LEV PEDRO & ASSOCIATES

Building a voluntary sector alliance across southwest London

An analysis of existing networks and structures, their influence and potential

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Executive summary

The voluntary, community and social enterprise (VCSE) sector across southwest London is organising itself in preparation for the statutory implementation of integrated care systems (ICS) in July 2022. The focus is the development of a VCSE alliance, which will build on existing networks, forums, relationships and good practice. It is envisaged that this alliance will act as a key strategic partner in the proposed system, alongside the new NHS statutory bodies, NHS provider trusts and local government, with elements of shared governance, leadership and planning.

Lev Pedro & Associates conducted a rapid review of existing VCSE structures and networks by talking to stakeholders from large and small VCSE organisations, local infrastructure providers and NHS stakeholders. The purpose of this report is to summarise the existing networks and structures, highlight good practice and make recommendations to the VCSE for the development of a VCSE alliance. It also suggests what the VCSE might ask from the NHS to support the suggested developments.

A great deal of thinking has already been done on system structures, yet lack of clarity on some key issues from the NHS is causing uncertainty in the VCSE sector. We also found that all six local authority areas have structures and assets in place that can be built on.

Assets that we found particularly interesting were

- A shadow 'place-based partnership' in most boroughs (for example One Croydon Alliance and Integrated Care Place Board in Sutton).
- Mature infrastructure organisations with experience of joint working, and in some boroughs holding a range of infrastructure-type contracts, which enables a holistic service to VCSE organisations.
- A high level of statutory-sector support for those infrastructure organisations and an appreciation of their role in system transformation (including CEOs of infrastructure organisations on transformation teams).
- Reported ambitions from the statutory sector for a more equal relationship, greater transparency and better collaboration (notably a recent report in Kingston)
- A feeling in some boroughs of the VCSE having influence and being seen as a strategic partner.
- Induction training for reps in some boroughs, although unfunded.
- Strategic partner funding in Merton, which includes an element of payment for representation (rep) roles, and an emerging rep payment scheme in Sutton.

- Agile responses to the Covid pandemic, albeit in different forms, which has facilitated new ways of working, particularly cross-sector, one example being a Community Hub in Merton.
- Coproduction approaches, for example statutory and VCSE partners successfully winning Healthy Communities Together funding in Croydon.
- Strategic policy and influencing documents such as 'View from the VCS' and 'VCS Manifesto' in Kingston and Merton 'State of the Sector' report.
- Good VCSE organisation and influence at neighbourhood level through facilitated neighbourhood forums in some boroughs.
- Support groups for chief officers in some boroughs.

The main challenges we found were

- A lack of understanding of the role, scope and nature of the VCSE sector from statutory sector colleagues, in particular NHS, which is exacerbated by 'top down' approaches to engaging the sector, for example through competitive commissioning.
- The need for a leadership and representation strategy covering system and place levels with attention paid to the nature and scope of rep roles, training and support of leaders and reps, and how the VCSE sector is resourced to engage in representation.
- Lack of thematic alliances at system level (although some established networks at borough level).
- The need for better involvement of the VCSE, for example at all points in the commissioning cycle, not just at the procurement stage, and the better harnessing of VCSE expertise.
- The need to ensure that small organisations are appropriately embedded and represented in new structures.
- Lack of a strategy to systematically capture the wealth of data and intelligence held by the VCSE sector and use this to inform service developments.
- Lack of collaborative contracting capability across the wider system area (for example a special purpose vehicle).
- Disparity and lack of sustainability for the local infrastructure functions.

The next steps for the VCSE sector are to

- consolidate the existing leadership structure and ensure that in the very short term someone has a mandate to coordinate alliance building activities
- look at the various alliance models presented in Appendix 2 and, in collaboration with NHS colleagues, work out a structure for southwest London
- clarify what they need in terms of resources and support in developing a sustainable VCSE alliance and make this case to NHS and other public sector colleagues, with priority being on recruiting a system-wide VCSE director of transformation.

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(1) Introduction

1.1 Overview

Reform in the structures that design and deliver health and care services in England is underway. This year, the 42 **integrated care systems** (ICS) covering England will become statutory bodies, replacing NHS clinical commissioning groups and existing commissioning functions and processes.

As part of a wider vision set out in the NHS Long-Term Plan, the voluntary, community and social enterprise (VCSE) sector is set to play an **enhanced role in system leadership and governance** within ICSs. ICSs are required to have a formal agreement in place for engaging and embedding the VCSE sector in system-level governance. This brings opportunities to improve health and wellbeing for people and communities, yet also poses significant challenges. Few VCSE providers or infrastructure organisations work at the level of the designated ICS geographic areas.

Recognising this, a southwest London partnership of stakeholder organisations commissioned a **rapid review** of the existing structures and networks in their ICS area. This report sets out the findings of this review and proposes some recommendations to assist in the development of a VCSE alliance.

Our 'jargon buster' (Appendix 1) clarifies terms we use in this report.

1.2 Purpose

The purpose of this work is "***to review existing partnership structures and make recommendations as to how these can be built, improved and coordinated across all layers of the system.***" (Project brief, October 2021)

1.3 Approach & scope

Our brief was prepared by Richmond CVS, in consultation with key VCSE stakeholders from across all six southwest London boroughs.

Funding for this project came from NHS England as part of their 'Embedding VCSE in ICS' development programme. This programme aims to assist the VCSE in establishing a system wide VCSE alliance, in preparation for the new statutory ICS structures expected in July.

What we did

To gather insight, we interviewed sector colleagues who have experience of being a representative, or in local forums. These interviews were arranged by key stakeholders in each borough. We interviewed 33 colleagues in one-to-one interviews, including four

NHS colleagues, and attended meetings of the Croydon Northwest Community Partnership and the Kingston Voluntary Sector Forum.

We tried to interview colleagues from a cross-section of organisations, including small organisations, larger provider organisations, the NHS, and so on. We also interviewed colleagues from the local infrastructure organisation or equivalent function in each borough and analysed written information where it was provided. We reported at various points to Richmond CVS and the core stakeholder group.

Scope

Many of the recommendations identified require action from NHS and other public sector players. This report focuses on the actions of VCSE networks, structures and capability. A logical next step would be to work on a business case to the clinical commissioning group, with costings for what the sector would need in order to engage most effectively. This report is not that.

Disclaimer

Even though we tried to hear as wide a range of voices as possible, in reality we were only able to speak to a handful of people in each borough. There are tens of thousands of VCSE organisations across southwest London, and we could never have heard the full diversity of voices. Our conclusions and recommendations must be considered with this in mind.

(2) Background and context

1.1 Policy context

The health and social care system in England has been undergoing transformation in recent years. In 2016, 42 **sustainability and transformation partnerships (STPs)** were created across England to bring together people, communities, VCSE, the NHS (commissioners and providers) and local authorities to improve the design and delivery of health and care and improve health outcomes of individuals.

Published in January 2019, the **NHS Long-Term Plan** sets out ambitions for the transformation of health and care, in key areas such as ageing well, learning disability and autism, mental health, and cancer, to name just a few. Running like a thread through all these are some common themes, such as reducing health inequality, putting citizens, patients and carers at the centre, and moving services 'upstream' to focus more on prevention. Underpinning this all is a policy of integration – across the different parts of the NHS and with local councils, including public health and adult social care, but also more broadly given the impact of nearly all policy and public services on health and wellbeing.

Alongside this is an acknowledgment that the market-based system that was introduced in the early 1990s, which essentially creates commissioners and a 'market' of providers, does not always lead to the best health outcomes, and does not always provide best value. So, there is now a desire to move away from competitive tendering as default, to a more collaborative model.

By April 2021 all STPs across England had become **integrated care systems (ICS)**, and the three-tier system of organisation of **'system, place and neighbourhood'** was formalised. However, to date, ICSs have not been formally constituted bodies, so they lack a certain amount of accountability and authority. The next step in this journey is that **integrated care boards**[1] and **integrated care partnerships** are becoming statutory bodies on or before 1st July 2022[2], and clinical commissioning groups (CCGs) will cease to exist. This will thereby formalise a new structure for the planning and delivery of NHS services across England.[3]

NHS England published the *'Joining up care for people, places and populations'* white paper on 9th February.[4] It sets out further detail on the plans for the role and governance of **place boards**.[5]

Place Boards will:[6]

- aim to bring together partner organisations to make joint decisions, plan and pool resources
- need to be established by spring 2023 with an expectation that all spend and services should come under the new model by 2026
- have delegated responsibility from ICBs and local authorities for greater and increasing pooled and aligned budgets for primary, community and acute health care, mental health services, and adult social care
- develop a framework of shared local outcomes, including a focus on early intervention and prevention
- support better use of data and increase in use of digital shared care records (see section 4.5 'Data and intelligence')
- move towards integration of workforce, including promoting roles of, and ensuring consistent access to link workers, care navigators and care coordinators

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[1] 'Integrated care board' (ICB) was referred to in previous guidance as the 'ICS statutory body'.
[2] This was originally planned for 1st April 2022, but NHS England issued new guidance on 24th December 2021 extending the deadline.
[3] Integrated care systems explained | The King's Fund (kingsfund.org.uk); Integrated care systems: how will they work under the Health and Care Bill? | The King's Fund (kingsfund.org.uk)
[4] NAVCA is engaging its members in a consultation on the white paper, contact lydia.warden@navca.org.uk
[5] The term 'place board' is new. We have been advised by local commissioners to stick with the term 'place-based partnership' for now.
[6] Extracted from a briefing note by NAVCA for its members, 21 February 2021.

- be expected to adopt the government's ***place-board governance model*** or produce their own equivalent
- be led by a single accountable individual, chosen by the ICB and local authority.

"The reality is... place is borough... we have six places in southwest London. Although we're going to continue to do things in the future together, the likelihood is that you're going to see more borough-based initiatives. The thinking is less about integrating at a southwest London level, and more about integrating with local VCS, local authorities, local community teams." (Local CCG commissioner)

1.2 What does this mean for the VCSE?

The aim of system reform over the last few years is to create a better system of health and care where people receive more timely and efficient care, delivered seamlessly across organisations and sectors, including VCSE organisations. Health service reform also touches on other government agendas such as 'levelling up',[7] and there is a thread through all the policy developments to address health inequalities. The VCSE sector is well placed to deliver this agenda.

The ICS Design Framework, published by NHS England in June 2021, includes an enhanced role for the voluntary, community and social enterprise (VCSE) sector, not just as service providers but in system leadership and governance. The guidance gives local systems flexibility in how they interpret guidance on the role of the sector, but it does make some key recommendations:[8]

- It sets out benefits of working with the sector, encouraging ICS leaders to value its knowledge and expertise and invest in grassroots groups.
- It points to the value of local VCSEs, rather than focusing solely on the work of large nationals and refers to some of the challenges the sector faces, including the substantial resource required to engage strategically with the new structures.
- There are several explicit references to local infrastructure as a key agent in supporting and coordinating engagement with the sector.
- It requires integrated care boards (ICBs) to have a formal agreement in place for engaging and embedding the VCSE sector in system-level governance by April 2022.
- It focuses on VCSE alliances as the mechanism to develop this, and to build on what already exists, including local VCSE infrastructure.
- It notes the importance of the role of the VCSE sector at place and neighbourhood, and the need to join these together across an ICS area, and to work with what already exists.

[7] 'Levelling up' is the current government's agenda to create better parity between areas of the UK where there is inequality, most notably between the south of England and other regions.
[8] Extracted from a summary by Alex Boys, NAVCA, September 2021

- It notes the need for a coordinated system approach to social prescribing and engaging the VCSE in multi-disciplinary working via primary care networks.
- There is brief reference to the expectation that provider collaboratives operating at ICS or supra-ICS level should continue to involve the VCSE sector, noting the innovation the sector brings to the design and delivery of services.

What is not yet clear is the exact range of functions that will sit at each level. This uncertainty creates a certain amount of challenge for the sector, particularly in terms of the significant amount of resource that goes in to preparing for a specific change, only to later find that a different approach is being taken. However, it is our informed guess that there are some certainties that can be prepared for, and we will discuss these in this report. Where possible we have provided an element of mapping of the VCSE's capability at these levels, and the existing networks and structures that can be built upon.

1.3 What enables successful partnerships?

In 2020 we[9] published a learning report which highlights the key components of success in cross-sector partnerships. This was gleaned from previous work we have done with integrated care systems and VCSE alliances across England. In a nutshell, these are:

- Building sustainable relationships
- Creating a truly shared vision and values
- Working out principles of joint working, and getting these recorded in policy documentation
- Investment and resources
- Strong leadership.

When conducting the interviews for this research, what we heard touched on all the above components.

(3) The current situation

This section of our report is feedback on what we learnt about existing structures, forums and networks from the meetings that we conducted with colleagues from across all six boroughs.

[9] As a consultant team working for NCVO.

3.1 Local context

Cross-sector

South West London Health and Care Partnership is a collaboration of NHS, local authorities and other partners that will transform into the new statutory structure from July 2022.

We have developed a five-year health and care plan that includes health and care plans in each of our six local authority areas. These plans were developed in partnership by listening to our communities and are focused on our vision for local people to 'Start Well, Live Well and Age Well'. In the last 18 months, we have built on local relationships and have responded well together to the pandemic. We are currently refreshing our southwest London Five Year Plan and local place plans with our partners, patients, public, and staff in this new context. (Partnership website)

Members of the Health and Care Partnership are:

- the recently unified clinical commissioning group (CCG)
- the six local authorities
- acute and community providers: Central London Community Healthcare, Croydon Health Services NHS Trust, Epsom and St Helier University Hospitals NHS Trust, Hounslow and Richmond Community Healthcare, Kingston Hospital NHS Foundation Trust, The Royal Marsden Foundation Trust, St George's NHS Foundation Trust, and Your Healthcare
- two mental health providers: South West London and St George's Mental Health NHS Trust, South London and the Maudsley NHS Foundation Trust
- GP federations in each of the six boroughs
- London Ambulance Service
- all six borough-based Healthwatch organisations
- key VCSE organisations

There is an emphasis on community engagement on their website, and they state that hearing the voices of local people is central to their work.

Public sector

We understand that in southwest London, the organisation of health and care, as in most ICS areas, will happen at three tiers:

- **System** level – southwest London – the integrated care board and the integrated care partnership
- **Place** (borough) level – through **'place-based partnerships'**, of which there will be six, one in each borough. We understand that existing 'brands', such as One Croydon Alliance, will be retained as far as possible.
- **Neighbourhood** level – mainly through primary care networks.

There is a history of cross-borough working, most notably:

- Kingston and Richmond CCGs forming a 'local delivery unit' (LDU), which was a sharing of management functions across two CCGs, with one accountable officer and shared commissioning teams
- Merton and Wandsworth CCGs, as above
- Richmond and Wandsworth councils have a shared staffing arrangement.

