enterprise (VCSE) sector partnerships in ICSs.

### Key points

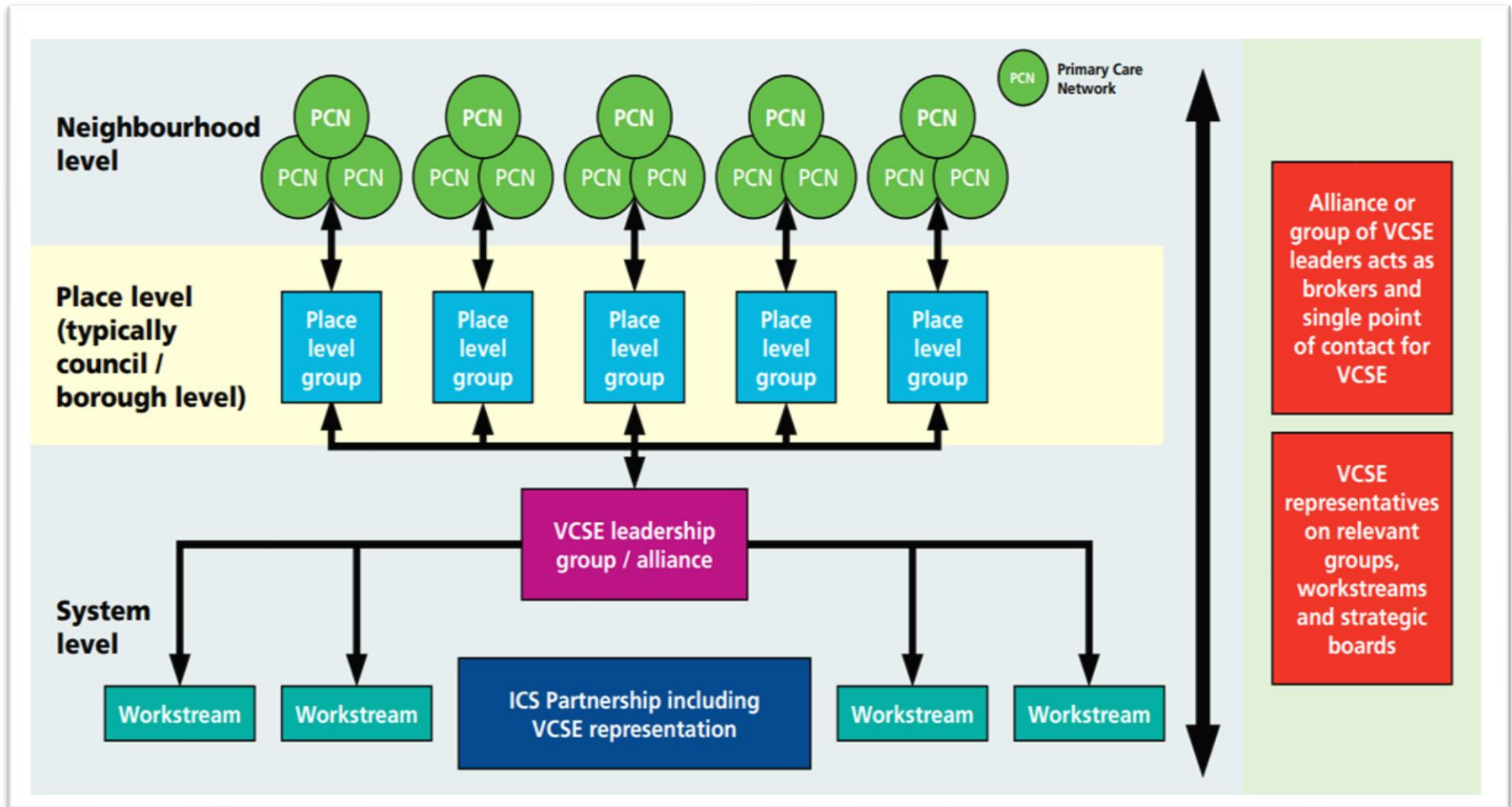
- The VCSE sector is a key strategic partner with an important contribution to make in shaping, improving and delivering services, and developing and implementing plans to tackle the wider determinants of health
- VCSE partnership should be embedded in how the ICS operates, including through involvement in governance structures in population health management and service redesign work, and in system workforce, leadership and organisational development plans

### Action required

- By April 2022, ICBs are expected to have developed a formal agreement for engaging and embedding the VCSE sector in system-level governance and decision-making arrangements, ideally by working through a VCSE alliance to reflect the diversity of the sector.
- These arrangements should build on the involvement of VCSE partners in relevant forums at place and neighbourhood level.

