

Actions to support partnership

Addressing barriers to working with the VCSE sector in integrated care systems

Helen Gilbert
Shilpa Ross

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About this report

This independent report was commissioned by the NHS England Voluntary Partnerships Team. The views in the report are those of the authors and all conclusions are the authors' own.

The report is supported by a resource, *A framework for addressing practical barriers to integration of VCSE sector organisations* (NHS England 2023), which is available on the 'Working in partnership with the voluntary, community and social enterprise sector' workspace on the **FutureNHS platform**, for those with a FutureNHS account. Register for an account, with an nhs.net or nhs.uk email account, [here](#). Those working in organisations outside the NHS, request access by emailing vcses-manager@future.nhs.uk



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1 Introduction

Integrated care systems (ICSs) form the basis of a national vision for planning, developing and leading a strategic approach to addressing the wider health, public health and social care needs of local populations. ICSs are also responsible for allocating the NHS budget and commissioning services to meet those local needs. Key to achieving this is that ICSs take account of and work with organisations that contribute to those aims, and legislation requires greater collaboration with all system partners.

Sometimes referred to as the 'third sector', the voluntary, community and social enterprise (VCSE) sector comprises a wide and diverse range of organisations that sit alongside statutory services such as the NHS. A key feature of the VCSE sector is its scale and diversity: from large national charities, to small grassroots groups; from organisations that support communities at a local level, to those that advocate for and seek to meet the needs of defined and often marginalised groups. As part of the wider health and care system, the VCSE sector delivers key services that support the health and wellbeing of the population. In addition, it contributes vital insight and intelligence on the needs of the people and communities it engages with and is frequently a route to engaging with communities.

The VCSE sector has long been recognised as an integral part of local health and care systems. A commitment to working with VCSE organisations is reflected in the NHS Long Term Plan ([NHS England 2019](#)), particularly in relation to providing support for people in their local community and maintaining people's health and wellbeing. More recently, the VCSE sector has been recognised as a key partner for the NHS in support of its aims to tackle health inequalities, improve outcomes in population health and health care, and enhance productivity and value for money ([NHS England and Improvement 2021](#)).

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NHS England guidance on partnering with the VCSE sector

The ICS implementation guidance requires ICS leaders to ensure closer working with the VCSE sector in their governance and decision-making arrangements; as a strategic partner in shaping, improving and delivering services; and in developing and delivering plans to tackle the wider determinants of health. This includes involving the VCSE sector in governance structures, in population health management and service redesign work, and in system workforce, leadership and organisational development plans ([NHS England and NHS Improvement 2021](#)).

The scale and contribution of the VCSE sector means it can play a key role in finding solutions for, and addressing, both local and system issues. To do this effectively, ICS leaders will need to engage VCSE organisations as system partners. Developing VCSE alliances provides one mechanism for engaging with the sector to achieve this.

What are VCSE alliances?

VCSE alliances are groups of VCSE organisations that have come together around a common set of aims or principles. A VCSE alliance provides an ICS with a single point of contact for communication, engagement and reach into the many VCSE sector organisations across the ICS footprint at system, place, and neighbourhood levels. VCSE alliances seek to enable the VCSE sector to work in a co-ordinated way and to better position the sector within the ICS to maximise its contribution and impact. NHS England has provided funding to ICSs over three cohorts, to support and build on what already existed to develop system-level VCSE alliances.

In addition, leaders in the NHS, local authorities and VCSE organisations will need to address the longstanding, well-documented barriers and challenges that have prevented the benefits of greater integration and partnership working being realised. An evaluation of the NHS England VCSE Leadership Programme ([Lozito and Horsely 2020](#)) and work conducted by the VCSE Health and Wellbeing Alliance ([Baylin et al 2021](#)) highlighted three key areas where barriers and challenges have an impact on partnership working between the VCSE and statutory sector. They are:

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- commissioning, service design and delivery
- sharing data, intelligence and insight
- funding and sustainable investment.

