

Norfolk & Waveney VCSE Integration Programme

Development Proposal 2024

Version 4.0

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Introduction

Integrated Care System guidance states that ***‘to build effective partnerships, ICSs should establish formal agreements that define engagement and embed VCSE involvement in decision making processes’***.

In recognition of this need to strengthen collaboration with the sector, a VCSE Assembly was established in 2021 with the appointment of a Chair following an extensive recruitment process. Much has been learnt, but now is the time to reset, seek to improve our engagement and use the newly developed Health Inequalities Framework for Action as an opportunity to establish some new ways of working whilst collaborating on something tangible.

In addition to supporting engagement and collaboration with the sector, the Assembly has a role in supporting the development of a VCSE integration programme, which is the responsibility of the wider system to come together to deliver.

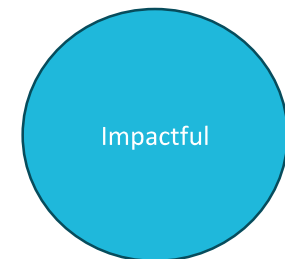
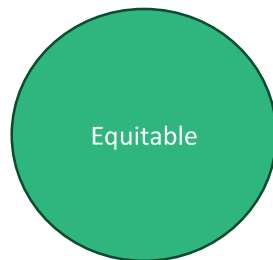
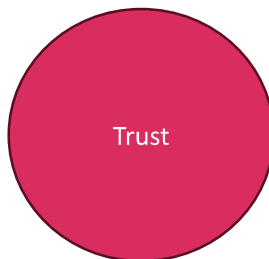
Some progress has been made, but we are now looking to bolster capacity through the introduction of a Health Inequalities & VCSE team in the ICB, to work alongside other statutory partnerships with a role in supporting VCSE integration. We will reflect the learning from the first 3 years to further develop our shared agenda, so that we may move into the space of **collaborative action**.

This proposal outlines the over-all focus of our VCSE Integration work programme, to reflect national guidance, as well as the proposed next steps to further develop our VCSE Assembly, which will support development of this programme of work.



• Values and Principles

- The VCSE sector is a part of our Integrated Care System
- We will all work together with mutual respect, recognising that we have shared values and principles to improve the health and wellbeing of our communities.
- We will all work to promote open and honest communication, using common language, recognising that transparency builds stronger, trusted relationships
- We will all work collaboratively ensuring that strategic planning and genuine co-design is prioritised





Our ICS VCSE Integration Programme Vision

Our vision is a vibrant and thriving VCSE sector, embedded within the ICS and collaborating on strategic ambitions, that drives health and wellbeing in our communities in a way that is inclusive and empowering.



Key strategic programme drivers

Local Strategies

The Norfolk & Waveney Joint Forward Plan recognises the unique role of the sector and commits the ICS to further development of the VCSE Integration Programme to enable a mutual benefit to equal partnering. The Integrated Care Strategy focuses on driving integration, prioritising prevention, addressing inequalities and enabling resilient communities and the case for strong alignment with VCSE sector achieve these ambitions is strong.

The newly developed ICS Health Inequalities Strategic Framework for Action further reinforces the important role of the VCSE sector and further underlines the requirement to enable equal partnering and more effective collaboration.

National Strategies & Guidance

The ICS design guidance sets out a requirement for ICSs to develop a formal agreement for engaging and embedding VCSE sector in system-level governance and decision making arrangements, ideally working through a VCSE Alliance to reflect the diversity of the sector. There is an expectation that these arrangements should build on the involvement of VCSE partners in relevant forums at place and neighbourhood level and be underpinned by a Memorandum of Understanding.

NHSE published VCSE Partnering Guidance in xx which sets out some key questions for consideration, as set out in Appendix 1 alongside a RAG of our current progress.



Programme summary

Norfolk & Waveney ICS VCSE Integration Programme

The overall VCSE Integration Programme underpins the arrangements we have in place with the sector to achieve 4 core objectives:

1. Embed the VCSE sector as an equal partner within our ICS, through our VCSE Assembly
2. Work together to drive change, support prevention and tackle health inequalities
3. Support and enable a thriving VCSE sector to play its part
4. Build strong, inclusive and empowering relationships through our partnership.