As far as we understand, the new integrated care board (replacing the CCG) will gradually move towards being organised at just system and place level, although there will be no change to the bi-borough arrangements for the first six months or so.

As in other system areas, we would expect the integrated care board to organise at the level that makes most sense. For example:

- NHS initiatives that require a high input from primary care (GPs) should be organised at **neighbourhood** level, through primary care networks. This would include, for example, the employment and management of social prescribing link workers.
- **Commissioning** and **VCSE grant programmes** will most likely remain at **borough** level.
- There are currently no plans to change the nature and scope of local **health and wellbeing boards** and the statutory functions of **Healthwatch**, so these will continue to operate at **borough** level.
- Some services make most sense to organise across the whole of **southwest London**, although these mostly relate to NHS trust contracts, where the guidance is requiring the trusts to form **provider collaboratives**.
- There may also be scope for system level commissioning of some niche services across the whole of southwest London - such as support for early onset dementia – where the numbers don't justify a service at borough level.
- Some services might even be coordinated across the **whole of London**, an example being stroke management, where a reconfiguration of services across London a few years ago led to better patient outcomes.
- Some specialist commissioning that currently happens at regional level is likely to be devolved to ICBs.

Therefore, whilst there is uncertainty on what specific functions will sit at which tier of the system, the VCSE will need to have appropriate involvement and representation at both system and place.

VCSE infrastructure

VCSE infrastructure in London has been organising itself across similar footprints to the ICSs for many years. Historically the London infrastructure organisations were grouped into five subregions, one being 'south London'. This subregion included Bromley, but excluded Wandsworth, which sat in 'central London'. An independent company and

charity was established in 2007, South London CVS Partnership,[10] which aimed to bring the six infrastructure organisations together to work on issues of mutual interest. The legacy of this is good working relationships among the infrastructure organisations even though this company is currently inactive. (Cross-borough VCSE alliances are covered in section 3.3 below, and special purpose vehicle in 4.7)

3.2 System-level involvement of the VCSE

We understand that some parts of the VCSE sector in southwest London have a good level of existing engagement with key NHS colleagues that are operating at system level, although this engagement is not distributed evenly across the boroughs.

Examples of VCSE involvement in integrated health and care initiatives

Community involvement

Richmond council funds a Community Involvement Manager through Richmond CVS who works closely with both the local authority and the Southwest London Clinical Commissioning Group (hereinafter referred to as 'the CCG'). Their role is to facilitate coproduction with service users and carers on health and care initiatives in the borough. This has led to successful involvement at a senior level across the system level, mainly in NHS public engagement. Two years ago, following successfully championing on behalf of the six infrastructure organisations, the CCG board included a VCSE representative with a focus on patient and public involvement. There is funding for the time commitment and by agreement Richmond CVS currently holds this role, with Croydon Voluntary Action holding the deputy role. The role has helped to raise the profile of the VCSE and enabled engagement, dialogue and influence at a senior level.

The Wandsworth Community Empowerment Network was also cited by a colleague from another borough as an example of good working practice with the CCG.

Community facilitator

Croydon Voluntary Action hosts One Croydon's 'Community Facilitator' whose role is to act as a bridge between multidisciplinary teams and the VCS in localities.

"This is a good example of how quickly we've been able to galvanize wrap around support from Health and Social Care teams which have complimented the vital work put in place by the VCS sector and importantly the resident's resilience and strengths."
(Community Facilitator)

[10] SOUTH LONDON CVS PARTNERSHIP - 1120188 (charitycommission.gov.uk)

Bereavement support

The CCG set up an end-of-life care response group and a working group focused on bereavement support for southwest London residents. It was agreed to develop a framework to engage with residents affected by bereavement and understand their support needs. In early 2021, the CCG completed a bereavement mapping exercise, and created a directory of bereavement support services which has been shared across southwest London. Then in June 2021, it was agreed by the End-of-Life Care Steering Group that the next step would be for Kingston to lead on exploring the gaps in services, how to engage with the community in understanding how to support the bereaved, and to develop an appropriate response in the context of the 'compassionate communities' model.

In addition, Kingston Voluntary Action and Healthwatch Kingston have been working in collaboration on a commissioned pilot project to gather qualitative feedback on local experiences of bereavement services through surveys, focus groups and one-to-one interviews. The pilot will help further understand the challenges of reaching across people in our communities and if successful, it will be used as a model of engagement across southwest London.

Social prescribing

In some boroughs the social prescribing link workers, funded through an Additional Role Recruitment Scheme (ARRS), are outsourced to the VCSE sector, for example Merton Connected. This enables Merton Connected (for example) to deliver a more holistic social prescribing scheme through its existing relationships with provider organisations whilst also holding relationships with NHS primary care networks.

Hospital discharge

Age UK Croydon's personal independence coordinators are funded to provide 6- 10 sessions to someone discharged from hospital or referred by the GP and then connect them into ongoing community support.

Staff training

Croydon Voluntary Action hosts the One Croydon 'workforce-wide' training programme.

Infrastructure

The high level of productive partnership working among the infrastructure organisations has been accelerated by support and resourcing as part of the Strengthening Communities programme from the SWL Health and Care Partnership, and in particular the ongoing support from a few key senior individuals.

"We would not have got as far as we did without support of key individuals in the Health and Care Partnership. The VCSE can't do it alone." (Infrastructure colleague)

3.3 Existing borough-based structures and networks

Across southwest London there are many networks and structures operating at place (borough) level and many assets or examples of good practice that can be built on.

For each borough, we are reporting on, as far as we understand from our interviews:

- the local context
- what exists
- what is working well
- what are the challenges
- what are the development opportunities.

Croydon

The local context

There is a good history of cross-sector partnership working. For example, Croydon was one of six local authority areas to win funding from the first phase of the Healthy Communities Together (HCT) programme, which aimed to enable places to develop capacity for working together and support community organisations' participation in the development of place-based partnerships.[11]

'We've got a vision to transform how we deliver care and our One Croydon Alliance has been working hard to do this – moving power to local people and communities, focusing on the wider determinants of health and being proactive in preventing ill-health – but we know we need to do more to help reduce local health inequalities.

(One Croydon Alliance bid to TNLCF)

VCSE partners co-produced and co-wrote the bid with health and social care providers and commissioners with a remit to create a blueprint for a 'whole systems' approach, moving away from a medically driven reactive model to a community based social model.

"We wanted to shift control to local people".

There are three workstreams that form part of HCT:

- Engagement and empowerment of VCSE
- Leadership and representation of VCSE
- Funding and commissioning of VCSE

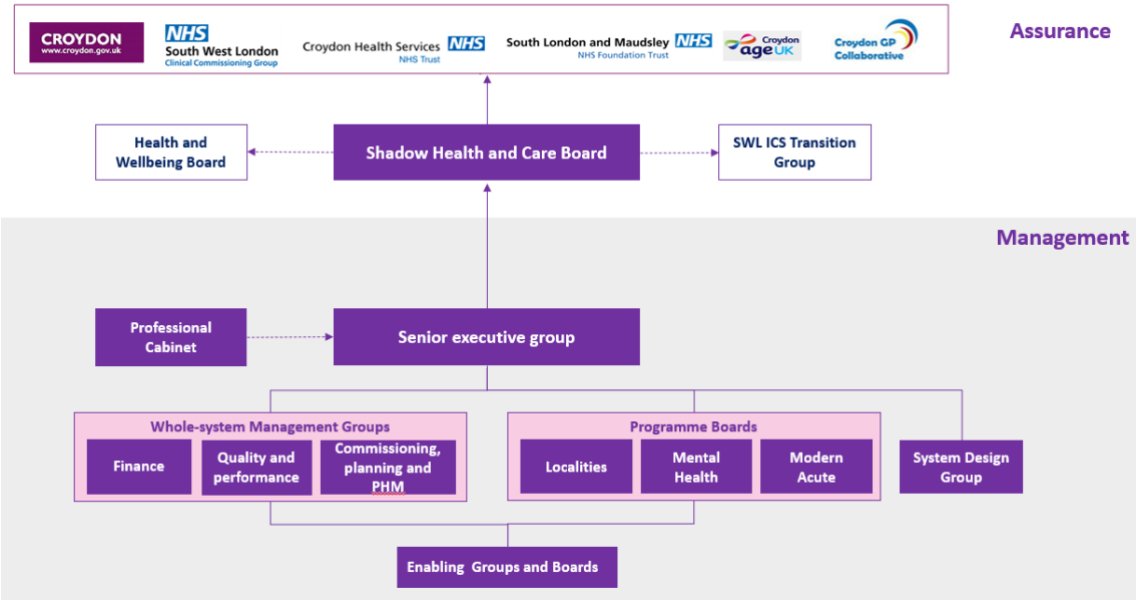
The first two are led by a VCSE chair, and the third by the head of commissioning and procurement at Croydon Council.

[11] Healthy communities together | The King's Fund (kingsfund.org.uk)

The ambition for better cross-sector working pre-dates HCT. The local NHS trust and previous CCG are coterminous, and this facilitated sharing a staff team.

The VCSE sector has been very adversely affected by the recent financial crisis at the council, which included a 40% cut to the infrastructure grant.

The diagram below shows the current health and care system in Croydon, with the shadow place-based partnership (part of the emergent ICB) shown near the top.



What exists

The generalist infrastructure body is Croydon Voluntary Action (CVA). Additional council-recognised infrastructure organisations are Croydon BME Forum, Asian Resource Centre Croydon and Croydon Neighbourhood Care Association.

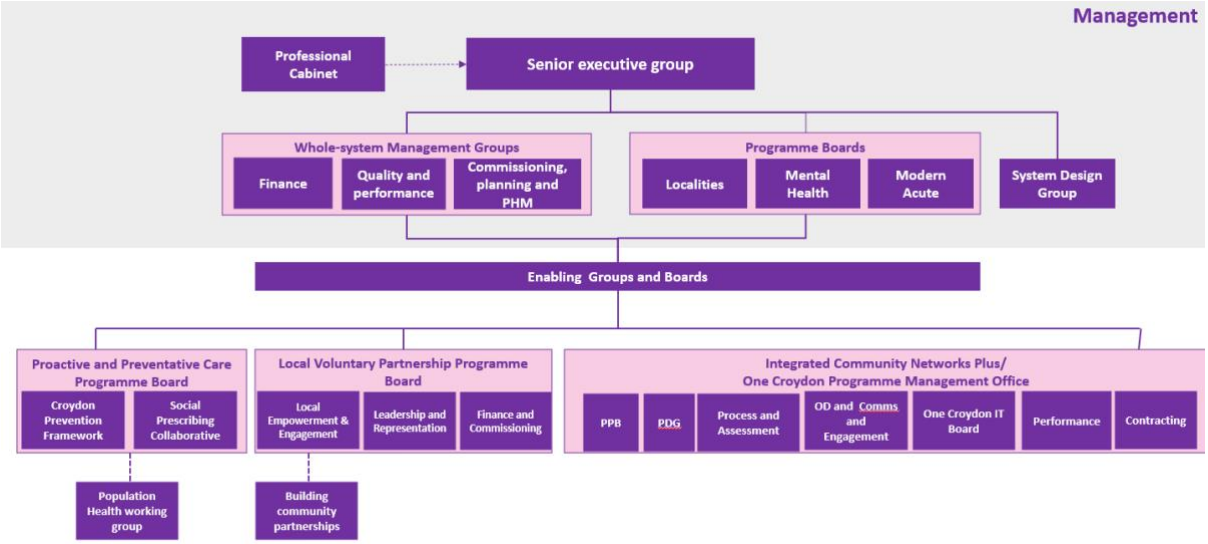
There are over two thousand VCSE organisations in Croydon, which reflects the wide diversity of communities in Croydon.

One Croydon Alliance is a cross-sector partnership (VCSE, CCG, NHS providers, GP collaborative and mental health trust) "***working together to support residents to stay well for longer by making services more accessible in the heart of their communities"***.[12] The Alliance was formalised in 2017 and focused initially on improving the health and wellbeing of older people in the borough, with Age UK Croydon as the key VCSE stakeholder. However, from April 2018 the alliance extended its remit to consider the health needs of people of all ages. They "***want to join-up the services available to offer more coordinated support that will help look after peoples' physical and mental health and wellbeing."***

[12] One Croydon Alliance - South West London CCG (swlondonccg.nhs.uk)

In October 2019, One Croydon launched the Croydon Health and Care Plan – a five-year plan to support residents to stay well for longer by making services more accessible in the heart of their communities.

The Alliance hosts a **Local Voluntary Partnership (LVP) Programme Board**, which oversees the work of the Kings Fund work and local community partnerships.



Healthy Communities Together supported the development of six **local community partnerships** across Croydon, and partners have worked hard to ensure that health system changes are embedded in grassroots activity. The forums are co-chaired by CVA and Croydon Council with elected local VCSE co-chairs. Early meetings facilitated sharing of best practice, networking and developing joined up service and referral pathways. Local community partnerships are now developing locally owned community plans to enable collective action on key priorities and influence local commissioning.

Croydon Voluntary Sector Alliance (CVSA) hosted by CVA supports voluntary sector voice and focuses on key issues for the borough. For example, several meetings focused on the council's financial crisis and the VCSE response to that, and negotiations with the Council are led through the CVSA.

Attached to the CVSA is a **CEO support group**; this has 25 members that influence the CVSA.

Croydon Mental Health Alliance (hosted by CVA) is a network of large and small organisations. It aims to share knowledge, good practice, enable smaller organisations to get support from larger ones, and feed into borough-level structures. It is hoped this will eventually become a prime contractor. A stated intention is to create better opportunities for funding the work of smaller organisations.

There is similar organising in the carers' sector and the following networks, hosted by CVA: Young Londoners Fund (Croydon & Sutton), Croydon's Food Bank and Soup

Kitchen Network, Croydon's Refugee and New Communities Forum, Croydon's Green Network and Children, Young People and Families Network.

Through CVSA, CVA coordinates elections every two years to all the strategic bodies and partnerships across Croydon that have voluntary sector reps, currently 20 posts in total. Until the recent cut to infrastructure funding, CVA have provided annual **induction training**. They have tried to work with chairs of the board to understand what the ask is from the rep. A frequent pitfall is when a lot of support goes into preparing a rep for the task only for meetings to be cancelled, or requirements changed at the last minute. It is felt that boards could communicate better how the VCSE representative can contribute or influence, and to clarity expectations and their commitment to working in equal partnership.

A **leadership and representation plan** is underway to strengthen VCSE representation in One Croydon Alliance as part of The King's Fund funding, although the process for electing and supporting reps is perceived by some as lacking in robustness.