The same work also identified that, in a number of systems, there are signs of people developing local approaches to tackle these barriers and there are opportunities to capture and share learning.

The purpose of this report

This report for leaders in ICSs and the VCSE sector, alongside NHS England, other national bodies and funders. It provides an overview of:

- key actions to tackle barriers and challenges in the areas outlined above
- ways of working that can help mitigate barriers and facilitate solutions
- systemic actions that can help embed and spread good practice
- key reflections on the experience of leading change.

The report is supported by a resource, *A framework for addressing practical barriers to integration of VCSE sector organisations* ([NHS England 2023](#)). This framework provides:

- an overview of the three barriers and challenges to partnership working between the VCSE and statutory sector detailed above
- examples of approaches that others have adopted, or are trying, to address those barriers
- detailed case examples drawn from different ICSs, which provide an understanding of different approaches that take account of the journey of implementation and local context.

Readers of this report are encouraged to consider how the actions relate to their own realms of practice and leadership, and to encourage strategic and operational colleagues to explore and test how approaches and examples from the framework could support progress in their own systems.



Our research

In 2021, the NHS England Voluntary Partnerships Team commissioned The King's Fund to explore the above barriers and enablers to embedding the VCSE sector as a partner in ICSs; to identify approaches people were taking to addressing those barriers; and to capture learning on the process of implementing change that could support leaders in ICSs and those in the wider VCSE sector to take positive action.

The content of this report and the associated framework resource is based on the following work.

- A literature review to explore the barriers and challenges that limit the contribution of the VCSE sector to health and care and prevent effective partnership working.
- Three roundtable discussions, held in March 2022, to explore the findings of the literature review and identify examples of how the barriers and challenges are being addressed. The roundtable discussions included leaders from organisations involved in the NHS England VCSE Leadership Programme plus leads for different policy areas within NHS England. Participants were selected by the NHS England Voluntary Partnerships Team.
- To understand the experiences and views of small to medium-sized charities, members of the research team joined a meeting with members of the GSK IMPACT Awards network.¹
- Interviews with 20 individual and organisational leaders of change that seeks to address the barriers and challenges to partnership working between the VCSE and statutory sector in one or more of the three areas outlined above. The interviews aimed to explore the actions and approaches that supported their progress, challenges they encountered and their perspective on leading change. Interviews were conducted between April and August 2022.

1. The GSK IMPACT Awards Network is network of small to medium-sized charities that have been recognised for their work in community-based health and wellbeing.



2 Taking action

In our exploration of the barriers and challenges that influence partnership working with the VCSE sector we identified several distinct issues. Drawing on the accompanying framework ([NHS England 2023](#)), the following section identifies a series of actions that ICS and VCSE leaders can take to start to engage with each issue. In each case we have provided an illustration of approaches that can support progress and an exemplar case example which tells the story of the changes they have made and how. A more comprehensive set of approaches and further examples can be found in the framework.

The section concludes with a series of actions that NHS England, other national bodies and funders can take to ensure policy and practice reflect and support actions to address barriers at a local level and create the conditions for more equal partnership working.

Commissioning, service design and delivery

The barriers to partnership working between the statutory and VCSE sector within the context of commissioning, service design and delivery are well documented (for example see [Department of Health et al 2016](#); [Perspective Economics 2022](#)). In part, these barriers stem from ways of working that are more suited to large public sector organisations, as well as a lack of knowledge and understanding within statutory bodies of the role and contribution of the VCSE sector at a local level. Adapting and testing new ways of working provides an opportunity to move from simply procuring activities and services from the VCSE sector to making use of the sector's insights and strengths to better meet population needs.

Leaders within the ICS and those within the wider VCSE sector can support more effective partnership working in a number of ways:

- Exploring and testing different approaches to commissioning the VCSE sector.
 - Example approaches:
 - collaborative commissioning based on new ways of working between public and VCSE sectors

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- developing a VCSE commissioning framework
- reviewing existing contracting relationships and opportunities for diversifying service providers including VCSE organisations.