**Collaborate,
Co-produce
& Embed**

Norfolk & Waveney VCSE Assembly

The VCSE Assembly supports engagement with the VCSE sector, to embed sector voice into planning & decision-making processes, whilst providing sector oversight to the ICS VCSE Integration Programme by:

- Developing engagement mechanisms to connect the sector into the ICS, focused on Joint Forward Plan priorities and connecting to thematic system and place-based arrangements.
- Increasing influence and participation of the sector in design and delivery of services

**Listen &
Involve**

Norfolk & Suffolk VCSE Infrastructure arrangements

The infrastructure arrangements for Norfolk & Suffolk are commissioned by Norfolk & Suffolk County Councils. These arrangements seek to:

- Grow and enable volunteering for the ICS.
- Raise awareness and support the sector to access and maximise funding and income sources.
- Support sector resilience and growth through training and development.
- Provide financial support to grow, expand or innovate their services
- Provide opportunities for the sector to meet and collaborate

**Support,
nurture &
develop**



Key programme partners

Norfolk & Waveney benefits from a broad and diverse VCSE sector made up of registered charities, communities interest companies, societies and many 'below the radar groups'. Their contribution to an ICS is significant, with much of their work impacting on health & wellbeing.

The County Councils lead and commission a range of statutory services where the VCSE have an important role to play. Currently the County Councils also commission VCSE infrastructure arrangements. District/City/Borough councils also work closely with the sector and commission activity at a local level.



The Integrated Care Board has an important role to play as commissioner of services and enabling strategic development of the Integrated Care System. Ensuring equal partnering with the VCSE sector can support the achievement of numerous strategic ambitions.

The Place Boards & Health & Wellbeing Partnerships are an important conduit to locally based organisations such as district councils and health & care providers. Enabling decision making closer to communities will ensure a 'bottom up' approach to the development of the Integrated Care System.