<https://www.england.nhs.uk/wp-content/uploads/2021/06/B0905-vcse-and-ics-partnerships.pdf>

# Approach to VCSE and ICS partnerships



# Alex Boys, Deputy Chief Executive NAVCA

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# What is NAVCA & Local VCSE Infrastructure?

... the beating heart of a  
community's voluntary sector



Partnerships &  
Collaborations

Leadership &  
Advocacy



**navca**  
local focus national voice

Community  
Development &  
Practical  
Support

Volunteering  
Inspiration &  
Promotion



# VCSE Sector in Integrated Care

“The VCSE Sector is a **vital** cornerstone of progressive health and care systems”

## Voice and Engagement

- Relationships of trust
- Connections with communities
- Lived experience
- Reaching those not traditionally reached

## Knowledge, intelligence and insight

- Deep understanding of local needs
- Early experience of emerging issues
- Qualitative and direct

## Service Delivery

- Flexible and dynamic
- Innovative
- Holistic and person-centred
- Prevention by default

## Collaborations and Partnerships

- Bring a variety of orgs together
- Attract wider investment
- Build capacity and develop new ventures

# How can we succeed?

- **Invest in relationships** - at all levels, based on mutual understanding, structures don't change things – people do
- **Be clear about roles** and the outcomes sought from engagement
- **Value VCSE insight and intelligence** - in developing priorities and service design
- **Share insight and intelligence** – support VCSE development, overcome data sharing issues
- **Invest in sector engagement and development** – strategic engagement requires resource, community development is an invaluable investment
- **Adapt and innovate** – use structural changes to think about system v place v neighbourhood - who leads what and where
- **Engage with your local VCSE infrastructure organisations**



# **Voluntary sector partnerships: the vital cornerstone of integrated care systems**

30 November 2021

**Sally Chandler, Chief Executive  
Carers Trust Hillingdon**





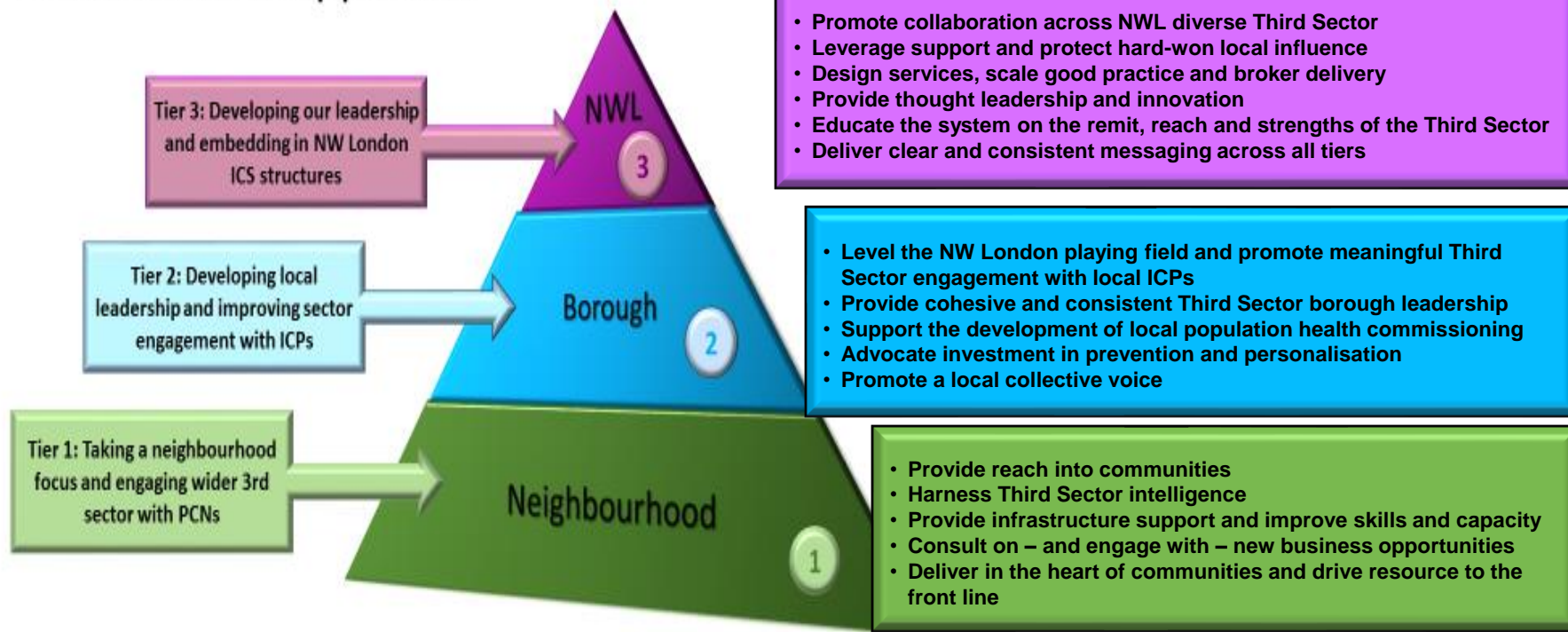
## NW London:

### The largest ICS in the country

- 2.4 million people
- £4 billion system
- 9 acute hospitals
- 8 borough councils
  - 8 Clinical Commissioning Groups
- 351 GP surgeries
- 45 Primary Care Networks

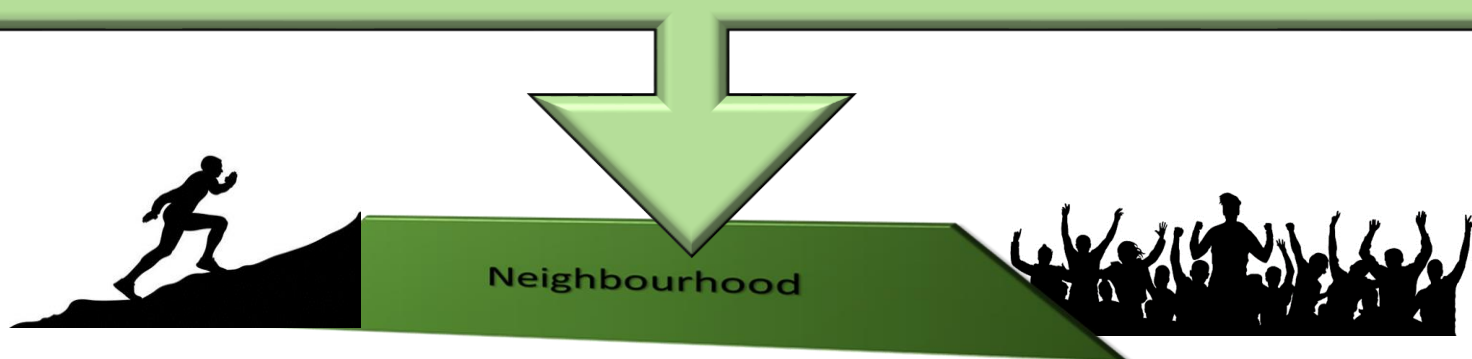
# Agreed working model

## A three-tiered approach:



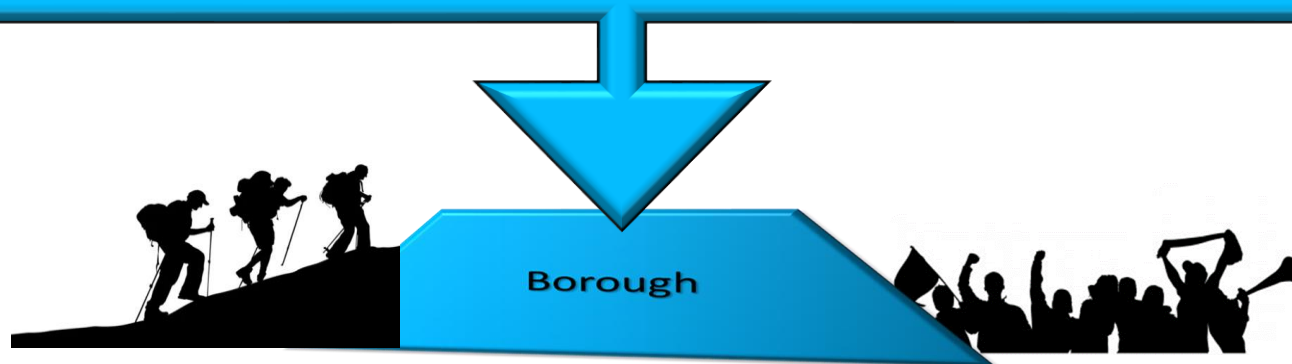
# Neighbourhood progress to date

- Our Strategy group comprises both delivery and infrastructure support bodies in order for us to be able to deliver all three levels of our commitments
- We are working through infrastructure bodies to support wider sector engagement and development
- We have started Third Sector messaging about NW London developments that have been disseminated through local Forums and Health and Wellbeing Alliances
- We are exploring minimum data sets for smaller third sector groups and organisations to support our aspirations to use sector intelligence to inform effective population health commissioning models
- We have strong relationships with Primary Care via both the Primary Care Networks and Confederations of GPs
- We have local service models that are proven to save money and that are scalable to the NWL footprint, including an HSJ award-winning Urgent and Emergency Care Initiative of the Year 2021 in Hillingdon