Case example: Cheshire and Merseyside Health and Care Partnership

Cheshire and Merseyside took the example of the Greater Manchester VCSE commissioning framework ([Greater Manchester VCSE Leadership Group and Joint Commissioning Team of the Greater Manchester Health and Social Care Partnership 2021](#)) as a model for working with the VCSE sector.

The framework is a co-produced strategy for working with the VCSE sector in the ICS. It covers key areas of activity, such as investment, that are fundamental to the effective contribution of the sector. A key ethos of the Cheshire and Merseyside ICS is a commitment to prioritising decision-making at place level. This has meant considering how a VCSE commissioning framework can be developed and applied within the context of individual places.

An example of this has been work on the transformation of health and care in Sefton ([Voluntary Sector North West 2021](#)). Applying the same principles used for developing the Greater Manchester VCSE commissioning framework, VCSE, NHS and local authority leaders developed a document through engagement and consultation that describes the role of the voluntary, community and faith (VCF) sector as a partner in health and care, the contribution of VCF estate to place-based delivery, the contribution of the VCF during Covid-19, and the importance of working with the established social infrastructure and VCF sector networks. It also includes a set of recommendations for developing mature relationships between the local VCF sector and the local place-based partnership.

Locally there is a commitment within the integrated care partnership and Sefton Health and Wellbeing Board to work with the sector on the recommendations. The findings and recommendations are also being used in discussions and consultations with the Cheshire and Merseyside ICS and in the development of place-based partnerships across the region.

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- Consider opportunities that engender collaboration between different VCSE organisations or that support the co-design of solutions, building on local capacity and strengths.

Example approaches:

- co-designing grants schemes using data and intelligence from the VCSE sector to target local needs
- innovation partnership procurement – a model in which the VCSE sector can be engaged in or lead on the design.

- Invest in understanding and evidencing the role and contribution of the VCSE sector.

Example approaches:

- mentoring or buddying schemes between VCSE and NHS and local authority leaders within the ICS
- mapping VCSE sector provision.

- Be explicit about the key issues the system is struggling with, where there are gaps in provision or support, including what data, evidence or outcomes are meaningful and why. ICS leaders should ask VCSE leaders about how they could contribute to addressing these issues.

Example approaches:

- engaging early – thinking about what each stakeholder has to offer
- designing services as an ongoing process with a focus on outcomes – building in learning from VCSE organisations and adapting service delivery to meet needs.

Case example: H4All, North West London Integrated Care System

H4All is a collaboration of VCSE sector organisations operating in North West London that aims to engage VCSE sector organisations in local decision-making and service transformation. Early on in H4All's journey the leaders involved recognised the value of them each attending the local partnership board meetings. This enabled H4All's leaders to build relationships with the chief executives of local clinical commissioning group and NHS trusts, to develop an understanding of the issues that the system was dealing with, and therefore how the VCSE sector could contribute.

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One of those issues was pressure on hospital beds. Discussions highlighted two factors that were contributing to the pressure. They were people being admitted to hospital who could have been cared for at home, and the hospital being unable to discharge people to suitable support or accommodation. The approach to addressing these had largely been focused on reactive rather than proactive solutions. Focusing on one of these areas, H4All looked at models for preventing hospital admissions, including a model to address the needs of high-intensity service users and active case management for people with long-term conditions, as these groups are most at risk of admission to hospital. The organisations in H4All already had similar projects running and understood that investing in preventive approaches could help to reduce the number of admissions to hospital. With some business management support provided through a National Lottery Community Fund grant programme, H4All members were able to develop five business cases and received funding for four of them. This enabled the ICS to expand existing approaches that had proven to be effective and that were able to prevent, rather than simply respond to, demand.