What is working well

The structure that will become the place-based partnership is called **Integrated Community Network (ICN)** – now **ICN+**. Age UK Croydon reports that they are seen as credible and treated as an equal partner. The ICN has been based on trusting relationships and has been collaborative. *"We were around the table when the developments for ICN+ were being planned. The resource it's taken to be at these meetings has been extensive."* (Age UK Croydon)

"ICN+ has been locality based, linking into local community partnerships. It's been a big change for everybody, the 'two sides' working together – and coming to work together in the VCS. Health has traditionally been a bit around the edge of VCS and Council collaboration." (NHS interviewee)

The local community partnerships have so far attracted 318 Croydon VCSE organisations (444 staff) to input into locally owned community action plans. Community builders have brought insight and intelligence from the streets and estates and the margins of communities. *"We have strong communities and the infrastructure to hear from people and communities on where the opportunities are to make the most impact with the resources we have."* (CVA)

Success story

The Council changed its decision to make 40% cuts to VCSE organisations commissioned through the Community Fund following a community campaign led by Croydon Voluntary Sector Alliance.

What are the challenges

The induction and support for VCSE representatives described above is currently unfunded.

The 'top-down' culture is an issue: ***"Changing the top-down culture within our institutions is challenging. Despite strategic buy-in, the old ways are deep rooted and professional arrogance and/or mistrust often prohibits a greater level of power being devolved. e.g. Commissioners continue to roll out 'small grants' schemes or select one provider as a catch-all, rather than learn how to devolve funding to nurture an environment for strong communities."*** (CVA).

Misconceptions from statutory partners as to the nature and role of VCSE infrastructure causes confusion and holds up strategic discussions.

Despite significant progress in VCSE representation, there is awareness there is further to go. Some VCSE partners we spoke to expressed a need for a more 'two-way' dialogue, rather than statutory partners using forums just to 'present to'. "***It's not always clear what is done with information brought by the VCSE to statutory partners. Some boards have felt quite remote, and it's not been clear what feedback loops are in place."*** (VCSE colleague)

There was a perception that small organisations lose out to larger or better-connected ones when it comes to funding, and this can act as a disincentive to participating in collaborative processes. There is a need to address this and do more to commission locally in keeping with aspirations to build on local assets and to achieve transparent, effective commissioning.

Case study: Barriers to commissioning VCSE

Mind in Croydon had discussions with statutory partners last year about using the Additional Role Recruitment Scheme (ARRS) to employ mental health practitioners.[13] Various partners including Croydon CCG, the NHS mental health trust provider and the lead GP for the primary care networks explored whether ARSS funded support workers could be recruited and employed by Mind in Croydon to work in the primary care MDTs and link across Minds in Croydon's range of services and support in the voluntary sector. However, this was precluded by the conditions attached to the NHS England's regulations on ARSS funding, which required these specific roles to be employed by NHS trusts. ***"This is an example of where NHS infrastructure has not enabled equal and effective partnerships within ICS systems, where VCSE providers should be on the same footing as statutory partners."*** (Mind in Croydon)

Empowering and engaging residents is also a challenge. Given the diversity and multicultural aspect of communities in Croydon, there is a recognition of the need to proactively reach out towards some communities. During the pandemic for example, voices came forward that do not ordinarily join online events, hence the necessity of 'community builders'.

[13] https://www.nhsconfed.org/publications/recruiting-mental-health-practitioners-through-additional-roles-reimbursement-scheme

There are challenges around lack of trust within the BAME community (this is partly based on the diversity within the sector). And there is a belief that NHS colleagues could go further in understanding cultural sensitivities and work alongside local partners.

What are the areas for potential development

1. Croydon has a mature structure of representation, which could be maintained and replicated. This includes the local community (neighbourhood level) partnerships, which are on time-limited external funding.
2. Once Age UK Croydon steps away from its role as VCSE partner and voting member on the One Croydon Alliance, a widened network of partners will need to step forward to various boards and sub-committees.
3. Need for training and mentoring to support and develop VCSE leaders. ***"Some leaders can engage with strategy, and others are more operationally focussed and then it seems like you're speaking in different languages.... Though there are spaces for VCS leaders on boards, it can be hard sometimes for them to have conversations."*** (NHS leader) (This covered further in 4.2 below.)
4. Opportunities for statutory colleagues to do 'work experience' within the statutory sector: ***"We see doctors become trustees, and they change as a result of seeing how things can be done differently"***.

Case study: Shifting resources

The 'funding and commissioning' workstream of Healthy Communities Together has analysed the whole care budget and explored where the VCSE could make a difference. Out of a health and care budget of £800m, partners estimated that around £100m might be available for the VCSE sector. Whilst there is awareness that this figure is unrealistically high, there is nonetheless a process in place for mapping potential VCSE interventions onto acute-sector savings. The acute trust has a significant problem with flow of discharges and admissions, therefore: ***"we've recently invested in the discharge team, and I think a lot of these posts could be employed by the VCS."*** (NHS leader)

Kingston

The local context

In 2019/20 there were 742 registered charities operating in Kingston with a combined income of £264 million, most (80%) working around adult social care and the wider determinants of health.[14]

Kingston's VCSE sector has a strong track record of collaborative working with the local authority and with the NHS over many years. VCSE representatives have been involved

[14] Community engagement report published in 2021

in borough structures, including the Kingston Strategic Partnership and the Health and Wellbeing Board. During the pandemic the sector was a partner in Kingston Stronger Together, set up by Kingston Council with KVA and Volunteering Kingston to support vulnerable residents (outlined below).

Kingston's first **Voluntary and Community Sector Strategy** was launched in 2014 as a joint strategy between the Council and VCSE sector. This was overseen by the **Voluntary and Community Sector Partnership Board**, a platform for engagement between the sector and statutory partners (paused during the pandemic).

From 2014, the Council adopted a new commissioning approach to VCSE funding, involving more of a tendering approach. A review to consider the effects of this shift on the relationship between the Council and the VCSE sector was underway when the Covid pandemic hit and was put on hold. Due to the forthcoming local elections and the lack of time to carry out a proper commissioning round, the council has extended VCSE contracts to March 2023.

As part of this review, in January 2020 the **VCSE Chief Officers Network** produced a report "View from the VCSE", which set out the vision and outcomes the Network would like to see from the review. These were:

a) a renewed relationship of equals with the Council and other statutory/public sector bodies
b) longer-term investment in the sector
c) valuing the VCSE as a contributor to 'place shaping'.

A recent **VCSE Manifesto for Kingston**[15] calls for ***"…a renewed approach to collaboration and partnership. Building on the experience of the pandemic we want to maintain and consolidate a much more enabling, collaborative, and responsive culture that gets the best from the sector. This means greater representation on a wide range of decision-making bodies."***

Work has begun on a refresh of a VCSE Sector Strategy aimed at encouraging a more equal relationship, greater transparency and stronger sector (and cross-sector) collaboration. At the same time the VCSE sector has also been focusing on ICS developments and the role that the VCSE sector can play, with KVA taking a facilitative role in engaging the wider sector.

What exists

Kingston Voluntary Action is the recognised local infrastructure organisation, providing the usual core infrastructure functions. In partnership with the borough council, KVA runs **Connected Kingston**, a social prescribing platform for the borough. The CEO is a member of the Health and Wellbeing Board.

[15] https://kva.org.uk/news/vcse-manifesto-january-2022/, KVA, January 2022

Voluntary Sector Forum is a space for VCSE organisations to raise and discuss issues that impact on the sector with statutory partners. The Forum has taken over some of the role of the paused Voluntary and Community Sector Partnership Board. Commissioning and ICS developments are standing agenda items. The Forum is open to all VCSE organisations and is attended by many small organisations, as well as larger ones, and relevant officers from the Council and NHS.

The **CEO Network** is first and foremost a peer support network open to all CEOs or equivalent posts in the VCSE sector, though by agreement the Network has made a shared view public when required (e.g. 'View from the Sector', mentioned above). The Network met with greater frequency throughout the COVID pandemic, and, without the VCSPB, it became more of a voice for the VCSE sector, particularly in COVID-related meetings with the Council.

The CEO of Kingston Carers Network co-chairs the **Carers Board** with a representative from the local authority. This is a cross sector network with many VCSE organisations attending. A new Carers' Strategy is now being finalised.

KVA's children and young people lead represents the sector on **Kingston and Richmond Safeguarding Children Partnership**, a cross-sector partnership with input from the VCSE *"…working together to keep children's safety and wellbeing at the heart of everything we offer."*

The **Children and Young People's Network** offers regular opportunities for the VCSE sector and statutory partners to share information, update each other and work in partnership on specific issues.

The **Health and Wellbeing Network** is led by KVA and is open to any group or organisation that delivers services within the borough and wants to be kept informed about health and social care. Attendance is generally from both VCSE sector and statutory organisations. Due to recruitment difficulties, this has not met since July 2021.

Kingston Advice and Information Alliance is a network of local advice and information providers that offers a referral process and regular information sharing meetings.

The **Place Committee** is the shadow ICS place-based partnership. The Chair of Healthwatch is an interim member of the **Kingston Place Leaders Group** along with the CEO of KVA.

The Council also established a **Communities Task Force** to support the Covid recovery, with three working groups:

- Mental Health and Wellbeing
- Tackling Poverty
- Volunteering and Volunteer Experience (no longer in existence).

Despite the Task Force not having met for a few months and most likely ceasing, the mental health and wellbeing and tackling poverty groups will continue to run.

What are the challenges

Some of those who contributed to this research thought that the NHS does not have a clear enough understanding of the VCSE and how it works and a priority would be to raise levels of awareness of the VCSE and improve relationships between the VCSE and the NHS. (This is covered as a system-wide issue in 4.1 below.) In addition, there are significant cultural differences between the NHS, the local authority and the VCSE sector which can hinder understanding and partnership working.

It is thought that with the NHS's shift to early intervention and prevention, the NHS should tap into the VCSE sector's depth of experience and skills of working with communities on prevention. This also brings the challenge of how resources can be (re)allocated to support this shift. The VCSE sector is a gateway through which the NHS can be linked into communities if the relationship is developed effectively.

A need to involve the VCSE sector from the very beginning of an initiative was also identified as a challenge. If this does not take place, then it is difficult for NHS staff to know what the VCSE can offer. To support this there could be more opportunities for dialogue between the VCSE and colleagues in the NHS at all levels of organisations.

The need to develop an agreed model for VCSE representation at place and system levels was also cited. It was reported that strategic representation tends to mainly involve colleagues from larger organisations. The challenge here is how to balance the need to involve smaller organisations with the resources required for meaningful engagement, as well as avoiding duplication of representation.

Some commissioning processes were cited as problematic, particularly section 75 partnership agreements, which highlight differences in working styles between sectors.

What are the areas for potential development

1. The VCSE could develop cross-sector partnerships to broker joint funding bids which in turn would widen the profile of VCSE organisations. This work would need to be resourced.
2. The lack of representation of BAME communities was also raised, along with the suggestion of a BAME forum to develop engagement and representation.
3. The Kingston Health and Wellbeing Board could become more of an oversight body, rather than a forum for feedback. This should have influence to scrutinise the place-based partnership. The VCSE sector representative should remain as a member of the Board.
4. More engagement of VCSE sector at PCN level.

Merton

The local context

Health and care organisations in Merton are working more closely together to make services better connected and more joined up through … Merton Health and Care Together. The NHS, Council, VCSE sector and Healthwatch have come together to look at

what is important for health and care in Merton, what the challenges are and how, if different organisations work more closely together, we can make a difference. Our aspiration for the people of Merton is that they start well, live well and age well.
(Southwest London CCG website)

The priority areas for improvement which the programme has identified are:

- Start well (children and young peoples' mental health and community services)
- Live well (primary care, East Merton health and wellbeing model, primary mental healthcare and diabetes)
- Age well (health and social care integration and 'Dementia Friendly Merton').

Merton Partnership is the strategic partnership for Merton. It aims to bring partners together to *"to achieve our vision of Merton as a great place to live and call home, where citizens are also neighbours and take responsibility for improving their own lives and neighbourhoods."* (Merton Partnership website)

What exists

Merton has a well-regarded local infrastructure organisation, **Merton Connected**. As well as the local infrastructure support contract, they also hold contracts to deliver volunteer brokerage, Healthwatch and the social prescribing link workers across Merton, all of which provides the opportunity to deliver a holistic infrastructure service to local organisations and gives multiple lines of engagement with the current CCG. They also administer **Merton Giving**, a joint venture with Merton Chamber of Commerce to increase local philanthropy, with an emphasis on cooperation between the business community and the sector.

Involve Forum is a VCSE forum that has been going many years and grew out of the community empowerment network. There are five working subgroups:

- Mental health forum
- Youth partnership
- Small organisations
- Health and social care (now superseded by **community response network,** meets six-weekly)
- Training, employment and enterprise.

An elected chair and vice-chair for each subforum attend relevant subgroups of the Merton Partnership. Where there is a subgroup in the Merton Partnership that is not reflected in the VCSE (for example sustainable transport), a rep is elected from Involve Forum, thereby ensuring as far as possible that there is VCSE representation across all subgroups of the strategic partnership.

Some 12 to 14 organisations receive **strategic partner** funding from the council, which provides: *"…a one stop shop infrastructure, strategic representation and volunteering support service for the voluntary, community, faith and social enterprise sector and volunteers and potential volunteers in Merton."*

Merton Connected published a 'state of the sector' report in June 2021.[16]

What is working well

The sector is genuinely linked into

- Merton Health and Care Together
- the health and wellbeing board
- the strategic partnership, Merton Partnership.

They feel they have strategic influence. Local public bodies actively seek VCSE views and respond positively:

"We benefit from representatives on existing boards, including those designated to be key in ICS at place level, who really do respect the VCS and want their active influence and involvement." (Merton Connected.)

The CEO of Merton Connected sits on the Merton NHS transition team. This is the forum that will most likely become the place-based partnership for Merton.

Merton Health and Care Together is looking at innovative ways of addressing health issues and takes a cross-sector approach. There is a focus on neighbourhoods with greater health inequality, and there is a history of involving the VCSE in innovation and pilot projects, such as a recent community blood pressure pilot.

Community champion networks, young inspectors and a planned vaccination champion initiative have proved very effective in communicating successfully into many communities that prior to the pandemic were not so engaged with the wider health system in the borough. The council's Health Team invest in supporting these networks and this creates a direct link between NHS and communities.

[16] MVSC State of the Sector 2021 (mertonconnected.co.uk)

Case study – Setting up a community hub

In March 2020, MVSC (now Merton Connected) worked with the council, CCG and VCSE organisations to open a Community Hub to support local residents who were instructed to self-isolate during the initial phase of the pandemic.