Programme roadmap – how we will achieve our core objectives

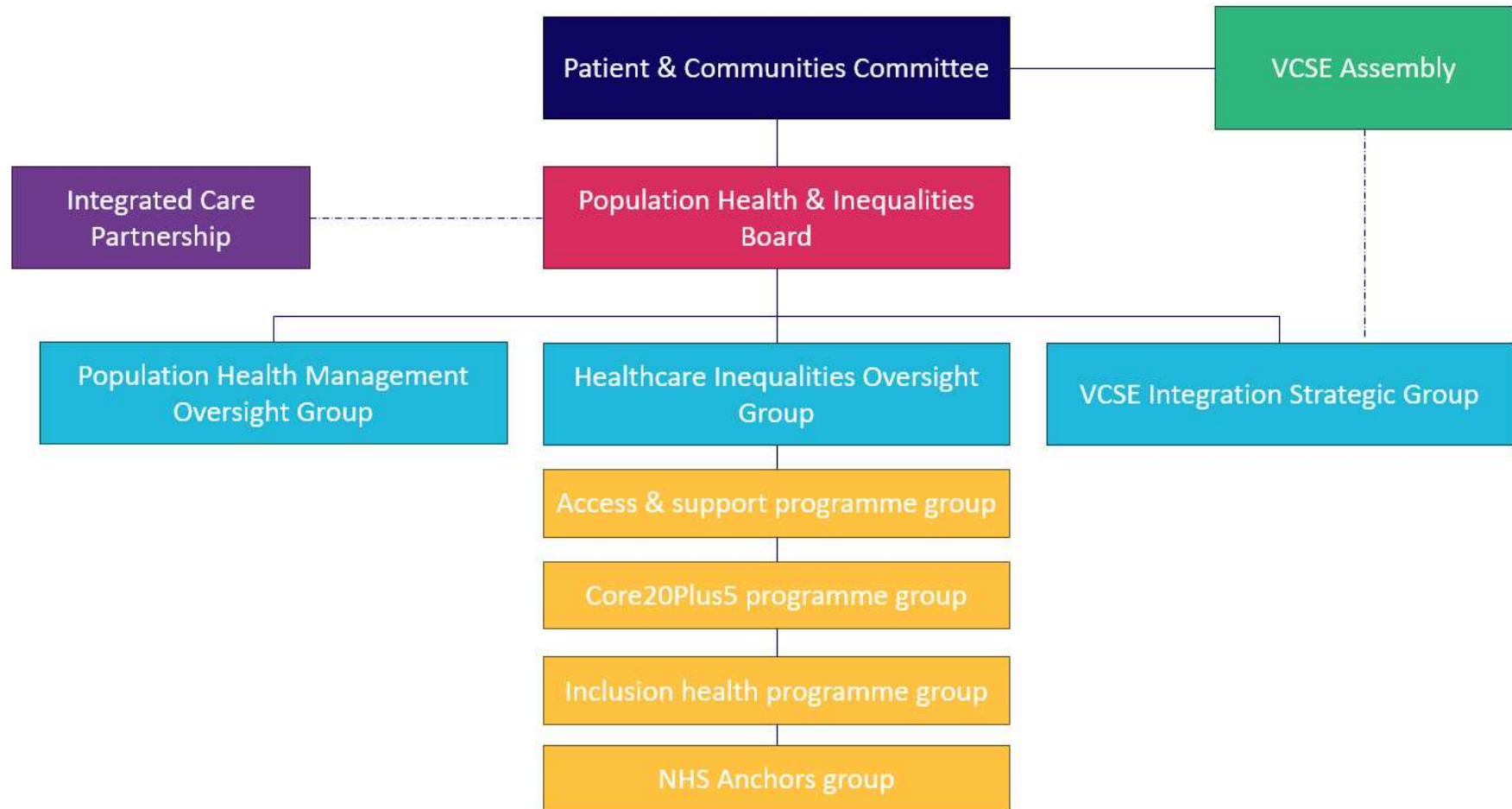


This table outlines the actions we will undertake in 2024/25. This action will be overseen by the VCSE Assembly but driven by the ICB Health Inequalities & VCSE team alongside internal colleagues in Place and Commissioning teams, as well as external partners via a sub-group of the Assembly Board.

1. Embed the VCSE sector as an equal partner within our ICS <ul style="list-style-type: none"> • Review and relaunch VCSE Assembly • Recruit new Assembly Chair (current Chair reached end of term) • Development of VCSE portfolio holders, as part of Assembly, to support strategic input into system & place-based decision making and communications with wider sector. • Review ICS governance arrangements and ensure representation from VCSE sector as appropriate. • Develop and drive Assembly membership campaign to support sector comms. • Host bi-annual sector engagement events to develop Assembly membership and engage wider sector. 	2. Work together to drive change, support prevention and tackle health inequalities <ul style="list-style-type: none"> • Alongside Assembly agree process for supporting co-design of strategy, services and programmes with sector and communicate to ICS colleagues (i.e. how do statutory partners <i>request</i> input). • Support implementation of the Health Inequalities Strategic Framework for Action, specifically: <ul style="list-style-type: none"> • Communication of Framework to sector • Driving pledge uptake amongst the sector • Drive participation in system baselining exercise to understand our start position and measure our future impact • Supporting development of action plans for the 3 priority areas for action • Supporting development of outcomes measurement frameworks. • Development of strategic plans for social prescribing including role out of digital 'Joy' platform. • Supporting implementation of volunteering strategies for Norfolk & Suffolk, aligning with system workforce and HI programme.
3. Support and enable a thriving VCSE sector to play its part <ul style="list-style-type: none"> • Develop VCSE Integration work programme in response to the VCSE partnering guidance and priorities identified in the 'Shared Ambitions Review' (use of data, PHM, data sharing, impact measurement etc). • Support development of 2025 onwards infrastructure (Empowering Communities) arrangements. • Scope and further develop ICS VCSE Commissioning Strategy in conjunction with Commissioning & Performance team and ICS partners. 	4. Build strong, inclusive and empowering relationships through our partnership <ul style="list-style-type: none"> • Review and relaunch MOU between ICS and VCSE sector that details values and behaviour expectation. Engage with ICP to maximise buy-in and communicate to sector. • Develop communications mechanisms, building on current forums and networks and identifying and plugging gaps. • Develop stronger connections between VCSE and statutory partners through employer supported volunteering arrangements. • Develop a programme of cross-sector shadowing.