- Consider how services commissioned from the VCSE sector fit within the context of other NHS and local authority services and care pathways. What can be done to optimise uptake of these activities?
 - Example approach:
 - creating a single point of access by which services provided by multiple organisations, including VCSE organisations, can be accessed.
- National charities operating at a local level or with local branches can play a key role in creating connections to 'open the door' to strategic forums and relationships, which could be beneficial for other VCSE organisations and could support local VCSE leadership more widely. This can include sharing expertise and resources, and convening to support co-design of services and delivery.

Sharing data, insight and intelligence

It is vital to have good mechanisms, processes and agreements in place between the NHS, local authorities and the VCSE sector to facilitate key functions of ICSs, including understanding the needs of the local population and services required, informing population health management, and supporting specific functions such as social prescribing. However, most ICSs are in the very early stages of understanding

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how to share data, intelligence and insight with the VCSE sector. Each action recognises that creating an inclusive data-sharing environment is mutually beneficial for organisations commissioning and designing services and for those seeking to understand and respond to population needs.

Leaders within the ICS and those within the wider VCSE sector can take the following actions to facilitate greater data-sharing.

- Identify what information relevant VCSE organisations hold in relation to individual workstreams and programmes, taking account of how data is captured, processed, and used.

Example approaches:

- developing a community insights system
- obtaining data and supporting engagement with marginalised communities to enable greater inclusion.

- Develop joint approaches to data-sharing that include the VCSE sector. This includes supporting VCSE organisations to contribute to existing mechanisms for data-sharing, as well as involving VCSE organisations from the outset in developing new mechanisms.

Example approaches:

- co-designing policies on data-sharing
- adopting a common platform for shared care records.

Case example: Harlington Hospice, North West London Integrated Care System

Hospices form an integral part of end-of-life care pathways. Providing care relies on having the right information about the people needing care and the services they receive.

Coordinate My Care (CMC) is a project that Harlington Hospice has been involved in. It aims to support data-sharing across organisations to join up care delivery and inform service planning and population health management. This involves a single care plan for people who need end-of-life care that is available to organisations involved in end-of-life care across London.

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The governance ensures that all organisations that have access to CMC have the correct data-sharing agreement and that a data impact assessment is carried out. The hospice, as with other VCSE and private sector organisations involved, is able to input updates, which are then shared automatically with other organisations and teams providing care for a patient. This reduces duplication, and gives greater confidence in the quality of the data as processing is minimised. The system can also be accessed through a range of platforms including a web-based platform, which makes it more accessible for VCSE organisations.

CMC has been superseded by a new platform, Better Care, but the learning from CMC is being applied in developing Better Care. For example, it's been important to have strong clinical leadership to define what data needs to be collected and ensure it supports clinical care across different organisations. In addition, there has been attention to how the data flows, which ensures that the processes for inputting and extracting data are robust and proportionate for the organisations involved, building confidence in the quality and use of the data and reducing duplication.

- Build use of data into commissioning processes – this includes identifying what data the VCSE sector holds to support commissioning aims, gaps in data and ways in which data could be obtained to fill those gaps.

Example approaches:

- developing a system insight group – bringing different system partners together with a vision to develop a culture of insight-led decision-making
- adopting a balanced scorecard approach – bringing together different sources of existing patient and user insight to inform system improvement management.

- Identify how to maximise use of different types of data.

Example approaches:

- using different data-capture systems for qualitative and quantitative data.

- Maximise the capacity of the VCSE to collect and use data that supports system aims.

Example approaches:

- co-designing data outcomes, including developing data-capture systems
- using cross-organisational capacity and capability to capture and use data in the VCSE sector.

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Case example: Age Well East, Suffolk and North East Essex Integrated Care System

Age Well East has been working on a solution to capture data on the care provided by the VCSE sector in order to understand people's needs, as well as to identify gaps in provision across the ICS. Traditional means of doing this often focus on collecting patient-level data, which requires each organisation involved to have a data-sharing agreement in place. However, this has proven difficult to achieve.

