Memorandum of Understanding between the VCSE Alliance and the Integrated Care Board and the Integrated Care Partnership

1. The National Context

In September 2021, national guidance on the engagement of the voluntary, community and social enterprise sector (VCSE) in Integrated Care Systems was released. It included an expectation that Integrated Care Boards (ICBs) should develop 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". Since then, NHS England has issued guidance that Integrated Care Systems should be well on the way to signing off agreements by April 2023. Initially the expectation was that the agreement should be signed off by the Integrated Care Board as a constituted body but in some systems the agreement (now called a Memorandum of Understanding) has been signed off by the Integrated Care Partnership. In Derbyshire the Memorandum of Understanding is to be signed off by both.

The national implementation guidance also underlines the VCSE sectors role as 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".

In addition, the ICS Design Framework sets out some key "partnership principles" to underpin partnership working between ICS partners.

2. The Derbyshire Agreement

This agreement meets the national expectation. It builds on the partnership principles, initial feedback from VCSE organisations in the county, engagement experience in the ICS so far and examples from elsewhere in the country.

3. The VCSE sector in Derbyshire

The VCSE sector is extraordinarily diverse. There are thousands of independent organisations across the county ranging from large groups with million-pound turnovers to small groups with no paid staff. They are active in every field imaginable including Health, Social Care, Arts, Faith and Regeneration. They can be focussed on where people live; "communities of place" and on people sharing common characteristics and experiences; "communities of interest/condition". VCSE groups deliver a wide range of functions including championing/engaging communities, delivering services and providing a vehicle for people to provide mutual support, (it is not uncommon for groups to be undertaking more than one). The most recent study of the VCSE sector in Derbyshire (excluding the City), revealed 5000 VCSE groups with 5 million service users and a combined value of £340 million. 70% of organisations were composed only of volunteers but there were 10,000 FTE paid staff working in the sector, a figure similar in size to the number employed by the University Hospital of Derby and Burton NHS Foundation Trust.

4. What does the VCSE sector bring to the ICS?

Guidance from NHS England stresses the importance of the VCSE sector contribution to the ICS, particularly given the focus on tackling health inequalities and the wider determinants of ill health, engaging communities, doing things differently and looking at cost effective delivery. There is also a recognition that the gap between demand and treatment services will continue to grow, making preventative work so important. VCSE organisations already provide support that underpins statutory health and social care services and can,

- Provide hard and soft intelligence about the needs and challenges facing communities,
- Contribute a Lived Experience perspective,

- Facilitate access and engagement with communities that experience health inequalities
- Provide services that are innovative, complementary and mainstream and which could be low level (for example at a social prescribing level) or sophisticated and mainstream (eg Eating Disorders support)
- Release resources within communities to respond to challenge and generate social capital (as was seen in the pandemic)
- Access other streams of investment to provide additional value,
- Address wider determinants of ill-health (debt, homelessness, domestic violence etc)

Altogether this contribution can generate better planned/designed services, greater reach into communities and approaches that can limit the extent of costly later interventions.

The VCSE sector can therefore contribute significantly to the approach and aspirations of the ICS. To get the most from this potential contribution, we want to move towards an equal partnership This agreement sets out a framework for achieving this, outlining principles that can underpin behaviours and culture and practical areas of action.

5.   Principles, Behaviours and Culture

Trust between partners is essential to making partnership work. Trust has to be built and earned and is underpinned by behaviours and culture. The following set of principles are designed for VCSE organisations and partners to make the most of this relationship.

<u>Working together</u>
- We will value everyone's experience and expertise equally,
- We will acknowledge and work to our respective strengths,
- We recognise the power dynamics that sometimes exist between partners and recognise that It is ok as partners to constructively challenge and disagree,
- We commit to collaborative working as equals, will follow commitments through and walk the talk,
- We will work to the values of co-production including co-design and co-learning,
- We will learn from each other, from what we do and from what happens elsewhere,
- We will work together to build sustainable VCSE sector services and organisations,
- We will be outcome focussed and willing to cede leadership to where it works best,
- We will take time to understand and take account of the ways different organisations and sectors work,
- We will work together to identify and remove barriers to joint working.

<u>Working within the system</u>
- We will be creative and work differently to best engage VCSE organisations of all sizes, being careful not to undermine diversity through structure.
- We will promote more integrated and joined up ways of working,
- We will ensure that the breadth of the VCSE sector has the opportunity to be involved in all stages of the planning cycle at the earliest point. We recognise that VCSE organisations don't always fit neatly into structures and systems!
- We will take a strengths-based approach building on existing assets,
- We will seek to put communities of place, shared interest and condition at the centre of our work.
- We recognise the independence of VCSE organisations including the right to campaign,
- We will commit the time and resources that are necessary to develop effective relationships,
- We will look to build sustainable relationships with approaches that are proportionate to the sizes of organisation involved,
- We will take the risks necessary to innovate and do things differently,
- We will recognise and work with VCSE Alliance and infrastructure systems, processes and structures, recognising that there are many different perspectives.

<u>A final thought</u>
- Collaborative working should generate more accessible and effective services for those who use them. Evaluation should show whether this is happening.

6. Vision

It is important that we have a clear vision. We want the VCSE sector to bring the full range of its strengths to the ICS which means proactive and collaborative working, where the VCSE sector contributes at all stages; needs assessment, prioritising, planning and design as well as delivery. Our vision is,
"A thriving, diverse and sustainable VCSE sector that contributes as an equal partner to improve the health and wellbeing of people in Derbyshire".