Proposed governance arrangements





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Norfolk and Waveney Integrated Care System

Objective 1

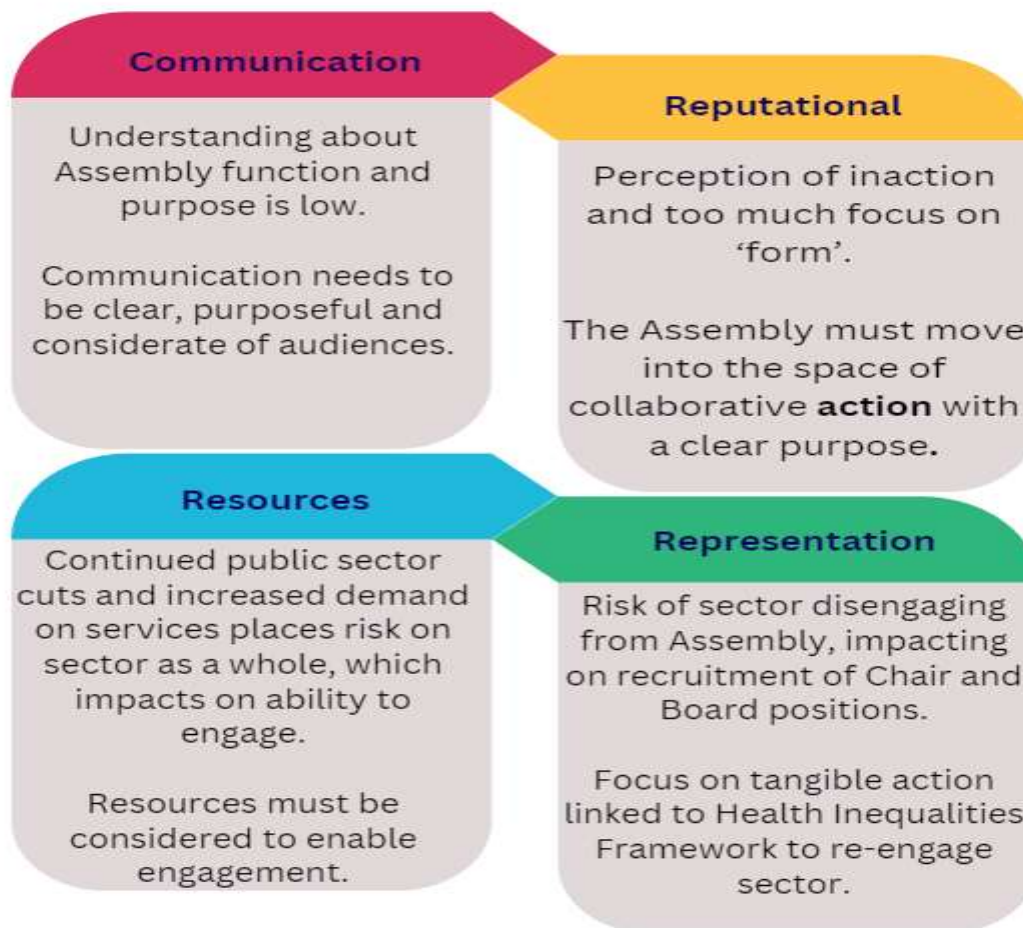
Embedding the VCSE sector as
an equal partner in our ICS





Key Assembly Risks

It is important to recognise the current risks associated with the Assembly, given the current position and time spent reviewing scope and remit. These risks will be mitigated through the development of a robust implementation plan for the next iteration of the Assembly.





Purpose of VCSE Assembly

To support fair & equitable partnering and engagement with the VCSE sector as part of the Integrated Care System, embedding sector voice into planning & decision-making processes.