Like many local VCSE organisations, Age Well East reaches many people in the community through the volunteers it supports. While this may not capture every individual they reach, Age Well East identified that capturing the presence and activity of volunteers could provide a mechanism for identifying where and what type of support is currently provided and where there are gaps. To test this approach, it built a relationship with the data analytics team at East Suffolk and North Essex NHS Trust. The first step was to develop a tool within Age Well East that could capture where its volunteers were operating and the care the volunteers were providing – such as befriending support for people with dementia. The trust provided support to create a 'black box' through which data from the charity's CRM platform can be anonymised. Power BI is used to support ways of visualising the data including mapping. The work has been achieved with the support of a graduate volunteer with the charity, and the trust has provided additional support in the form of some coaching.

Being able to present data in this way has enabled better conversations about where there is need and where there is available support provided by the VCSE, resulting in further investment. The local authority and NHS trust are already working to develop a single data warehouse that will include their own volunteers. The aim is that if they are also able to capture and integrate data from volunteering in the VCSE sector, they would be able to look at the landscape for volunteering across the whole ICS, and have the opportunity to have more informed commissioning decisions.

Funding and sustainable investment

The barriers and challenges in this area limit the ability and opportunity for the VCSE sector to contribute by failing to reflect its costs and capacity in the procurement processes and allocation of funding. They can also constrain both the potential to develop more sustainable approaches to working with the sector and its potential contribution to addressing areas such as prevention and the wider

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determinants of health, which are integral to addressing key system issues such as demand for services.

Leaders within the ICS and those within the wider VCSE sector can take the following actions to develop new approaches to funding.

- Develop a policy that recognises and appropriately reimburses VCSE leaders for engaging in system-level activities.

Example approaches:

- payment based on contributing to strategic partnership working as part of a programme of work, rather than on attending individual meetings.

- Identify ways to move from providing one-off funding of VCSE organisations to longer-term investment in the sector.

Example approaches:

- allocating a percentage of funding streams for investment in the VCSE sector
- long-term contracting.

Case example: One Devon, Devon Integrated Care System

In 2020, NHS England issued guidance in the form of a framework for transforming community-based mental health services and invited organisations to submit plans to secure funding at a local level to support implementation. Core to this framework was that the transformation should be a system response, with an expectation that NHS providers would work collectively with VCSE organisations. When Devon ICS submitted its plans, they were clear that the ICS would work with the VCSE as equal partners, and outlined that a good proportion of the funding would be invested in the VCSE sector. The agreement to do this was in part a reflection of local governance arrangements, in part because of the specifications of the proposal, and also because an established way of working across Devon gave the ICS the mandate to say that this was being true to how it wanted to develop.

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After receiving the funding, commissioners in the ICS started to work with the VCSE sector, co-designing an approach to deliver the plan, and working to the strengths of the organisations involved. The NHS commissioners involved took the position that it was not their role to say who organisations worked with or how those organisations chose to deliver the services. The commissioners had a vision of where they wanted to go, but collectively the organisations involved worked together to shape what that looked like. The service specification served as a means of demonstrating how they could all work together, but ultimately the aim was to develop a strategic partnership that would work together and grow in what they do. Core to this was thinking about long-term sustainability and business development outside of the transformation funding, and how to tap into and leverage all the resources available locally, regionally and nationally.

The ICS has committed to investing approximately 25 per cent of the funding they received from NHS England to deliver the community mental health transformation framework in the VCSE sector over three years. At the time it was not known if this funding would be sustainable, but it covered three years and therefore was a shift from the traditional annual cycle of commissioning or use of short-term grants that many VCSE organisations were subject to. Subsequent confirmation of the future of the transformation fund provides more certainty for long-term, sustainable relationships with the VCSE sector.