From day one volunteers, MVSC trustees and others from above mentioned groups manned phones and got food parcels out to residents in need. The service formalised into a commissioned contract, held by AgeUK Merton in partnership with Wimbledon Guild, with Merton Connected in a support capacity.

"The speed and success of the set-up stage, and continued service to local residents, exemplifies how the statutory and voluntary sector can work collaboratively and effectively together, in particular to address health and social inequalities." (Merton Connected.)

A key enabler in this case was a jointly resourced post (council and CCG) dedicated to project management and liaison within the statutory sector. This allowed the sector to focus on delivery and community engagement, thereby playing to the strengths of both sectors.

What are the challenges

We heard that because Merton Connected has such a good working relationship with the council, they can sometimes be perceived a 'too close' to the council. This point was reflected in State of the Sector report. This provides a challenge and balancing act that on a regular basis puts a pressure on Merton Connected priorities and resources.

This is reflected in the development of ICS, where the VCSE is expected to be actively engaged and have influence without sufficient resourcing, including requiring significant time investment from the sector, particularly Merton Connected. *"Until this is resolved, the genuine intent of the new ICS to partner with the sector successfully will be stalled because the sector is not adequately supported to do so. To further enable this, commissioning processes will need to change, and early dialogue with the sector will be required to gain confidence that changes will enable more engagement."* (Merton Connected)

Involve Forum reduced its meetings during the pandemic. There is also a need to reconsider the structure and focus of Involve Forum meetings to ensure they focus on future priorities and support strategic plans such as 'Merton 2030'.

The value of the VCSE was noticed much more during the Covid pandemic. But even so, there is a feeling among the VCSE that the NHS is still behaving in a 'top-down' way:

"They often come with "this is what's going to happen" – then how does VCSE fit in? … We don't feel like equal partners. The pandemic made it feel a bit more equal. We have the knowledge. They think the VCSE role is purely community engagement, as opposed to us having an equal level of knowledge and expertise…. (in terms of commissioning…) *the crumbs come out to the sector.* (VCSE colleague)

An attempt was made to establish a special purpose vehicle, but this did not get off the ground due to lack of investment and lack of buy-in across the sector (see section 4.7).

What are the areas for potential development

1. Community champion networks, young inspectors and a planned vaccination champion initiative facilitate involvement and influence of younger people can lead to opportunities for positively engaging local people and community groups in emerging community-based health and wellbeing services.
2. Within local ICS development, there is early acceptance that if the voice of residents, including with Healthwatch insight and VCSE ideas and experience, is embedded in decision-making at place, then the voice and experience of health users and voluntary and community organisations could be more influential in how services develop in the future.
3. Strategic partner funding could be built upon, specifically in terms of funding leadership and rep roles.

Richmond

The local context

Richmond-upon-Thames has in the region of 750 VCSE organisations and the local infrastructure organisation (Richmond CVS, see below) is in contact with approximately half of these. Many of these organisations have a focus on health and wellbeing and the CVS works extensively within this theme. There is a strong relationship between the Council and the VCSE and the value of the sector is recognised. The Covid Response Group was led by the Council in partnership with the VCSE, which further strengthened the relationship between those involved.

Richmond CVS has always worked well with the NHS. However, the NHS is not as used to working with the VCSE, compared to the Council. There are also cultural differences between the NHS and the Council. The need to increase the level of awareness in the NHS of the VCSE and what it can offer is a priority in order to build and strengthen relationships between the VCSE and the NHS.

What exists

Richmond CVS is recognised and funded as the main infrastructure organisation for Richmond. The CEO has a place on the **Health and Wellbeing Board**, and it is felt that the VSCE has influence. A **children and young people strategic lead** is based at the CVS and is a member of the Kingston and Richmond Safeguarding Children Partnership; a **Community Involvement Manager** is also based at the CVS.

Richmond CVS CEO Network meets three to four times per year. It is for chief officers or equivalent of Richmond VCSE organisations. It enables people to share information, issues, and peer support on any relevant topics (not just health).

Richmond CVS Health and Wellbeing Network is an open forum, usually quarterly, for VCSE organisations with an interest or involvement in health, social care and wellbeing.

The **Voluntary Sector Forum** is a broad-based forum which meets quarterly, led by the Council. Topics include updates on Council activity, funding and new initiatives.

The CEO of Richmond CVS co-chairs the **Care and Support Partnership Group**, a cross-sector group administered by the Council, with the Council's Head of Commissioning for Public Health, Wellbeing and Service Development. The CCG also takes part. Meetings take place quarterly and are an opportunity to feed into the agenda and get more detail about a subject related to adult health and social care. It is a useful sounding board and enables discussion between health, public health, the local authority and the VCSE.

VCSE participants often hold significant contracts with the Council. There is a healthy relationship in terms of accountability and trust but *"we need to make sure that VCSE organisations that do not hold a contract also have a say."*

Mental Health Providers in Richmond Group is a group for voluntary and public sector providers.

The CEO of Richmond Borough Mind is a representative on the **Mental Health Provider Interface Group**, which was set up to explore more complex cases or where people are still unwell and need specialist intervention. It also makes referrals to other services.

Local commissioners and Richmond Borough Mind are leading on developing a thematic **mental health alliance** for all VCSE organisations with an interest in mental health services with support from the RCVS Community Involvement Manager to embed service user and carer participation and coproduction. They and Alliance members are also working with SWL and St Georges Mental Health Trust to develop the Trust's Community Mental Health Transformation initiative, initially piloted in Sutton, which will deliver peer support through VCSE organisations.

Richmond Advice Forum is led by Citizens Advice Richmond and is open to all organisations that provide advice.

Community Independent Living Service (CILS) is a partnership of 20 local VCSE organisations, supporting adults of all ages to live independently, improve wellbeing and stay connected to the community. Age UK Richmond holds the contract and subcontracts to 19 other VCSE organisations.

Richmond Carers Hub: Richmond Carers Centre holds the contract with four sub-contractors providing specialist elements.

The **Health and Social Care Coproduction Group** was originally jointly established by the local authority and Richmond CVS to enable people with lived experience to inform social care strategic and service development, but it now also focusses on relevant NHS

developments. Participants are typically closely involved with the VCSE in Richmond. The group meets quarterly, is serviced by the local authority and is chaired by the RCVS Community Involvement Manager.

Led by the CCG, the **Community Involvement Group (CIG)** meets every 6-8 weeks and mainly involves VCSE, service users and carers. The focus is on the needs of service users and clients. A common issue is the accessing of services.

The **Community Safety Partnership (CSP)** is a partnership that involves the police, other public sector bodies with input from the VCSE and works to ensure that the borough is a safe place to live, work and visit.

The **Place Leaders Group** (which will evolve into the Place Committee) is a small group currently led by the CEO of Kingston Hospital and the local community healthcare trust. Members include the local authority, Children's Services, Healthwatch and a GP from the governing body. The CEO of Richmond CVS is a member and is seen as the lead for the VCSE. There is some concern that one person cannot represent the whole VCSE and there is a need for others to be involved in the place structure.

Richmond CVS holds the role of southwest London representative for the VCSE on the **Southwest London Governing Body**, with a service level/user perspective. One afternoon a week is available for the VCSE representative to attend the Governing Body and the work generated around this, such as highlighting potential issues to VCSE colleagues. This is a funded post, similar to CCG funding to lay representative roles, which also includes funding a deputy, provided by Croydon Voluntary Action.

Key VCSE organisations have had input to local health and care plans, but there is not an official VCSE provider representative structure into the South West London Health and Care Partnership; although the current structure has both VCSE and Healthwatch participation via nominated representatives from the CESG whose role is to reflect public and patient involvement priorities.

"Richmond VCSE should have an input at system level. Funding would be required for a post and the postholder would need to be able to get the VCSE case and interests across. In view of likely limited resources, is it vital to have a VCSE representative on the ICP or could it form part of someone's portfolio? (Richmond CVS)

What is working well

There is a strong working relationship between the VCSE and the council. There are also examples of the VCSE, local authority and NHS working well together, for example there was collaboration over the development of a social prescribing scheme in the borough.

Case study: CVS influence in commissioning

Richmond CVS encouraged and supported the GP alliance to appoint a VCSE organisation to manage the social prescribing link workers and run the service. This was successfully achieved through a competitive mini-tender exercise. This has enabled GPs and other health professionals to increase their understanding of the value of the VCSE, and increased VCSE involvement in public sector commissioning.

The VCSE is well organised in Richmond. Richmond CVS is very involved in the health and care agenda; having the CVS lead on this agenda on the Health and Wellbeing Board works well. Richmond CVS works to involve others in order to embrace equity and diversity and specialist providers. ***"Work with organisations working with children and young people is going well but the agenda is massive and more dedicated resources are needed to meet demand."*** (VCSE)

What are the challenges

Despite the good relationship between VCSE and council, there is more work to be done. Many people in the Richmond VCSE still do not know about ICS developments and how this affects them. But a number of stakeholders are clear that the focus of VCSE involvement and engagement should not be just on the ICB and ICS, but should also include place and PCNs.

The lack of an acute hospital in Richmond creates concerns over how funding will be shared between the NHS and VCSE, with some concerned that the scale of the NHS will dominate resources at the expense of the VCSE. Added to this are the differences in culture between the VCSE and the NHS, the lack of a mutual awareness of what each stakeholder can offer, and the need for the development of stronger working relationships between the VCSE and the NHS. The NHS can be seen as a very large entity that naturally leans towards working with other larger organisations at the expense of medium to small VCSE organisations. In Richmond there is a concern that this could undermine the local VCSE and have a negative impact on the aspiration to focus on prevention and tackle health inequalities.

Reliance on competitive tendering was also cited as having an ongoing negative impact, though there are some positive examples of more collaborative commissioning and grant funding.

It was highlighted the VCSE involvement must not be tokenistic and should represent the diversity of the sector. A point was also made about involving and giving voice to wider civil society such as community sports clubs, safer neighbourhood boards, faith groups and adult community colleges.

There are concerns over diversity, particularly that contracts will go to larger out-of-area providers, as opposed to keeping services within the local economy and sustaining local assets. ***"If we move to system-wide commissioning, the risk is that this will happen again. … There will be a tendency to aggregate contracts."*** (Richmond CVS)

There can be a really big impact when statutory services work with local grassroots groups. This includes working with faith and cultural groups to enable members of the community to access current services or provide alternatives.

What are the areas for potential development

- Build wider representation of the VCSE on place-based groups and formalise some of the existing structures and groups so that they feed into the place-based partnership or via a sub-group.
- Encourage commissioning processes that value local assets.
- Develop a programme through which NHS staff build up an understanding of what the VCSE can offer and the development of closer working relationships.
- Continue to encourage and support larger VCSE organisations to work with smaller organisations to access funding and be able to deliver services, for example the Community Independent Living Service (CILS) partnership, led by Age UK Richmond, and could be developed further.

Sutton

The local context

Sutton has been on an integrated care journey for a long time; integration was always the vision of the Health and Wellbeing Board. A **Partnership Board** was set up in 2018 with representation from the VCSE sector and Healthwatch. VCSE reps challenged that the partnership didn't feel equal. For example, VCSE colleagues were only given sight of documents at meetings. However, some organisational development has now shifted the culture and led to a position where VCSE colleagues see themselves as more equal.

There are some lingering perceptions of a historic culture whereby VCSE organisations have become dependent on a paternalistic local authority *"afraid of biting the hand that feeds them"*.

What exists

Community Action Sutton (CAS) is the recognised and funded infrastructure organisation for Sutton.

The **Integrated Care Place Board (ICPB)** is the shadow ICS place-based partnership for Sutton. It has representation from the CEOs of Age UK Sutton, Community Action Sutton (CAS), and deputation from Sutton Carers Centre.

The **System Leaders Group**, set up during Covid, acts as an advisory/steering version of the ICPB and is more practical and hands on, whereas the ICPB is more strategic.

The **Health and Wellbeing Board** has VCSE representation from CEOs of CAS, Mencap and Healthwatch.

Community Action Sutton convenes a **Voluntary Sector Forum**, minimum twice a year, to bring together all VCSE organisations to share information and identify issues and areas for collaboration. Most recently this focused on the role of ICBs and the refresh of the Health and Care Plan. CAS also convenes an informal VCSE provider forum **Sutton Together**.

A small amount of funding enables some reps to be paid for their time.

What is working well

Under the ICPB, Sutton has a **Community Voices Group**. The aspiration is to take population health data and insights from clinicians to communities at neighbourhood level, marking a shift from a medical to a social model of health. This would enable the development of preventative solutions in areas where a particular health condition is prevalent, and in theory measure the success of the intervention.

Feedback from VCSE leaders is that they feel like equal partners … ***"I think Sutton should be proud of this"*** (VCSE interviewee), and the fact that some reps are paid is helpful in this regard.

The Covid epidemic has deepened the extent of local working. For example, the Riverside Community Association based in Carshalton has begun working with others in this neighbourhood to address food poverty. The pandemic has led to many people coming forward who care about their local area. "***The question becomes how do we harness this? People don't necessarily want to form another organisation, but there is growing awareness that there are more effective ways of dealing with food poverty that begin by ad hoc organising.***"

One of the learnings in Sutton has been to move away from meetings around 'equalities' – that tend to lead to perceptions that groups are 'done to'. There has been a shift instead to work around 'thematic strands' – such as 'racism' or 'life chances of children in areas of poverty'. Experience is that these have been better at appealing to some of the small groups.

What are the challenges

Work is needed around communications and feedback from representatives. Meeting agendas are sometimes circulated beforehand but there is rarely any input, and representatives are not always clear on the best channels for feeding back. Lead figures in the VCSE sector believe that ***"a lot still relies on personal relationships".***

In Sutton there is awareness that there are too many boards and subcommittees. Some of these issues are a result of capacity issues. There is much volume and complexity, and this means that it is challenging for a few individuals or organisations to act as a conduits. There have been discussions about this and there are emerging plans to find ways to engage more widely.

What are the areas for potential development

1. There is an opportunity to review which boards, working groups, meetings and planning sessions are necessary, and weed out the duplication. This would enable VCSE partners to be available for the things that are strategically important rather than "***bouncing between multiple meetings about the same projects"***. It was suggested that statutory colleagues should think about where they need the input and recognise that the VCSE only have so many people that can engage strategically.
2. Many also highlighted the need for more ***"digestible, engageable communications"*** around what the ICS is, how it works and what it might mean for VCSE organisations working at a borough level; also the need to engage people with learning disabilities, and people for whom English isn't a first language.
3. ***There must be a commitment to training and development of NHS colleagues charged with engaging the VCSE sector. There's a lot of inventing ideas that have been going on for at least 20 years, ABCD*** [asset-based community development] ***for example".*** (VCSE colleague.)
4. Funding reps for their time should be built upon.