Assembly functions

- Support two-way connectivity between the sector, the ICB and the wider ICS – providing sector voice and ensuring communication of key messages back to the sector by:
 - Identifying appropriate representation on ICS governance structure (through a process)
 - Utilising local networks, forums and communications channels to communicate key information to and from the sector, supported by HI & VCSE team
 - Identifying strategic gaps in communication mechanisms/forums and leading development of solutions.
 - Lead annual/bi-annual sector engagement events to support wider sector engagement
- Support development of the VCSE Integration Programme, to achieve our overarching vision.
- Support development of ICS strategic ambitions, particularly those relating to the Integrated Care Strategy and Joint Forward Plan, via 'Portfolio Holders' that make up the VCSE Assembly Board who work alongside key statutory colleagues. Enable co-design of strategy and services as required.
- To report progress and escalate risks to Patient & Communities Committee and ICP.

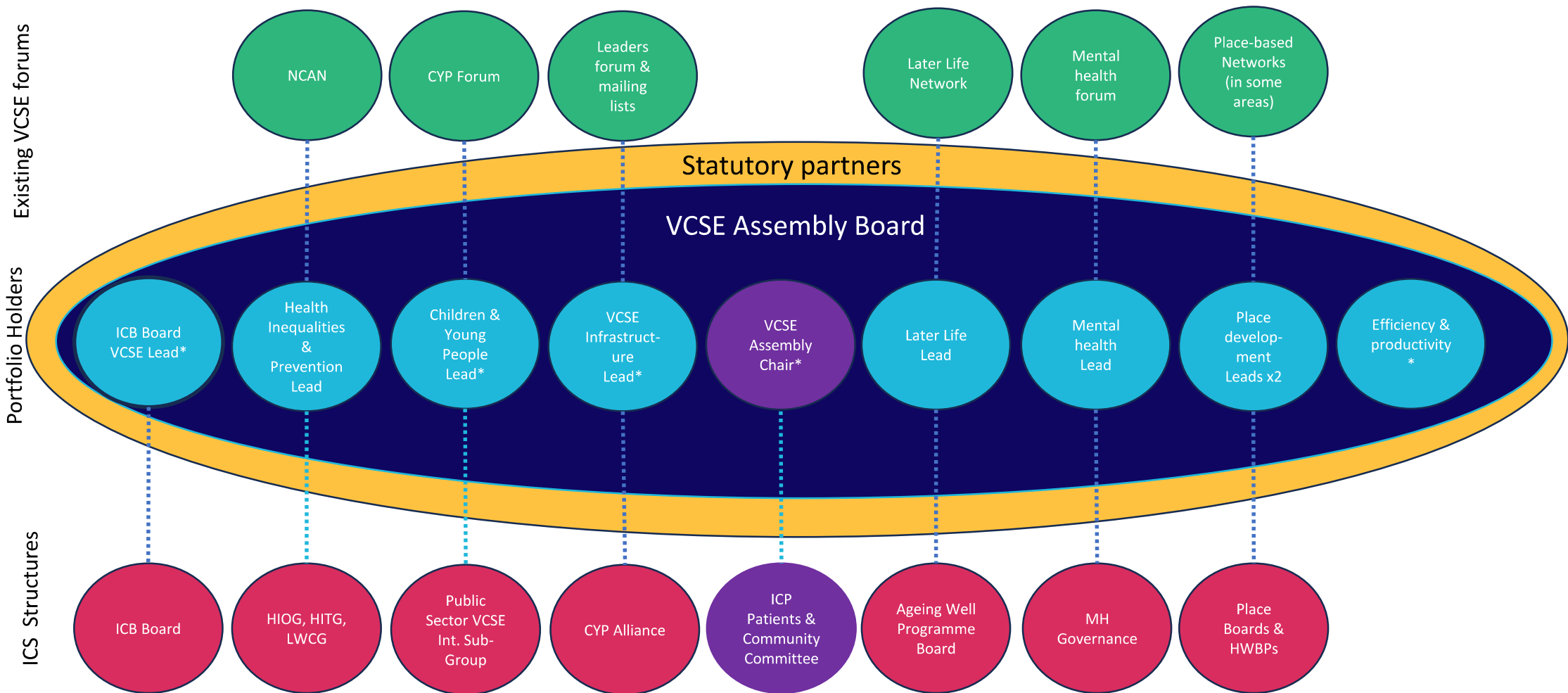


Assembly TOR Summary

- Formal Assembly Board to meet quarterly
- Opportunity for questions to be posed by VCSE and requests to be brought by ICS organisations (specifically requests for input into strategy, governance arrangements)
- Board to be made up of VCSE portfolio holders aligned to JFP priorities, to include:
 - VCSE Assembly Chair
 - Health Inequalities & Prevention
 - Children & Young People
 - Mental Health
 - Later Life
 - Productivity & efficiency (commissioning & finance)
 - Place development
 - VCSE infrastructure (finance, data sharing, training, evidence & evaluation)
- Portfolio holders will provide strategic connectivity to appropriate VCSE forums and ICS governance structures
- Public Sector representation to include ICB Board, Norfolk County Council, Suffolk County Council and a District Council representative.
- Two 'sub-groups' will support the work of the Assembly and provide 'safe space' for sector discussions, as well as ensure strategic alignment between public sector bodies with responsibilities around VCSE commissioning and infrastructure.
- The ICB Health Inequalities & VCSE team will support with administration and programme management, with support from public sector colleagues as appropriate.