7. Aspirations and Actions

The VCSE sector is a critical partner in improving the health and well-being of people in Derbyshire, particularly within the context of the Integrated Care System that promotes prevention and dealing with health inequalities/determinants of ill health. Engaging the VCSE sector and working differently does present challenges to working culture and behaviours. Below is a summary of the key aspirations and actions required to generate a positive culture of partnership and make the most of the VCSE contribution.

Aspiration	Action
Intelligence Qualitative and quantitative data and information from VCSE groups shape planning and priorities	• VCSE sector embedded in ICS processes that engage communities (Insight) and use data to shape health and well-being (Population Health Management), • VCSE engages Lived Experience and the expert knowledge of organisations to shape and influence decisions. • Local intelligence from communities and through social prescribing/similar initiatives influence commissioning, • Up to date information on VCSE sector maintained.
Engagement • VCSE sector represented across ICS partnership structures. • VCSE sector involved at outset of all stages of the planning cycle. • Alliance and representatives able to engage with breadth and tapestry of sector	• VCSE sector to have provider and infrastructure places on ICP, Place Partnerships, Integrated Place Executive, Mental Health/Learning Disabilities/Neurodiversity Delivery Board and Local Place Alliances, • VCSE sector also has strategic connections with Integrated Care Board, other Delivery Boards and Provider Collaborative • Sector engagement approaches are creative and bring discussions outside system meetings. • System processes allow enough time for VCSE organisations to collaborate, • VCSE sector to be core partners in Local and County/City Place Alliances and be a key Insight mechanism for the engagement of local communities with support from VCSE infrastructure, • Use of forums, VCSE infrastructure and a virtual VCSE to inform, learn, cascade out information and generate discussion.
Strategy Ensure VCSE sector is engaged at the outset in key strategy development	Involvement as core partner in continued development of key system plans and strategies including the Integrated Care Strategy and Health and Well-Being Plans

Investment Funding supports VCSE sector to maximise its strengths and contribute as a sustainable partner	• Procurement and commissioning approaches engage the VCSE sector at all stages, • Clear guidelines support good practice approach to collaborative commissioning, • Facilitation and support for collaborative working through VCSE infrastructure • Small grants support VCSE organisations working at local level and contributing to Integrated Care system initiatives, • Investment builds on local assets and recognises full cost recovery, • Funding approaches build long term sustainable relationships, • Evaluation approaches help to capture impact and preventative value of work undertaken, • Partners work together to identify new sources of funding.
Support and Infrastructure VCSE organisations have the right support to enable them to make the best possible contribution as partners	VCSE infrastructure includes local VCSE infrastructure and the VCSE Alliance. Local VCSE infrastructure functions are critical to a healthy sector. Applied to the Integrated Care System this includes, • Supporting VCSE engagement across the system including Place Alliances • Building the capacity of VCSE organisations in areas such as governance and product development • Building cross sector relationships and partnerships including responding to new developments • Facilitating and brokering collaborative working within the VCSE sector • Being an information source • Advocating the VCSE sector contribution Action will include supporting local VCSE infrastructure to undertake these functions, exploring any economies of scale and looking at the development of the VCSE Alliance
Workforce Development Explore the nature of the paid and unpaid VCSE workforce and how the system might help to meet challenges.	• Establish a sense of the current VCSE workforce and its challenges, • Explore how as partners we can support issues of recruitment, talent management, progression and succession planning, • Look at the challenges created by differences in remuneration between sectors, • Support management and leadership development, • Develop statutory partner skills and understanding around working with the VCSE sector, • Explore how statutory partners may support the VCSE sector through volunteering,
Data Sharing Remove barriers to joint working created by issues of data sharing	• Identify and mainstream examples of good practice within the Integrated Care System • Adopt a Derbyshire wide data sharing protocol.

Culture and behaviours To create a fertile context for partnership with the VCSE sector	• Promotion, training and guidelines to ensure that engaging the VCSE sector early and at all stages is integral to statutory partner thinking and the design of new policies and initiatives, • Encourage proactive rather than reactive thinking within the sector, • Support approaches around co-production • Support approaches around cross sector and intra sector collaborative working • Explore Integrated Care System approaches to risk and encourage innovation and new ways of working, • Look at how evaluation can best capture VCSE impact, • Evaluate progress against the MoU in 12 months' time,

8.   Outcomes

We need to be able to review whether VCSE engagement is developing effectively in line with this agreement and that requires outcome measures that we can revisit in 12 months' time. The checklist below provides a starting point.

Outcomes	✓
Strategies, plans and initiatives provide the opportunity for wide VCSE sector involvement at the earliest opportunity at all stages. This is demonstrated in initiatives such as Team Up, Social prescribing, Living Well and the roll out of Start Well, Stay Well, Age Well/Die Well activity.	
Strategies, plans and initiatives reflect this involvement through new approaches and increased VCSE activity and engagement.	
Qualitative intelligence from community engagement is shaping priority setting and design with the VCSE sector at the heart of the Insight approach.	
VCSE representation on key existing and emerging system structures	
Local VCSE infrastructure is embedded as a core partner within Local Place Alliances	
Evidence of changes to procurement and commissioning that promote more collaborative approaches, build on existing assets and generate sustainable relationships.	
Evidence of co-production approaches	
Continued development of the VCSE Alliance and its relationship with other infrastructure	
Clarity around how VCSE infrastructure functions can be focussed and delivered for the benefit of the Integrated Care System using existing investment.	
Understanding of the nature of the VCSE workforce, the challenges it faces and a cross sector system plan of action to address these.	
Cross sector data sharing protocol in place	
Small grants available at Local Place Alliance level to support small community-based groups that contribute to initiatives such as social prescribing, hospital discharge and TeamUp	