Wandsworth

The local context

Wandsworth lacked an organisation explicitly commissioned to carry out the VCSE infrastructure function for several years. From 2016 the **Voluntary Sector Coordination Project** (VSCP) aimed to improve relationships between the VCSE and the local clinical commissioning group and led to a much-improved relationship between the VCSE and the local authority. Since January 2020, with additional funding contributed by Wandsworth Council, the project became the **Voluntary Sector Coordination Service.** Due to historical issues the service doesn't refer to itself as a council for voluntary service (CVS)'.

Wandsworth council has a shared staffing agreement with Richmond.

What exists

Wandsworth Care Alliance (WCA) is now the recognised infrastructure provider for Wandsworth. It holds a quarterly meeting of the **Voluntary Sector Forum**, which is open to anyone, including statutory partners

A quarterly **Children and Young People's Network** was established in April 2020. Council colleagues attend regularly. This has been a catalyst in improving dialogue and relationships between commissioners and providers.

There is also a quarterly **Volunteer Involving Organisations Network.** This was established after WCA successfully bid for pilot funding to create an online volunteering

brokerage service. During the pandemic, it became evident that Wandsworth had no mechanism in place to bring together potential volunteers with volunteering opportunities, as there was no formal volunteer centre in Wandsworth.

The **Wandsworth Voluntary Sector Partnership** (WVSP) has recently revised its terms of reference and widened its membership to focus on strategic issues in the borough.

A **CEO Network** has been established.

Over the past two years the Council has been running a **Covid Response Call**. Many of the bigger, more established local VCSE organisations participated in these calls regularly. *"People were having very honest conversations and I genuinely felt that the vibe was one of pulling together. A lot of protocols were relaxed in order to ensure things got done."* (VCSE interviewee)

The CCG runs the Patient and Public Involvement Reference Group (PPIRG) and Thinking Partners. These are the CCG's 'touch-point' with many of the smaller voluntary organisations that they fund or micro commission. Both groups are run by the CCG and are not related to any networks mentioned above. Thinking Partners was set up to encourage recipients of NHS community grants to share findings and outcomes of their projects as well as forging better relationships with the local NHS.

A **BME Mental Health Forum** is run by Wandsworth Community Empowerment Network (WCEN), and a **Mental Health Stakeholder Forum** and a **Mental Health and Emotional Wellbeing Group** are run by the council.

Some communities, for example Roehampton and Battersea, have locality forums. 50 local health and wellbeing organisations came together for 'Community Week' in Roehampton.

Wandsworth is establishing a shadow place-based partnership, currently called the **Wandsworth Borough Committee**.

What is working well

The CEO of Wandsworth Care Alliance is on the transition team preparing for the introduction of the ICS. It has been agreed that he will continue this role on the Borough Committee (place-based partnership).

Recent experience highlighted the potential of cross-sector joint working during Covid. Around 4,000 citizens came forwards to volunteer.

Zoom/Teams meetings have enabled networking opportunities between organisations that would not typically exist. There is a wish to maintain some of these wider networks post-pandemic.

What are the challenges

There is a perception that NHS colleagues have been reluctant to involve the VCSE in a conversation about what the ICS looks like at place level since they themselves feel that they do not yet have all the answers.

There is a challenge around widening VCSE and that work is needed to establish a mandate and feedback mechanisms for VCSE representatives.

"We want to work with WCA to establish through which forum we can have the broader conversation with the VCS.... We are looking to make a formal relationship between the Borough Committee and the wider VCS… Umbrella organisations don't necessarily represent everyone in the VCS'." (NHS interviewee)

Several interviewees described a historically 'not very aligned' relationship between NHS and council, with both commissioning what amounts to similar work. *"Multiple narratives, not a lot of coming together"* (NHS interviewee).

This is a feeling that smaller organisations *"don't have the ICS on their radar at all"*; they are too busy trying to survive and serve their community. These organisations may, or may not, wish to be more involved with the ICS but they should be given the opportunity for their voice to be heard as their views should be an important consideration in strategic thinking.

What are the areas for potential development

To encourage wider participation from the voluntary sector within the ICS, support will be needed for those who come forward to represent the sector. Some resource will be essential to cover a mix of training and mentoring to equip them to participate fully in statutory meetings.

"For some grassroots orgs, you need a budget, not necessarily to pay people, but for some backfill…. If you don't have something like that then the only people who are going to be capable and have the time will be there – the usual suspects." (VCSE rep.)

3.3 Thematic alliances

There are some examples of provider alliances that give a collective voice to specialist organisations working in specific subsectors. There are some mature networks at borough level, but this tends not to be upscaled to system level. (This is discussed in more detail in section 4.3.)

In some circumstances organising across a wider geographical area has benefit. For example, where there is a small cohort of people with a particular health condition, or where there are very few specialist services at borough level, by collaborating across a wider area, a powerful community of interest can be created, which would not be possible at borough level.

Our interviews heard about thematic alliances in the following areas:

Healthwatch

There are six borough-based Healthwatch functions across the ICS system, as required by law. Senior staff meet regularly. Different priorities and population needs in each

borough make it difficult to come to common positions, although they have agreed on some shared priorities and work. With support from the CCG, they are seeking funding to recruit a senior strategic coordinator post that will work across all six boroughs and interface both with the ICS at system-level and reach out horizontally to the VCSE at borough-level, also represent community and patient engagement issues on various system-wide subcommittees.

Mental health

The local **Mind** organisations in Richmond, Kingston, Croydon and Wandsworth have formed a collaborative capable of operating on a larger footprint level. They are currently working on a memorandum of understanding (MoU). There is no Mind in Sutton or Merton, although the collaboration does deliver in those boroughs. The collaboration has a presence at the Southwest London Transformation Board. There is a vision for a pan-London collaborative.

(We did not hear in the interviews how the Mind organisations collaborate with smaller locally-based organisations.)

Other VCSE collaborations

Some cross-borough working that we heard about, and they may be more, were:

- Off the record – a youth counselling service in Croydon, Sutton and Merton
- SPEAR – a charity for people experiencing homelessness covering Richmond, Merton, Sutton, Kingston and Wandsworth
- The Alzheimer's Society delivering projects in all southwest London boroughs
- Crossroads Care across Kingston and Richmond
- Learn English at Home (LEAH) across Kingston and Richmond.

Working with acute trusts

This topic did not come up in our interviews, but we nevertheless felt it should be highlighted here. Moving forward, there will be a greater role for acute trusts, through acute provider collaboratives, in managing clinical pathways and service supply chains, so the VCSE will need to be able to engage in this. This emphasises the importance of the VCSE sector organising itself more coherently in respect of clinical pathways.

(4) Challenges and suggested options

This section of our report distils what we learned from colleagues operating at borough level in common themes across the system. We have grouped the challenges into the following areas:

1. Lack of understanding in the public sector about what VCSE is and does, and the multiple roles it can play, and the need for better communications to the VCSE about the ICS (covered in section 4.1)
2. The need to widen out the rep roles beyond the larger organisations, resourcing those roles, getting clarity on the role of reps, providing support and training, and improving communication channels for gathering insight and disseminating what is discussed (section 4.2)
3. A lack of organisation in 'thematic' service areas across the system (section 4.3)
4. The need to involve VCSE earlier in service design and all developments, including ICS structures (section 4.4)
5. Better use of VCSE data and intelligence (section 4.5)
6. Greater opportunities for smaller organisations to be part of mainstream service delivery (section 4.6)
7. The need to improve commissioning processes and structures (section 4.7)
8. The need to build an alliance structure (4.8).

4.1 Cross-sector understanding

The issue that came up most in our interviews, across multiple boroughs, was the lack of understanding among NHS colleagues as to the scope and nature of the VCSE sector. This has led to misperceptions, for example:

- that the VCSE sector is run by volunteers
- a lack of awareness that VCSE colleagues are rarely funded to attend statutory meetings, whereas for NHS and local authority colleagues, this is part of their job. This leads to obvious barriers in the development of genuine partnership and equal relationships.

This was not discussed at length, but we know anecdotally that the VCSE sector also holds misconceptions about how public bodies are run, and how decisions are made.

Some boroughs have invested in organisational development solutions that are developing reciprocal understanding. For example, training for statutory sector colleagues in how to work with the VCSE sector was suggested in our consultation, as were exchange programmes. A good example of this was 'A Day in the Life', delivered by NCVO, funded by central government, that gave pairs of colleagues – one VCSE leader and one civil servant – the opportunity to spend a day in each other's work environment. Statutory sector colleagues that we interviewed also spoke about the importance of interventions to increase mutual understanding between sectors.

Another challenge is articulating to people in the VCSE sector why they should be interested in strategic issues – particularly those from smaller organisations – ***"there's been a bit of an inward turn for smaller organisations because of funding"*** (VCSE interviewee).

VCSE leaders have worked hard to help NHS colleagues understand that:

- not all VCSE groups will want to be involved with the NHS
- not all have the capabilities to do what NHS colleagues may want of them.

This shifts the conversation towards how to support smaller groups to participate and comes back to funding representation (see next section), and the need for training or mentorship of VCSE people to perform effectively on boards.

We heard from several of the boroughs that there is still a strong dynamic of the NHS having a "top-down" approach, despite policy intentions to make the relationships more balanced, and this goes very much against VCSE ways of working. We also sometimes find that a senior person in a statutory body does understand the sector and wants to work towards a more equal relationship, but this approach does not filter down through the management layers. Creating this balance will be a significant challenge to true system working.

"If commissioning doesn't change we're all going to struggle, because commissioning is top-down. Will the borough committees have real power to make decisions and do things differently?" (Infrastructure colleague)

Recommendations for VCSE development

- Design a programme that increases knowledge and understanding of both sectors to each other.

What the VCSE wants from the system

- Resource a development programme to increase mutual understanding between sectors.

4.2 Leadership and representation strategy

Building a leadership structure

A key aspect of a well-functioning alliance is that it has representation from different geographies and communities of interest, with good lines of communication **horizontally** (across boroughs and across thematic areas) and **vertically** (up and down between different tiers of the system). This should be underpinned by a **leadership group**, with appropriate mandate and communications channels, and agreed terms of reference. Various models are emerging around England, and we discuss these in section 4.8 and Appendix 2.

This leadership group would normally be formed from

- local infrastructure organisations
- representation from smaller organisations
- provider organisations.

The group of VCSE infrastructure partners that have been key stakeholders for this research is already fulfilling a leadership role to a certain extent, and this could be built upon and formalised.

Building representation at system level

To provide the role of 'sector partner' that is envisaged in NHS guidance, the VCSE across southwest London must now work out how it will be represented at system level, and specifically within the integrated care board (ICB) and the system-wide integrated care partnership (ICP).

Our conversations with NHS colleagues indicate that the type of business that will take place at system level will be mainly strategic or related to clinical services that involve a high level of input from the NHS provider sector, such as the acute provider contracts, which means that the VCSE sector's role at this level will be mainly to represent the sector at a strategic level. This will most likely mean that much of the commissioning activity of the ICB will be delegated to **place-based partnerships** operating at borough level. It has not yet been made clear if and how the VCSE will be represented in the ICB or ICP.

Building effective representation

The following challenges were experienced to different degrees by all boroughs. A codesigned **leadership and representation strategy** should address these. Croydon's leadership and representation plan could serve as a starting point.

1. Being clear on the nature of leadership and representative roles

For VCSE sector colleagues, the prospect of holding representative roles is nothing new. But the new statutory structure will require new ways of working and thinking. There will be different types of roles, with different responsibilities. The most crucial things are:

1. the leader or rep has a mandate to speak for a particular community of interest
2. leaders or reps have ways to gather the insight they need to be able to speak with their mandate
3. communication channels need to exist to allow feedback from meetings to reach the wider sector
4. there is shared understanding, for each representative or leadership role, as to the scope and purpose of the role, for example, does it have decision-making authority, and this should be written in a terms of reference
5. leaders and reps should have support and training to be able to act effectively and confidently (discussed below).

2. The need to widen out the rep roles beyond the larger organisations

Once ICS structures are more established, it is likely to be clearer what VCSE roles are needed.

3. Resourcing those roles

There is currently no system-wide strategy for resourcing leadership and representation. In the main, those that fulfil these roles do it as part of their day job. But this raises issues of equity, as smaller organisations, including those that work with smaller communities-of-interest or are mainly run by volunteers, will generally find it hard to find the capacity to get involved.

An additional issue that is not frequently discussed is the legality of staff of charities undertaking such roles during paid work time, in other words using the charity's financial resources to do so. The Charity Commission has not given a view on this, but it is expected to be of interest to trustees especially as there is potentially a moral argument as to whether it is appropriate for charitable funds to be used for strategic representation.

This is tied into the need to shift the belief that the VCSE sector does things 'for free'. ***"If there's a statutory need to hear the views of older people, then the question should become how much are you willing to pay? Consultancy budgets could be paid to some organisations to enable them to do health leadership work."*** (VCSE interviewee)

As reported above the two boroughs were reps are being paid to some extent are Merton and Sutton; so these could be regarded as pilots from which learning could be extracted as resourcing is upscaled across the system.

4. Gaining clarity on role

In some boroughs we found lack of clarity around whether VCSE representatives are representing just themselves, their organisations, or the entire VCSE sector, and what the terms of engagement for their involvement are.

We found in southwest London different preferences as to how certain roles are described. System-wide roles for example might better be conceived of as 'leadership' rather than 'representative' positions. A leader could be empowered to advise and to recommend general decisions that are consistent with the interests of the VCSE, whereas a 'representative' would be required to consult with those they represented prior to coming to a position.

Work that was started in Sutton before Covid around the representative role could be picked up.

5. The need for support and training

In any situation where people are elected or appointed to sit on a board or committee representing others, it is important that consideration is given to how the reps are supported to understand their role, on what issues they have influence, what is

expected of them, how they will gather the required insight from those they are representing, and how they report back what they have heard.

This might require input from the local infrastructure function. For example, a paid borough-based coordinator could meet with the rep prior to a meeting to clarify the key issues, support the rep in how to raise the issues effectively, and agree what the ideal outcome would be for the sector. The rep would then debrief with the coordinator (either through a meeting or in writing).

In most boroughs the need to provide support and training to those representing the VCSE was mentioned. This is more likely to be needed by those from smaller organisations, and by representatives who don't speak English, and those with additional support needs.