- Explore and diversify funding models for the VCSE sector that recognise and build on areas of strength.
 - Example approaches
 - Developing a workstream focusing on prevention.
 - Using social impact bonds – a funding model that supports partnership working through a clear focus on delivering defined outcomes.
 - Micro-commissioning for social prescribing – a model for funding individual activities in the community.
- Make the connection between key strategic leads in the ICS and VCSE leaders, including those in infrastructure bodies and VCSE alliances. This should include operational functions such as finance, as well as work programmes.
- Invest in business development capacity for the VCSE sector to maximise the efficiency and effectiveness by which VCSE organisations can support system aims.

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- Consider where support for contracting could increase and enable investment in the VCSE sector including in smaller organisations. Mechanisms could include capacity for managing contracts, grants and procurement, and involve intermediary organisations such as infrastructure bodies.

Case example: Calipso, West Yorkshire Health and Care Partnership

In West Yorkshire, local VCSE organisations were increasingly involved in providing specialist services such as children's support, with some organisations delivering complex contracts but with funding subject to repeated review and extension of individual contracts. This contributed to a high level of insecurity for staff and clients. Commissioners recognised the need for oversight but that enacting this through contracting could have negative consequences on provision of the care.

In Calderdale, a charitable body called Calipso was set up. Calipso is a consortium of VCSE providers and organisations that acts as a procurement vehicle for the VCSE sector. Calipso can tender for any managed public sector contracts on behalf of a consortia of local VCSE organisations. This approach benefits commissioners because Calipso is overseen by the local infrastructure organisations that act as an intermediary between commissioning and delivery, thus providing support for oversight and monitoring. It also reflected the aim of local commissioners to have fewer contracts, or to have contracts with a consortia or a supply chain of providers. Any organisation can be a member of Calipso and can jointly bid for available tenders.

This approach has been piloted on a contract for mental health provision. The mental health transformation team were constrained in being able to actively oversee the delivery of a service that was VCSE led, but the infrastructure organisation was not and was able to provide appropriate assurance and an agile response to issues. As a result, the contract has moved to a two-year commissioning cycle and the service was successfully re-commissioned because the commissioners were happy with the oversight and connection.

Working across the scale of the VCSE sector

A common barrier across all three of the above areas is how to engage with the scale and diversity of the VCSE sector.

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Leaders within the ICS and those within the wider VCSE sector can take the following actions to support wider more effective engagement.

- Review capacity to engage the VCSE sector across the ICS footprint, identifying gaps and opportunities to support VCSE alliances or investment in infrastructure organisations.
- Identify if and how different types of VCSE organisation are currently able to contribute to or be involved in work within the ICS and where there are gaps or current arrangements are not working well.
- Recognise that it is impossible for each individual VCSE organisations to be at every table. However, it is important to strive for inclusivity as much as possible. VCSE leaders involved at a strategic level should seek to continuously reach out, engage more widely and provide opportunities for involving VCSE organisations from across the sector.

Case example: Community Action: MK, Bedford, Luton and Milton Keynes Health and Care Partnership

Community Action: MK is a local VCSE infrastructure organisation that has been moving towards greater partnership working and supporting VCSE organisations to come together. One of the ways it is doing this is by supporting the start-up of lots of 'thematic networks' across the city to bring people together around certain themes. Current networks include a young people's mental health network, an intercultural forum and an adult mental health alliance. Community Action: MK is also involved in promoting established networks led by other organisations, including a homelessness partnership and an Arts and Heritage Alliance network.

One area of focus is health, and particularly mental health. As an infrastructure body, Community Action: MK has been working closely with Central and North West London NHS Foundation Trust, a local mental health and community service provider, to develop community-based mental health support. This has included distributing funding to support smaller grassroots community groups that wouldn't necessarily have been able to access funding or get involved in such projects otherwise.



NHS England, other national bodies and funders

ICSs place an emphasis on local leadership and developing local solutions. Our case examples reflected localised or bottom-up approaches on which integration was being built, providing a basis for embedding the VCSE sector in the ICS. However, there are several areas where NHS England and other national bodies can play a role in mediating some barriers and challenges that influence integration and facilitate approaches to addressing others.