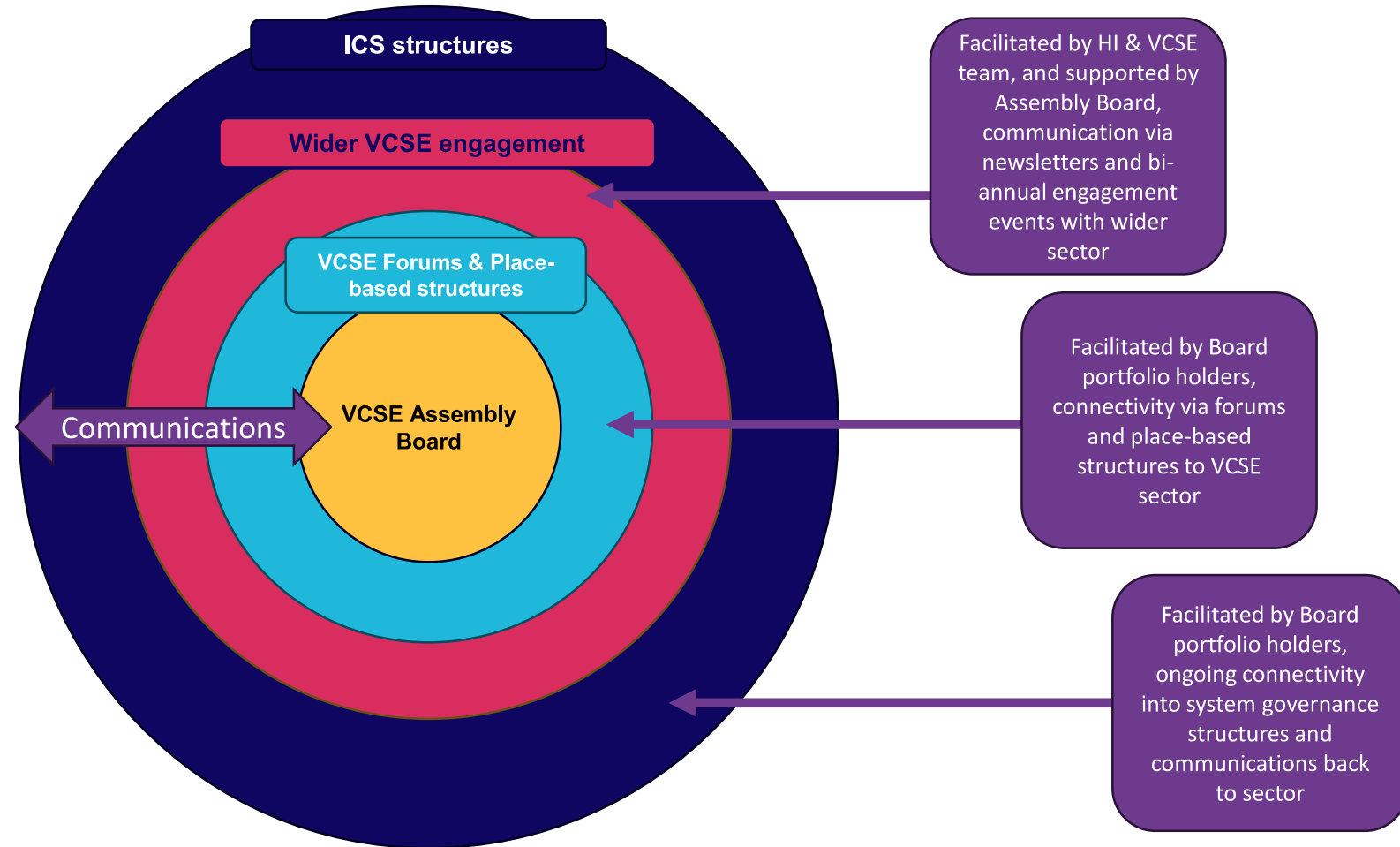


Assembly Structure





Engagement mechanisms





Assembly Board Members/Portfolio Holders

- VCSE Board members will be appointed by the Chair of VCSE Assembly
- All VCSE Board members will hold a portfolio
- Board members will serve a term of 3 years
- Where possible Board members will be made up of Chairs of existing identified forums
- Where forums do not exist an appointment process will be undertaken
- Board members will:
 - Attend VCSE Assembly Board and VCSE Strategic Group meetings.
 - Together support the development of the ICS VCSE Integration Programme.
 - Work with appropriate statutory partners to identify key priorities and deliverables aligned to portfolio i.e. specifically how Place portfolio holders can support development of Place agenda.
 - Work with appropriate statutory partners to support development of JFP ambitions, attending appropriate meetings and acting as a conduit to the wider sector.
- Board members (where appropriate) will be remunerated via a grant arrangement with VCSE infrastructure, aligning with NCC Empowering Communities arrangements.



Assembly Chair

- The VCSE Assembly Chair had a term of 2 years, but this has been extended to 3.5 years
- An appointment process will be launched in June 2024 to recruit a new Chair for the next 3 years
- The Chair will be appointed by the ICB on a 4 day per month basis
- The process will include
 - Advertising of position across the ICS with a candidate information pack Recruitment of VCSE leaders to support a stakeholder panel via a stakeholder briefing pack and EOI process
 - A shortlisting and interview panel, who will make the final decision of appointment, made up of VCSE and statutory sector leaders





Key Assembly actions 2024/25

- Appoint new Chair & portfolio holders
- Review existing VCSE representation on governance arrangements and establish policy and process for determining reps.