Case study: Supporting representation – unpaid carers

Since 2020, there has been a designated position for an unpaid carer on the Richmond Health and Wellbeing Board. This is part of a local strategy that seeks to establish unpaid carers as a key pillar in health and social care along with the NHS, social care services and the VCSE. The board member is supported by Richmond Carers Centre. The role focuses on ensuring that any service change considers its impact on the lives of people providing unpaid care. Other board members have reflected that the position is proving to be a powerful vehicle to considering the needs of unpaid carers in all policies and services. The council is currently exploring whether a similar position should be created in the ICS Place Committee and, if so, how the role can be supported to ensure that unpaid carers are not overwhelmed and are able to talk on a wide range of issues.

6. The need to improve communication channels

As the roles open up to more stakeholders, there will be a need to develop good channels of communications for both gathering insight and disseminating what is discussed back the sector.

7. Approach of NHS to VCSE rep roles

There is a need for the NHS to see positions held by VCSE reps on an equal footing to other roles. Also, that forums and committees and therefore the VCSE rep should have a clear agreed purpose.

Recommendations for VCSE development

- Clarify the needs of different roles (representative versus leadership).
- Put in place systems for recruiting to roles, and communication channels for gathering insight and dissemination.
- Share best practice between boroughs.
- Work this up into a codesigned leadership and representation strategy for southwest London, which might also include a team of dedicated staff posts

to coordinate VCSE involvement, and as priority a system-wide VCSE health transformation lead.

What the VCSE wants from the system

- Support the development of a leadership and representation strategy for southwest London, backed up with resources and a long-term commitment.
- Ensure parity in how VCSE roles are viewed and utilised.
- *"Actions not words"* – focus on outcomes and clarity on the purpose and scope of rep roles.

4.3 Building thematic alliances

Apart from the initiatives outlined in section 3.3 above there is a lack of strategic collaboration across the system area. There are strong alliances at borough level, for example around mental health, advice services and children and young people, but this is not upscaled to system level.

If health and care pathways are to be organised at system level, the VCSE sector will need to be ready. (See also 4.7 Improving Commissioning Structures.)

A colleague we spoke to from the Alzheimer's Society, a national organisation with reach into all six southwest London boroughs, talked of the advantages to a system-wide approach for their care pathway:

"… in terms of funding and how we are working with the south London CCGs… we are talking to them across the six boroughs saying that you are commissioning us in different contracts for different boroughs, but actually it would be more advantageous to connect services if we were working across boroughs and you'd probably spend less money commissioning... For example, there is a push to provide services for people with early-onset dementia and there aren't enough people diagnosed in each borough to commission a useful service, but a joined-up approach could actually do something."
(Alzheimer's Society)

A risk for the VCSE sector in this is that in upscaling care pathways to a system-wide level, the commissioning processes could favour the larger more established organisations. Therefore, thought must be given to how structures include smaller grass-roots organisations that can deliver excellent and often more culturally appropriate services, as well as the expertise of the larger organisations.

Recommendations for VCSE development

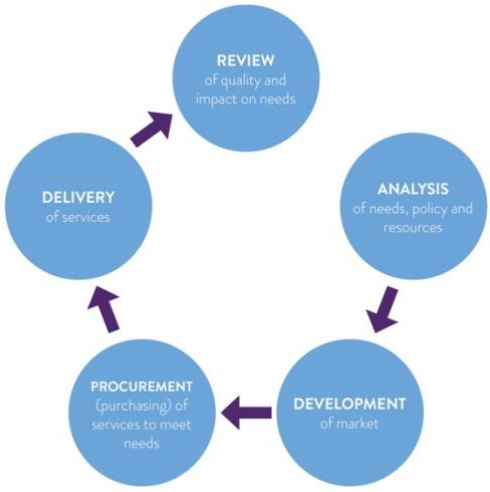
- Scope the potential for further VCSE provider collaboratives and organisations that have the capacity and capability to lead them.

What the VCSE wants from the system

- Clarity around plans for system-level thematic commissioning.

4.4 Involvement of VCSE in service developments

In the commissioning cycle (pictured below),[17] the VCSE sector is generally only included at the procurement stage, whereas it can be engaged at all stages of the cycle.



We heard from interviewees that the NHS could utilise the expertise and in-depth knowledge of community needs that VCSE organisations have much more, and at an earlier stage. This also builds on our comments about NHS colleagues having a better understanding of the breadth of capability of the sector (4.1 above).

"If this is going to work there needs to be cultural evolution." (Infrastructure colleague)

"Unless there is a major shift of thinking, we will always be at the bottom of the food chain." (Infrastructure colleague)

We also heard a significant challenge in the sector being approached too late:

Case study: late commissioning

Core20PLUS5 is a national NHS approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort –

[17] NCVO

the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement. Despite the obvious benefits of codesigning such an initiative with the VCSE sector, they were only engaged in the final stages of planning an intervention. This is proving to be a useful initiative, and good relationships are being built, but had the sector been engaged earlier, better outcomes could have been achieved.

There is also an aspiration that system working will lead to a shift in resources from the acute sector to prevention, and therefore to the VCSE sector. Yet there is a challenge around how this will be incentivised if acute and community/commissioning budgets will continue to be separated. It is not clear how interventions at the place level that reduce acute admissions will correlate with any shift of acute budgets… *"We will have a southwest London representative on the borough level; our acute rep is our conduit into those finances and resources… but the reality is, are we designing something where we're never going to get the money out of acute hospitals?"* (NHS colleague)

"We need to invest in the sector to innovate and try things – sometimes they won't work. NHS does this all the time in R&D. Different approach to governance of public money." (Infrastructure colleague)

Recommendations for VCSE development

- Work with commissioners to facilitate better involvement of the VCSE at all stages of the commissioning cycle.

What the VCSE wants from the system

- Work with the sector to involve VCSE organisations in all stages of the commissioning cycle.
- Share developments at an early stage - *"share the problem"* rather than only involving the VCSE once a solution has been decided upon.
- Be more explicit about strategic plans to shift resources from acute to prevention, and codesign resultant strategic decisions with the sector.

4.5 Data and intelligence

Improving the use of data and intelligence gathered and held by the VCSE sector can lead to better identification of community needs, which in turn facilitates more effective and efficient planning, and this leads to greater inclusion, particularly for marginalised groups.[18]

[18] Making better use of VCSE data and intelligence - Lev Pedro & Associates (levpedroassociates.com)

Across England there are very few examples of data and intelligence held by the VCSE being used systematically to inform, strategic decisions such as service planning, design and commissioning.

The barriers are:[19]

- technical, for example, issues for VCSE connecting to NHS systems and vice versa
- cultural, for example, a lack of shared understanding across sectors and a lack of willingness to share data caused by the competitive tendering culture
- financial and economic, for example, the cost of developing systems that can be used by different audiences
- legal and regulatory, for example, perceived restrictions in data protection law (GDPR) and a lack of agreed data sharing protocols through commissioning processes.

Ideal places for data and intelligence held by the VCSE to be harnessed are VCSE forums. Sharing community insight directly with the statutory sector through joint forums has significant potential to improve health and wellbeing outcomes, as was demonstrated through the Covid crisis. Ideally this should be backed up by digital processes to enable data and intelligence to be collated effectively and the impact of this documented. In southwest London:

- neighbourhood forums in Croydon feed in data and intelligence from respective communities to borough level decision making
- there are nascent PCN-level forums in a number of other boroughs that would have the potential be sources of data
- Merton's 'State of the Sector' report is a good tool for statutory partners to better understand the sector.

It was also noted that if the sector is engaged from the start of a process (as discussed above) VCSE colleagues can be part of decisions as to how data is gathered and used, and capabilities (or lack of capabilities) to collect data can be identified and addressed, and this will lead to the more systematic and efficient capture and use of data.

[19] From our research across England, not from our conversations as part of this research.

Recommendations for VCSE development

- Work out all the places where VCSE data and intelligence could be captured to inform service planning and build on the good practice that already exists.

What the VCSE wants from the system

- Improve the systematic use of data and intelligence held by the VCSE, potentially through a codesigned **data and intelligence strategy**. This would use existing forums and networks as a key vehicle for sharing data and intelligence, backed up by more quantitative methods, and allow VCSEs to demonstrate impact.
- Involve the VCSE in the planning of how data will be captured and used.

4.6 Involving smaller organisations and wider civil society

Smaller organisations often have the pulse of local communities, and they give voice to the interests of groups that experience the greatest health inequality. Currently across all boroughs there is awareness that these organisations are less engaged. They are more likely to be run by a single paid member of staff, if not entirely by volunteers, and therefore struggle with capacity to engage with statutory sector developments.

The local infrastructure organisations are ideally placed to identify and harness the involvement of those organisations, but this requires resourcing, as it goes beyond the core infrastructure role of supporting organisational capability.

A commissioner in the research commented that 'generic' themes often do not attract participation, but they have had more success drawing in community groups when the theme has been more specific, for example a specific theme might be 'disparate outcomes for BAME children in education', rather than 'children's services'.

One colleague spoke of the potential for a 3-tier engagement model, with different processes and levels of engagement:

- Tier 1 – prime contractors, e.g. larger organisations leading supply chains
- Tier 2 – service deliverers
- Tier 3 – wider community.

Commissioners could support this by incentivising tier 1 players to include tier 3 in contracts.

Recommendations for VCSE development

- Establish how smaller VCSE organisations want to be involved or kept informed.

- Test models of engagement of smaller organisations, building on existing good practice.

What the VCSE wants from the system

- Resource the time of smaller organisations to engage and resourcing the 'convening function' that an infrastructure organisation would normally deliver
- Seek VCSE involvement around more specific targeted topics rather than generic themes.
- Put incentives in contracts for prime contractors to involve small grass-roots organisations.

4.7 Improving commissioning structures

It is hoped that current system reforms will finally facilitate a better funding environment for the VCSE sector. Short-term funding arrangements waste resources and cause uncertainty and instability. Longer-term financial security would enable organisations to plan for the medium term and develop services more methodically.

Within this, the VCSE needs to consider how it responds to contract opportunities that that require delivery across two or more boroughs, or across the entire system area. Some boroughs spoke of attempts to, or a desire to, start an SPV at borough level, although nobody we spoke to talked about the need for a system-wide vehicle. The local VCSE sector would do well to position itself to respond to such opportunities and must be mindful that larger out-of-area providers, both voluntary and private sector, will compete for these.

Experience has shown that a SPV requires a certain amount of resourcing, especially at the start-up phase, often for the first two to three years, and sometimes permanently. Guidance on VCSE consortium development can be found at NCVO Knowhow.[20] Infrastructure colleagues that we spoke to in this research also feel that this is something to consider in the future, but there are more pressing priorities at the present time.

There are examples of some organisations operating the 'lead partner' model, holding contracts and subcontracting, at least at borough level, for example Age UK Richmond and Richmond Carers Centre.

[20] NCVO Knowhow, consortia, authored by Lev Pedro and John Gillespie.

Recommendations for VCSE development

- Explore the need for and viability of a system-wide special purpose vehicle.

What the VCSE wants from the system

- Provide clarity on whether contracting will take place at system level.
- If required, support the development of a special purpose vehicle.

4.8 Building an alliance structure

An important task now for southwest London VCSE is to start designing its alliance structure. A strong VCSE alliance has potential far beyond current NHS reforms, as it can provide opportunities for collaboration within the VCSE as well as interface more effectively with other parts of the public sector and strategic grant funders. The 'new' structure should build on the great assets that already exist across southwest London, as described above.

We suggest the following steps:

1. Seek clarity on structure

As far as possible the VCSE must be clear on proposed structures within the public sector, so the VCSE is working with the public sector in a coordinated way. But it is also important that the VCSE builds something that works for them as a sector first.

To achieve system transformation, it is essential that:

- there is senior level buy-in from all organisations at all levels of the system
- the VCSE is and feels like an equal partner
- governance structures reflect the importance and value of the sector.

2. Work together on shared vision, values and purpose and principles of joint working

We have learnt from our work in other system areas[21] that the top-down imposition of an alliance model, or simply adopting a model created elsewhere, usually does not work. The reason for this is straightforward. Every area is different, having its own local characteristics, culture, and different assets and needs. Therefore, it is advised to spend time agreeing your vision of good partnership, identifying your shared values,

[21] Purpose of this document - Creating partnerships for success | NCVO Publications | NCVO

your purpose and principles of joint working.[22] Once you have this then it can be helpful to look at approaches used elsewhere.

3. Customise the model

The agreement of a vision, shared values and principles of joint working begin to provide the context in which to begin to think about what model would be a good fit.

Various emerging models are being developed. You may decide to select one of these or choose elements from different models. To support this process an analysis of the advantages and disadvantages of the current models is set out in Appendix 2.

The model you develop must be customised to meet the needs of your area. Other aspects that contribute to the overall context are inclusivity, clarity of roles and communication (as discussed above).

4. Build in inclusivity

Throughout the development of the model, it is important that there is a focus on inclusivity. The VCSE is very diverse and engaging this diversity in any model is central to success.

In particular we heard how ensuring that information and data from the grassroots is effectively fed into the ICS structure to inform decision-making is important.

We heard repeatedly how everybody in the VCSE is very busy. Information about the VCSE Alliance and getting people involved will need to take this into account. *"People do not have time to look through hundreds of papers. What they do need to know is that there is a process, and they will be informed about things that are relevant to them."*

6. Ensure good communication

Good communication channels are a vital aspect of the alliance model. These need to enable communication from the ICS to the VCSE and vice versa, as well as across the full breadth of the VCSE. Good communication can also help to raise the profile of VCSE and the expertise and capacity it has to provide services.

7. Make a case for resource

Some ICS areas around England have secured funding for a **VCSE health transformation lead** (either placed within the statutory body or seconded to a key VCSE organisation) that acts as the liaison for the sector into the system. This shows a commitment to and respect for the VCSE as strategic partner. At the present time, their role would be focused on supporting the building of the VCSE alliance structure and ensuring (as

[22] The NHS England funded 'Embedding the VCSE in ICS' programme, being delivered by NAVCA in partnership with Lev Pedro & Associates, can support this development.

outlined above) appropriate representation at place level. They would also be responsible for the coordinating the development of business cases to fund specific aspects of VCSE engagement in the system. From our work in other areas, we know that a post such as this is a key enabler in accelerating the integration of the VCSE into ICSs, therefore this is an option that we encourage partners in southwest London to consider as an immediate priority.[23]

Some London boroughs also have place-level posts that have specific responsibility for supporting the transformation agenda, and we recommend that this is also considered as part of the wider plan for resourcing VCSE leadership and representation in southwest London.