- Support the development and evolution of VCSE alliances – VCSE alliances play an important role in creating an interface between the ICS and VCSE sector. Further support and considering different approaches to alliance building may be beneficial, particularly in areas where there is no, or disputed VCSE leadership. Policy-makers should also seek to identify and share mechanisms for sustainable funding of the VCSE sector, particularly in relation to activities in support of wider strategic aims.
- Set expectations for investment in the VCSE sector from new funding – the community mental health transformation programme came up as a positive example of supporting integration of the VCSE sector. A key factor was that the programme specification outlined a clear expectation that transformation required involvement and investment in the VCSE sector. In other interviews we heard that new or transformation funding, such as winter pressures funding, can have a role in supporting VCSE investment.
- Provide flexibility in funding programmes – a key factor in being able to invest in the VCSE sector was that new funding was not overly specified in terms of what and how it could be spent. This provides an opportunity to do things differently and co-design solutions with the VCSE sector.
- Address funding timescales – new funding can play an important role in supporting investment in the VCSE sector, yet the requirements of national programmes, for example winter pressures funding, often preclude early involvement of and co-design with the VCSE sector because of the short timescales in which commissioners are expected to allocate and spend the money. National bodies and funders should recognise the impact of this at a local level and seek to ensure realistic timescales for effective involvement wherever possible.

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- Providing grants that support access to expertise – several of our case examples had benefited from grant funding that primarily provided expertise – such as business support or technical support – as opposed to funding. The ability to match and influence providers of expertise with grant awardees and co-design solutions was identified beneficial.
- Developing policy and guidance to support ICSs to build their approach to working with the VCSE sector – the involvement of VCSE organisations within formal ICS structures is open to local determination. However, national guidance has set clear expectations around their involvement in governance and in delivering key workstreams. National bodies should identify where and how policy and guidance can support further progress while recognising that solutions may vary depending on context, VCSE capacity and local relationships.
- Consider VCSE alliances within the context of provider collaboratives – while the VCSE alliances and provider collaboratives reflect different policy ambitions, at a local level, the emergence of NHS provider collaboratives is leading VCSE organisations to consider how they organise and operate at a strategic level as providers. In some areas this is leading to the development of VCSE provider collaboratives.
- Explore how VCSE sector data can be better reflected in financial reporting systems – at a local level, systems understand investment by using financial data and reporting. At present, the financial reporting requirements do not include a code that would enable investment in the VCSE sector to be pulled out.
- Ensure a whole-systems approach to policy-making – some of the barriers that ICSs face in embedding the VCSE sector result from having to retrofit the VCSE sector into local systems and infrastructure that have been built without due recognition or understanding of their role and contribution as system partners. Where it is core to effective functioning for system working, policy needs to reflect the role of the VCSE sector from the outset. Policy-makers should also review existing policy and processes to identify progress towards embedding the VCSE sector and to support further policy or process redesign that could enhance/further that progress.



3 Ways of working

Our research highlighted patterns of working that facilitated more equal partnership were common to many approaches to addressing barriers to joint working. Committing to these ways of working could, in some cases, mitigate multiple barriers as partners are able to navigate challenges and identify solutions together.

This section outlines some of the ways of working that can facilitate progress.

- Co-design and co-production – both these approaches start from a position of all those involved owning a particular aim or issue and seeking to come up with a solution together. It is not surprising therefore, that many of the examples of how people are mediating barriers and challenges have been facilitated through co-design or co-production.
- Early involvement – many challenges can be mitigated by involving the VCSE sector early in planning, design and decision-making. This provides time and space to consider the given parameters of an issue and raise suggestions or requirements for making things work in practice. This is particularly important when decisions involve or directly impact on VCSE organisations.
- Seeing design and delivery as an ongoing rather than one-off process – many barriers and challenges can be mapped to different parts of the process of planning and delivering care. Currently, these processes tend to present as one-way transactions between statutory functions and VCSE organisations. However, our examples highlight how processes can be optimised by adopting an iterative and developmental approach to working together. Underpinning this is a commitment to developing a strategic partnership over time and adopting a learning approach while having clear mechanisms for accountability.
- Being ‘in the room’ – purposeful approaches can help to bridge divides between statutory functions and VCSE organisations. However, it is also effective just having the relevant stakeholders ‘in the same room’ so everyone is party to the same information and conversations. This works both with VCSE sector representatives attending ICS meetings and vice versa). Importantly, not everyone can be ‘in the room’, and mechanisms to share information more widely or to be involved are equally important.