- Support relationship development between portfolio holders and key ICS leads to support strategic priorities and enable appropriate sector voice as required.
- Develop effective communications mechanisms to and from the sector, working alongside system partners i.e. via sector newsletters, existing forums and place-based networks and bi-annual engagement events.
- Establish robust reporting lines to Patient & Communities Committee and Integrated Care Partnership
- Support development of new infrastructure arrangements in Norfolk (and Suffolk?)
- Support implementation of year 1 actions related to Health Inequalities Framework for Action, including:
 - Inputting into appropriate governance structures, supporting planning and providing leadership as required
 - Leading communication around the HI Framework to the VCSE sector and driving VCSE sign up to the HI Pledge Programme
 - Participating, and supporting the sector to participate in, baseline self-assessment exercises
 - Develop case studies and showcase good practice to help shape the tools to address health inequalities
 - Enabling data sharing and supporting development of outcome measurement frameworks
- Develop 3-year VCSE Integration Programme with ICB Health Inequalities & VCSE team, Norfolk County Council & Suffolk County Council to include a VCSE Commissioning Strategy.



Case Study

Lancashire & South Cumbria VCFSE Alliance

- The ICS has established a process for identifying VCSE representatives on ICS governance structures which includes:
 - Requests by statutory partners made via a form/request to Alliance
 - Expression of Interest link shared with sector via communications channel and shared via social media (Alliance has own accounts)
 - Board agree representation
 - Standard role description for representative roles developed and amended to suit requirements of each governance structure
 - All representation published, alongside TOR on Alliance website
<https://new.healthierlsc.co.uk/VCFSE/our-work/system-meetings>