4.9 Ensuring sustainable VCSE infrastructure

Local infrastructure organisations are in some ways the foundation of the VCSE sector. These organisations provide much-needed support to the sector on issues such as funding, governance, and safeguarding. They also advocate for the sector, give it voice, and provide a conduit for statutory bodies to engage with the sector.[24] In areas around the country with well-funded local infrastructure organisations, we see a more thriving sector, and this is achieved through relationships that the infrastructure organisation builds with local government, NHS, local businesses, chambers of commerce and grant funders. In the Covid pandemic they came into their own, providing coordination support to the many community initiatives that sprang up. We saw public bodies channelling funding and subcontracting the delivery of new innovations through local infrastructure organisations, and this in part enabled the agility and pragmatism that we saw during this time.

All this makes local infrastructure organisations the obvious facilitator of the leadership and representation functions and structures outlined above, not least the function of recruiting, training and supporting reps and leaders.

The task of supporting leadership and representation in a health and care system requires unique expertise. For example, a rep from an NHS trust brings insight and representation from a single organisation, whereas VCSE reps need to be supported with data and insight gathered from thousands of sources and must represent a huge diversity of interests.

Case study from another area: Mentoring for the representatives

Tower Hamlets CVS acquired external funding (grant) for a pilot project to provide mentoring to new reps from small organisations. Support is also available in the form of

[23] Templates for job descriptions and business cases for this role exist.

[24] Local infrastructure is (navca.org.uk)

funding to backfill their time in fulfilling the rep role, and it is felt there that this is critical in enabling involvement of very small organisations.

Fortunately, in southwest London, each borough has an organisation that would be capable of developing leadership and representation at place level, and collaboratively at system level, yet the two main challenges are:

- disparity in capability due to funding disparity
- capacity needed at system level.

For example, there is a legacy in Wandsworth from a period when this function was not funded. It has only been funded consistently for a relatively short time compared to the infrastructure in its neighbouring boroughs. While significant and positive progress has been made in building trust and relationships with both the VCSE sector and statutory partners, relationships there, both with the sector and externally, are comparatively less developed.

In Croydon, due to cuts in funding resulting from the council's financial crisis, CVA finds itself either having to cut vital services or having to significantly subsidise delivery because closing these services is simply not an option. These have included:

- delivering the local community partnerships (subsidised by CVA)
- coordination of the food poverty response and redistribution of donated food and essentials (not funded)
- recruitment and coordination of the team of 240 'Meet and Greet' volunteers at vaccine centres (not funded).

Given the critical role that the six infrastructure organisations in southwest London will play in the integrated care agenda, as envisaged by NHS policy, thought needs to be given as to how those organisations are adequately resourced to deliver what is required in the longer term, with regard to:

- supporting and developing the VCSE sector
- facilitating leadership and representation
- supporting the health and care system with the delivery of services (for example the coordination function of the Croydon-based services described above), where there is a need to coordinate the work of multiple VCSE organisations.

NHS bodies should also work with other stakeholders in the public sector to ensure the sustainability of infrastructure functions across the system area.

Other system areas around England already fund staff posts at place level, sitting within the local infrastructure organisation, that are responsible for liaison between NHS and VCSE sector, and coordinating the sector's development in relation to system reform. This could be something that southwest London partners lobby for, in the same way that the local Healthwatch organisations are working with the CCG to develop a strategic post. (See 4.8.7 – 'Make a case for resource'.)

Recommendations for VCSE development

- Work with NAVCA and infrastructure colleagues across England to demonstrate impact and make the case for sustainable local infrastructure with long-term funding arrangements.

What the VCSE wants from the system

- Work with the six infrastructure organisations to ensure their sustainability; resource their role in supporting system leadership and representation as envisaged by NHS policy.

(5) Summary of recommendations

Recommendations for VCSE development	What the VCSE wants from the system
Cross-sector understanding	
• Design a programme that increases knowledge and understanding of both sectors to each other.	• Resource a development programme to increase mutual understanding between sectors.
Leadership and representation strategy	
• Clarify the needs of different roles (representative versus leadership). • Put in place systems for recruiting to roles, and communication channels for gathering insight and dissemination. • Share best practice between boroughs. • Work this up into a codesigned leadership and representation strategy for southwest London, which might also include a team of dedicated staff posts to coordinate VCSE involvement, and as priority a system-wide VCSE health transformation lead.	• Support the development of a leadership and representation strategy for southwest London, backed up with resources and a long-term commitment. • Ensure parity in how VCSE roles are viewed and utilised. • *"Actions not words"* – focus on outcomes and clarity on the purpose and scope of rep roles.
Building thematic alliances	
• Scope the potential for further VCSE provider collaboratives and organisations that have the capacity and capability to lead them.	• Clarity around plans for system-level thematic commissioning.
Involvement of VCSE in service developments	
• Work with commissioners to facilitate better involvement of the VCSE at all stages of the commissioning cycle.	• Work with the sector to involve VCSE organisations in all stages of the commissioning cycle. • Share developments at an early stage - *"share the problem"* rather than only involving the VCSE once a solution has been decided upon. • Be more explicit about strategic plans to shift resources from acute to prevention, and codesign resultant strategic decisions with the sector.

Recommendations for VCSE development	What the VCSE wants from the system
Data and intelligence	
• Work out all the places where VCSE data and intelligence could be captured to inform service planning and build on the good practice that already exists.	• Improve the systematic use of data and intelligence held by the VCSE, potentially through a codesigned data and intelligence strategy. This would use existing forums and networks as a key vehicle for sharing data and intelligence, backed up by more quantitative methods, and allow VCSEs to demonstrate impact. • Involve the VCSE in the planning of how data will be captured and used.
Involving smaller organisations and wider civil society	
• Establish how smaller VCSE organisations want to be involved or kept informed. • Test models of engagement of smaller organisations, building on existing good practice.	• Resource the time of smaller organisations to engage and resourcing the 'convening function' that an infrastructure organisation would normally deliver • Seek VCSE involvement around more specific targeted topics rather than generic themes. • Put incentives in contracts for prime contractors to involve small grass-roots organisations.
Improving commissioning structures	
• Explore the need for and viability of a system-wide special purpose vehicle.	• Provide clarity on whether contracting will take place at system level. • If required, support the development of a special purpose vehicle.
Building an alliance structure	
• Seek clarity on structure • Work together on shared vision, values and purpose and principles of joint working • Customise the model • Build in inclusivity • Ensure good communication • Make a case for resource.	

Recommendations for VCSE development	What the VCSE wants from the system
Ensuring sustainable VCSE infrastructure	
• Work with NAVCA and infrastructure colleagues across England to demonstrate impact and make the case for sustainable local infrastructure with long-term funding arrangements.	• Work with the six infrastructure organisations to ensure their sustainability; resource their role in supporting system leadership and representation as envisaged by NHS policy.

Appendix 1: Jargon and terminology

Every sector has its sector-specific language. Public service transformation involves stakeholders operating in multiple sectors, so we encourage anyone involved in cross-sector work always to check out that words are being used in ways that everyone understands. We'll start right here by explaining some of the terms commonly used.[25]

Term	Meaning, as used in health and care
System	The NHS has created the concept of a three-tiered geography at which health and care planning and organisation takes place: system, place and neighbourhood. System is the widest geographic level and is the area covered by an integrated care system, serving 1-3 million people (e.g. southwest London).
Place	The term used in the NHS to describe the level of district, borough or unitary county, usually but not always the geographical area of a single local authority, generally serving 250,000-500,000 people (e.g. Merton).
Neighbourhood	Neighbourhoods are populations of around 30,000 to 50,000 people served by groups of GP practices working with NHS community services, social care and other providers to deliver more co-ordinated and proactive services, including through primary care networks (PCNs).
Integrated care system (ICS)	The entire health and care system operating in the system area, including commissioners and providers from the NHS, local government, the VCSE and private sectors. An ICS is not just the NHS bit of the system.
Integrated care board (ICB)	From 1st July 2022, ICBs will be responsible for NHS strategic planning and allocation decisions, and accountable to NHS England for NHS spending and performance. They will take over the commissioning functions that currently sit with clinical commissioning groups (CCGs) alongside some of those that currently sit with NHS England. Most CCG staff will transfer to the ICB.

[25] A detailed explanation of integrated care systems be found on the website of The King's Fund.

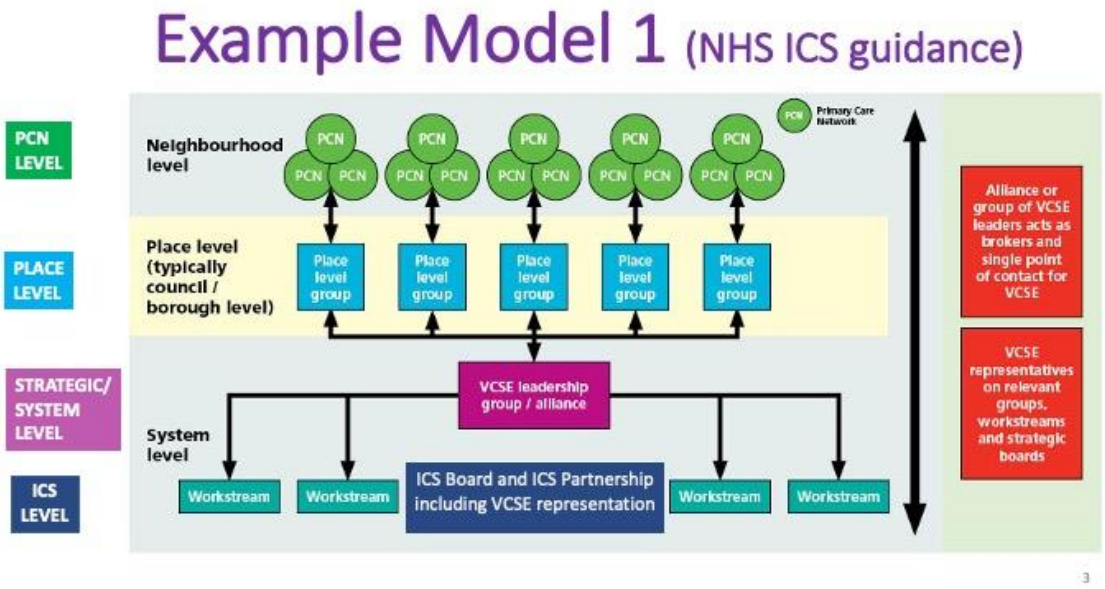
Integrated care partnership (ICP)	From 1st July 2022, ICPs will be responsible for bringing together a wider set of system partners to promote partnership arrangements and develop a plan to address the broader health, public health and social care needs of the population. The ICB and local authorities will be required to 'have regard to' this plan when making decisions. Membership will be determined locally but alongside local government and NHS organisations it is likely to include representatives of local VCSE organisations, social care providers, housing providers, independent sector providers, and local Healthwatch organisations.
Place-based partnership	These will be borough-based committees, supported by ICB (NHS) staff, with delegated authority from the ICB to plan and commission at borough level. They should work closely with the local authority, and in particular the Health and Wellbeing Board (which remains the responsibility of the local authority).
Primary care network (PCN)	These started as networks of GP practices working more closely together but going forward they will have more responsibility for whole population health. Some services, such as social prescribing link workers, are delivered through PCNs.
NHS England	The governmental body responsible for running the NHS in England. (It is now a merged organisation with NHS Improvement.)
VCSE	The voluntary, community and social enterprise sector, which includes charities and faith groups.
Local infrastructure	The provision of support and development to local charities and social enterprises, in order that they may better serve their communities of interest. This falls into four key areas:[26] **Leadership and advocacy** Leading and advocating across diverse communities, bringing people together to have a stronger voice and influence, mobilising and encouraging community ambition and aspiration as a connecter and 'door opener'.

[26] Local infrastructure is (navca.org.uk)

	Partnerships and collaborations Bringing together networks and connecting local voluntary and community organisations with each other and with strategic and systems partners, to create, pursue and implement opportunities for joint working. **Community development and practical support** Strengthening spaces and opportunities for people to come together to develop their goals and drive aspirations for their communities. **Volunteering** Encouraging and nurturing opportunities, leading and generating an expectation and culture in which volunteering can thrive.
Local infrastructure organisation	An organisation whose primary mission is provision of local infrastructure.

Appendix 2: Alliance models

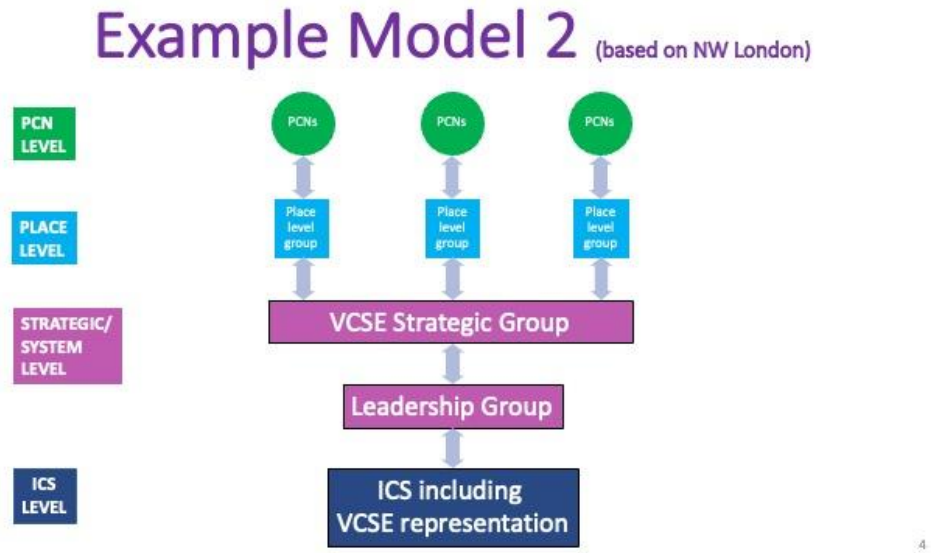
Model One: Three Tier Model (illustrated in the NHS ICS guidance)



An advantage of the model is that its reach into neighbourhoods and place which gives it a strong reach into the VCSE and communities. People are selected from place to sit on the VCSE Alliance which secures a clear line of accountability.