## Borough progress to date

- In addition to existing local representation we have secured seats on the newly-formed Borough Leadership teams
- Each borough has 3-4 elected representative organisations on 3ST NW London structures; all boroughs engage with both the Strategy group and Leadership group
- We have excellent examples of good practice to share across the eight boroughs both in terms of services designed and delivered to save the health and care economy money and third sector integration in local ICP structures
- We are working with all strategic partners to improve and level out engagement with borough-level structures
- Our Communications working group is developing structures for regular updates and communication flow throughout our three tiers



# System progress to date

- We are recognised by the system and have seats on the ICS Board, nine Portfolio Boards and a series of Local Care Board working groups
- We are in the second year of the NHSE Third Sector Leadership programme; funding has helped with development of our governance
- We have established governance and communication structures, including signing off on a shared Governing Principles and Joint Working agreement
- We have agreed our logo and branding and have launched a basic website: [www.3stnwl.org.uk](http://www.3stnwl.org.uk)
- We have drafted a set of Expectations for working as an equal partner in the system – these have been signed off by the Third Sector Board and are currently doing the rounds of all Portfolio Boards and local ICPs
- We have regular meetings with the ICS Chair, Penny Dash, and were involved in the appointment of the new ICS Chief Executive, Rob Hurd
- We have had initial collective discussions on scalability of successful service models and a product development workshop is planned for January 2022





# Challenges



- **Building trust and changing the way we work**
- **Tensions between delivery and infrastructure organisations**
- **Backdrop of changing structures, new posts/appointments and lack of clarity about ICSs**
- **General ignorance about the Third Sector, how it is funded, its reach and the real cost of delivery**
- **Lack of clarity about what the ICS will become – commissioning or delivery?**

## Forward priorities



- **Influence at a series of eight workshops across Nov/Dec 2021 to shape the ICS, with all partners delivering a series of pre-agreed messages about good practice in sector engagement**
- **Leveraging financial support for 3ST development and integration**
- **Working groups to progress our:**
  - **Commercial structure and supply chain management**
  - **Communications and system education through the development of consistent key messages**
- **Understanding key priorities in terms of systems-recovery and to develop ‘products’ using proven and replicable or scaleable models of working (e.g. HIU, LTCs, older people, end of life, hospital discharge)**



[www.3stnwl.org.uk](http://www.3stnwl.org.uk)

[\*\*s.chandler@carerstrusthillingdon.org\*\*](mailto:s.chandler@carerstrusthillingdon.org)

Trojan Horse:  
Dispatches from a VCSE  
leader inside an  
integrated care system.

Stewart Lucas

- I am seconded from Mind into the Greater Manchester ICS with the job of integrating the VCSE into the offer and bridging the gaps.
- What have I learnt?

5) It's all about  
culture

- No matter how many accords and agreements you put in place its about relationships and partnerships. Its about trusts and being valued.
- Don't assume that this is already there and don't assume it already in place between the other partners

4)

organisationally  
agnostic



- Blatantly self beneficial behaviour will get spotted a mile off, this is shared collective impact
- You are speaking for ten's of thousands of organisations which is exhausting, brain-numbing and actually impossible

3) The VCSE  
doesn't have a  
monopoly on  
caring

- Everyone goes to work for the same reason
- Everyone wants to change the world
- The system is actually made of good people doing good things

2) Most people  
make it up as  
they go along

- Don't be fooled by thinking everyone else is Paul, John and George and your Ringo
  - In most rooms everyone's Ringo

1) There are no  
conspiracy  
theories, just  
cock ups

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- Nobody is intentionally not including anyone
  - There are no dark sinister plots
- We are all fire fighting

## Final thoughts:

- The VCSE will assume they have been forgotten
- The VCSE is not an amorphous mass, it doesn't have leaders to be taken to
- Relationships take time, patience and investment, don't assume you are on the same page.



Any questions



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## Poll 1

How much would you say this webinar has increased your understanding of how ICSs and the VCSE sector can work together?





## Poll 2

Has much would you say this ICS webinar met your expectations?

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## Integrated Care Webinar series 2021/2022

### Next webinar

Wednesday 8 December 2021 at Midday.

### Improving the quality of care through ICSs

Invites for future webinars will be sent via SCIE's newsletter, SCIELine.

Register for SCIELine [www.scie.org.uk/myscie/register](http://www.scie.org.uk/myscie/register)

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## Integrated Care Webinar series 2021/2022

A recording of the webinar, slides and resources will be shared on the **Integrated Care Learning Network**.

To join the network email

[integratedcare-manager@future.nhs.uk](mailto:integratedcare-manager@future.nhs.uk).

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