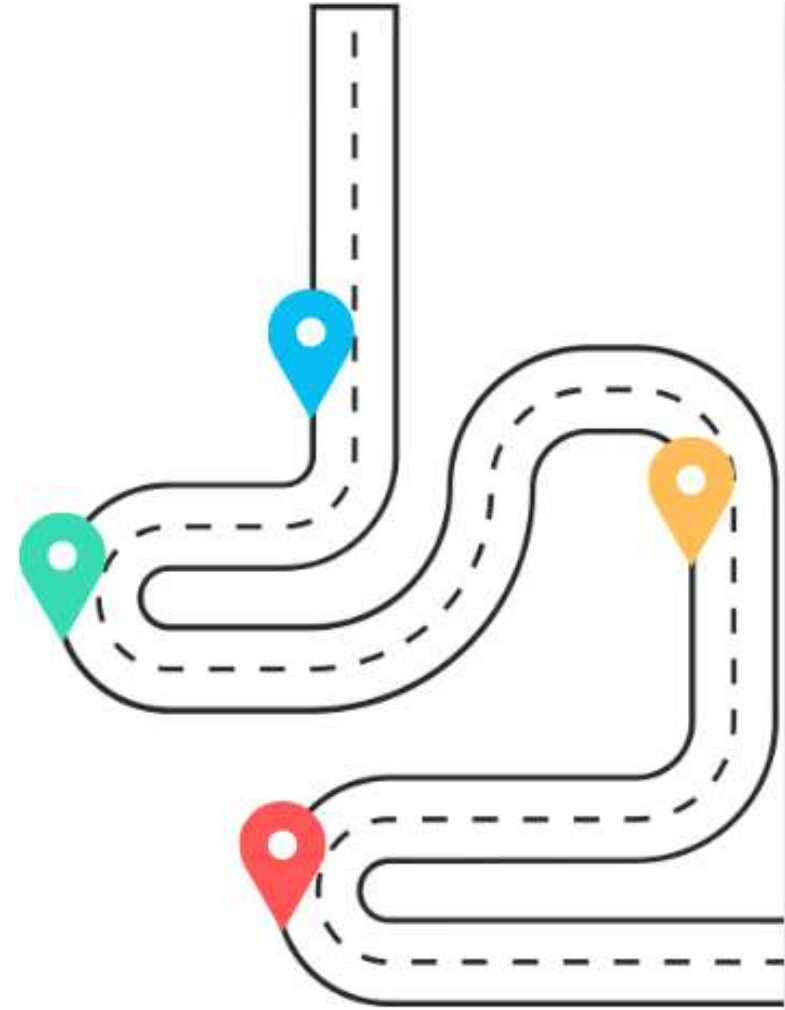
Lancashire and
South Cumbria
**VCFSE
Alliance**

Connected • Supported • Influential



Improving lives **together**
Norfolk and Waveney Integrated Care System

Appendix





Where we need to get to - national VCSE Partnering guidance

Action	RAG Rating
Is there VCSE sector involvement in system wide workstreams, service redesign, place-based partnerships, provider collaboratives?	
Have you mapped VCSE Stakeholders and the contribution and resources brought by the VCSE sector to the ICS?	
Are you working with VCSE groups relevant to the priorities you are tackling and the population groups you are trying to support?	
Are you building on existing structures and networks, such as VCSE representation on health and wellbeing boards and local VCSE infrastructure organisations?	
Have data sharing agreements been put in place between health, care and VCSE partners?	
Do you actively support NHS anchor institutions to work in partnership with the VCSE sector and involve the sector in networks to take joint action on the social determinants of health?	
Do you have a co-ordinated system approach to developing and sustaining effective social prescribing, developed with input from VCSE sector leaders, local authority and health commissioners, primary care networks, referral agencies and the health and wellbeing board?	
Does the ICS support a sustainable VCSE sector through market development, strategic grants and investment in VCSE infrastructure and alliances, whilst understanding where communities are not served or advocated for by the VCSE?	
Are you being proactive in commissioning VCSE organisations to deliver services including with innovative approaches to population health management and service transformation?	
Can you develop non-financial support for VCSE organisations, such as their inclusion in leadership and quality training, workforce diversity and wellbeing initiatives, secondments and supported leadership opportunities on system workstreams?	
Do you have a consistent approach to measuring the impact of VCSE partnerships as part of a wider social value approach?	
Does the ICS have a strategy to support and increase volunteering in both public and VCSE sectors?	