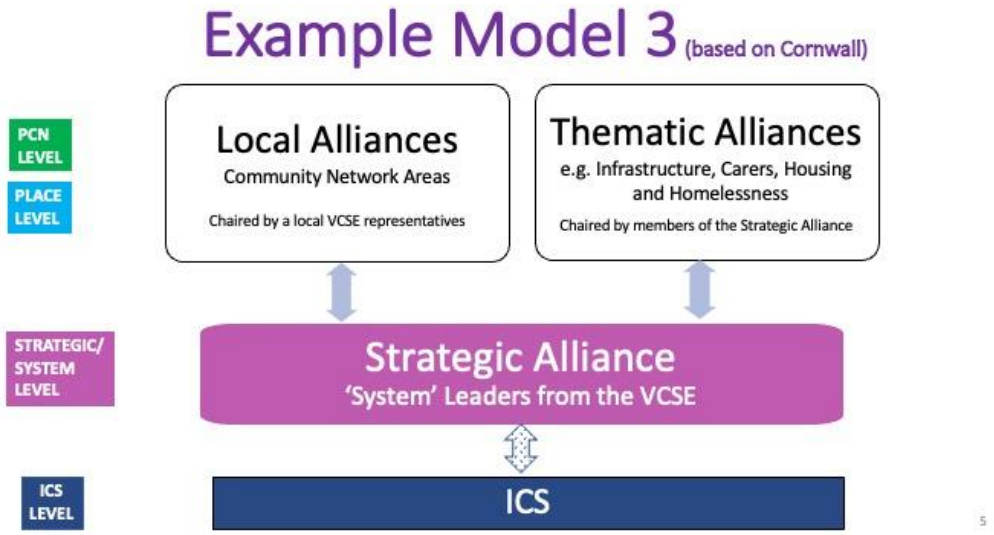
A disadvantage is the potential cost of setting up and continuing to resource the model and the potential to create a bureaucratic model that lacks the flexibility needed to look at health and care through a holistic lens. There is also the question of how people will be selected to sit on the VCSE Alliance, how accessible will this process be, and will it produce the breadth of skills that are needed to engage with the ICS agenda.

Model Two (based on Northwest London)



This model is reaches into neighbourhoods and place. At place level a Borough Leadership Team selects the people to sit on a VCSE Strategic Group, which in turn selects and supports the Leadership Group that interfaces with the ICS. The advantages and disadvantages are similar to those in model one but there is one additional feature that can be seen as an advantage and a disadvantage. The model has a tiered model for membership. Full members commit time to senior leadership work, associate members can conduct local, activity and partner/affiliate members are unbale to commit to regular engagement but delivering services at a Neighbourhood/PCN level. This can be an advantage as people know what is expected of them and can make informed decisions about whether or not to take on the role. Alternatively, it could be seen as a disadvantage as there may be different levels and types of influence to different levels of membership, which may have a detrimental impact on inclusivity and diversity.

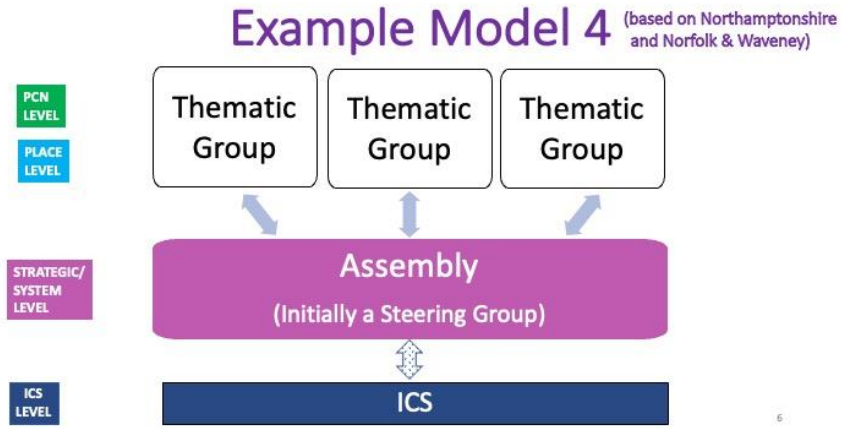
Model Three (based on Cornwall)



A central feature to this model is the Strategic Alliance that is made up of system leaders from the VCSE. The members can interface with the ICS and other strategic bodies. The work of the Strategic Alliance is supported by Thematic Alliances chaired by members from the Strategic Alliance and Local Alliances covering community or network areas and chaired by local a VCSE organisation A potential advantage of this model is that it gives access to a wider pool of people with a range of skills and expertise.

A disadvantage is the cost involved in resourcing the model and possibly the fact that it does not mirror the structure of the ICS. People often like the thematic elements as they reflect their interest and expertise, but they also want to have an opportunity to meet with other VCSE colleagues to discuss common challenges, to network, develop more joint working and to develop their own knowledge. This model does not meet this requirement.

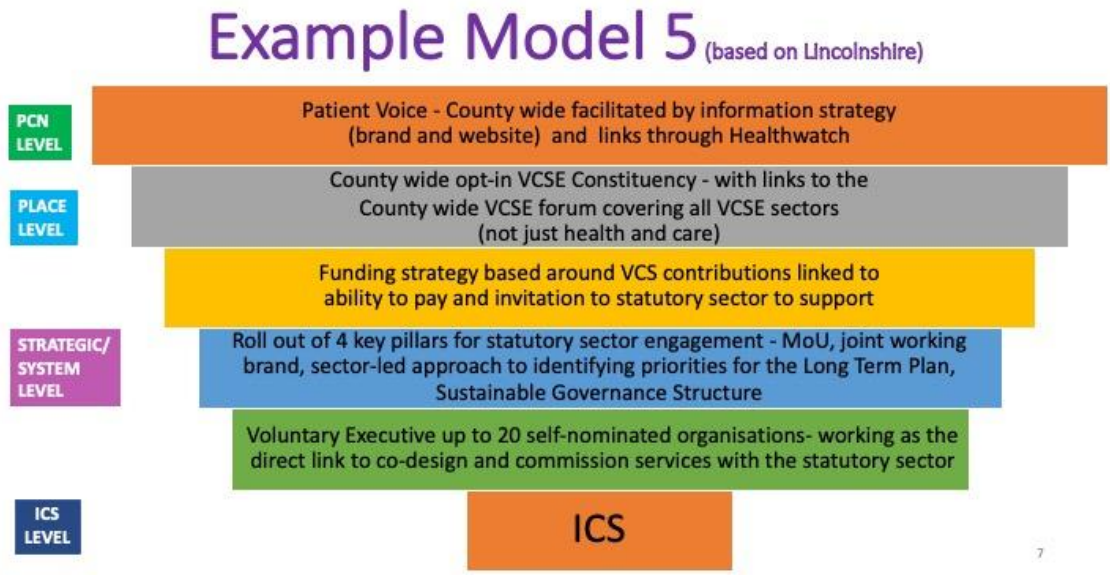
Model Four (based on the Northamptonshire and Norfolk & Waveney models)



Northamptonshire has a VCSE Assembly. This is a vehicle which enables people to come together to develop a voice for the VCSE, meet and exchange information, ideas and good practice and opportunities for joint working. The assembly has a Chair, Vice Chair and an Assembly Board. The Chair can represent the Assembly on the ICS. There are also thematic groups that cover topics such as social prescribing, food poverty, housing policy for young people and governance. An advantage of the model is that it provides opportunities for thematic work alongside an opportunity to work with the wider sector. Potential disadvantages are that it does not mirror the ICS model, the need to secure funding to set up and run the model and the danger that the agenda will become a VCSE agenda as opposed to a focus on health and care.

In Norfolk and Waveney the assembly is only for VCSE organisations that are working in health and care. This can be seen as an advantage but also a disadvantage. If we promote a holistic view of health and care, we know that the determinants of health and health inequalities often come from the wider environment. How can these factors be dealt with if the focus is only on heath and care?

Model 5 (based on Lincolnshire)

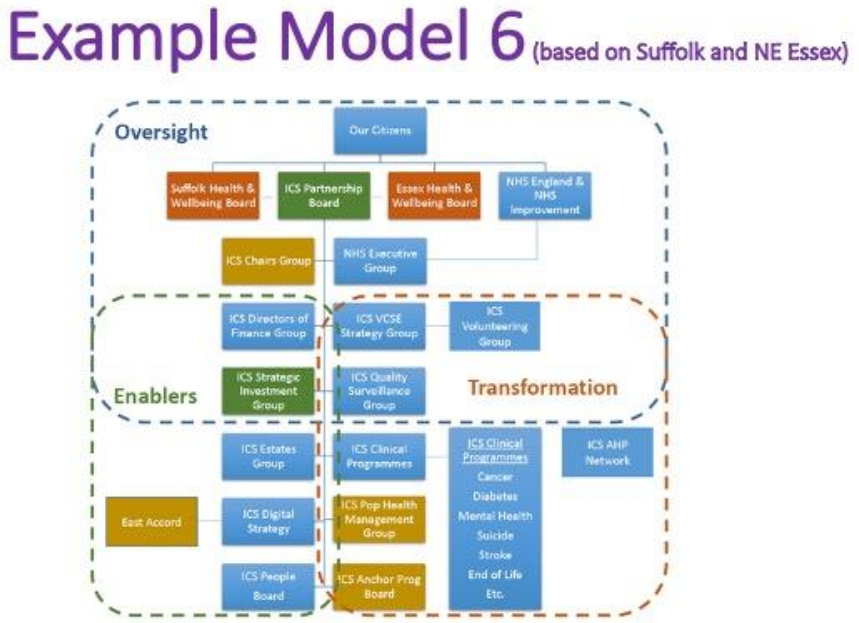


This model is a community interest company, a legal entity. It includes small and large organisations that deliver health and social care. This can be an advantage as it enables the model to secure funding and supports the development of work plans for the VCSE working in health and care.

To help mitigate the disadvantage of not engaging with the wider determinants of health and social care, the model a close also has working relationship with the VCSE Forum that includes all of the VCSE.

A disadvantage is the need to secure resources to set up and run the CIC in an already competitive funding environment.

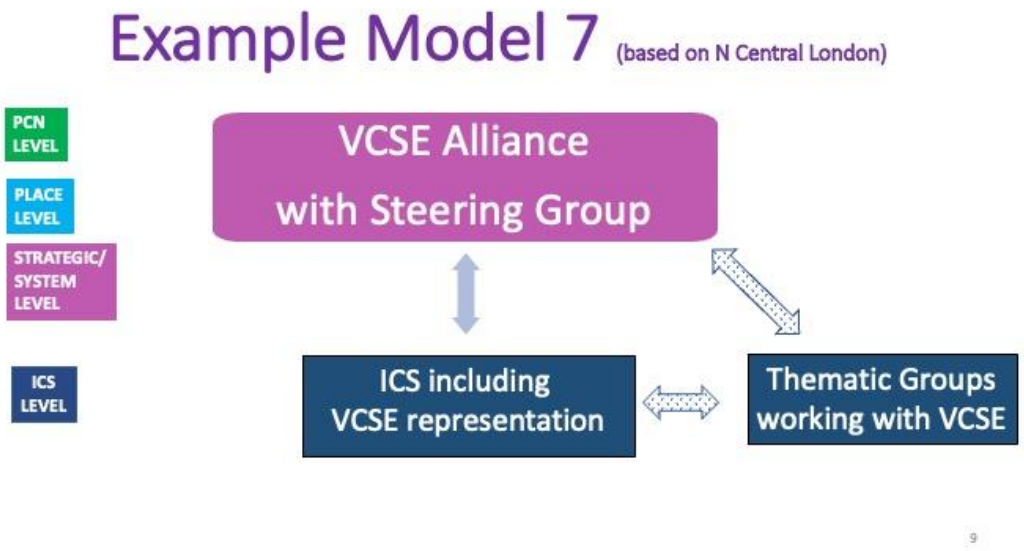
Model 6 (based on Suffolk and Southwest Essex)



The key feature of this model is that there is no hierarchy and a more equal power relationship. There are three roles: oversight, enablers, and transformation. ICS and programme leads seek advice and guidance on areas of work from the VCSE. This includes co-design of services and projects. The VCSE Strategy Group is part of 'transformation', alongside volunteer management and population management.

A key advantage is the lack of a power imbalance which could lead to a more conducive environment for developing new ways of working. This may involve a change in culture, which in turn may mean that people involved may need to support to go through the change process and the change in expectations.

Model 7 (based on North Central London)

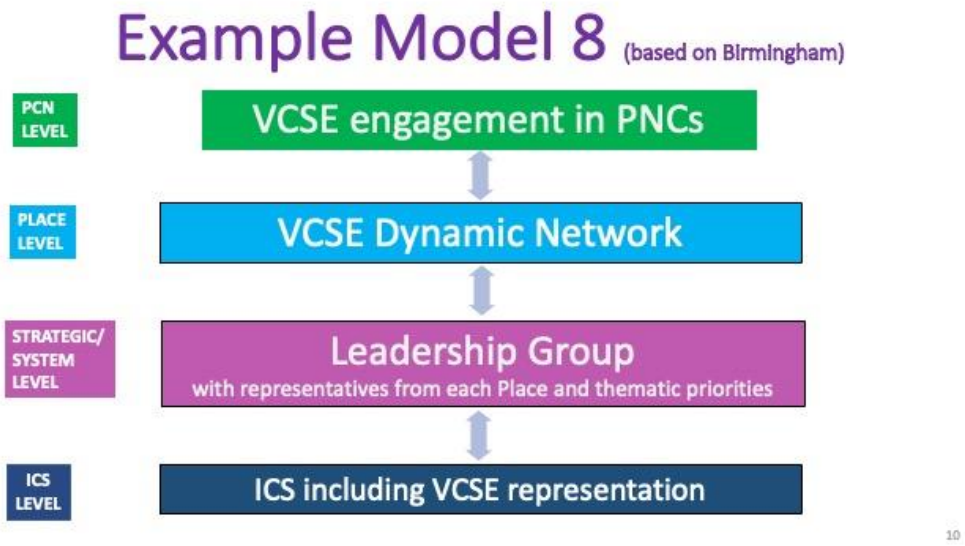


This model is in the very early stages of development. It does not have a hierarchy. The VCSE Alliance is composed of all VCSE organisations. In addition, there is a Steering Group that acts as the interface with the NHS. An advantage of the model is the presence of a more equal power relationship, its flexibility and reach into the VCSE and communities. The VCSE Alliance is developing in parallel with the North Central London Voluntary Sector Strategy.

There is desire to maintain a fluid approach, recognising different population profiles and VCSE cultures across the boroughs.

Potential disadvantages are the lack of clarity on accountability and governance, and funding the model.

Model 8 (based on Birmingham and Solihull)



In each place the VCSE works together to form a dynamic network. The VCSE working at place level identifies representatives to take part in the overarching VCSE Leadership Group. The term 'Dynamic Network' is used because it is always changing and reflects the diversity of the sector whereas the use of the word 'alliance' is seen to covey an established and closed model.

The advantage of the model is that it builds on existing infrastructure, for example the local infrastructure organisations lead on engagement, and there is thematic infrastructure input at place and system levels. There is a strong emphasis on inclusion and 'agile representation'.

A disadvantage is the need for resources to establish and run the dynamic network and a possibility that the leadership group will not be able to cover all the ICS agenda.

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