- Building understanding across sectors – many of the barriers and challenges come from a lack of understanding of each other's respective realms. The framework outlines several ways organisations and leaders can build understanding, which often comes from working together, and listening and sharing each other's ways of working and constraints without seeking to directly advocate or influence. This needs to happen at both leadership and operational levels.
- Recognising the different facets of the VCSE sector – VCSE organisations play a key role in providing services and support; in capturing and sharing intelligence and insight; and as a route for engaging with communities. Some of the barriers and challenges come from seeing all VCSE organisations through a single lens, rather than how they contribute across each of these areas. Core to this is seeing VCSE organisations as an integral part of the local system – with their own data, resources, skills and strengths.
- Recognising capacity limitations of the VCSE sector – for the most part, VCSE organisations are smaller and have less capacity than their statutory counterparts. This is particularly notable with regards to wider organisational support and infrastructure. Many of the barriers and challenges are a direct reflection of this. Statutory bodies including ICSs need to identify how they take this into account in each area of their work, and how resources across the system are distributed and shared to optimise opportunities for involvement and integration.
- Allocating time, resources for activities to develop and maintain relationships – a common thread to addressing barriers and challenges is setting aside time and resource to 'do the work' that supports partnering. This can be difficult to conceptualise and presents considerable challenge given wider pressures. However, most approaches to addressing the barriers and challenges outlined in the framework are likely to be limited or unsuccessful without this.

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4 Embedding the VCSE sector

The actions outlined in section 2 and associated approaches reflect ways of addressing individual barriers to joint working, many of which exist or are experienced at an operational level.

Learning collated from the first cohort of the NHSE VCSE leadership programme ([NCVO 2020](#)) identified five components that underpin the process for successful partnership working between statutory and VCSE sector organisations within ICSs. These were:

- building relationships
- developing a shared vision and values
- principles for joint working
- investment and resources
- strong leadership.

Our work identified several actions at a more strategic level, that align with those of NCVO. These actions can support and spread efforts that are being taken to address barriers at an operational level by building new ways of working into the infrastructure of ICSs.

Actions that ICS and VCSE leaders can take at a strategic level include:

- having a dedicated lead for the developing the VCSE sector within the ICS
- embedding VCSE sector representation at a strategic level in the ICS – eg, on work programmes, on the integrated care board and in key operational functions such as finance and workforce planning
- co-designing ways of working including:
 - a set of shared expectations for the role and contribution of the VCSE sector in the ICS
 - principles for joint working on programmes of work

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- developing a common vision for the VCSE sector and a sector-wide voice
- establishing a clear role for VCSE representatives and how they create an interface between the ICS and the VCSE sector and enable reach to the wider insight and views of the sector
- review contracting processes to support greater inclusivity of the VCSE sector.

Case example: Harnessing the Power of Communities, West Yorkshire Health and Care Partnership

Harnessing the Power of Communities (HPOC) is a dedicated programme responsible for strengthening the position of the VCSE sector across the local health and care system in West Yorkshire. HPOC influences governance and decision-making processes in the ICS including funding and commissioning, shaping services and being an equal partner across the system. HPOC evolved from an ambition to have a strong VCSE voice in shaping the partnership, which led to advocating for a paid role when it became clear of the need for dedicated capacity to make it happen. From the outset the aim has been to turn the work of the VCSE alliance into a strategic approach. HPOC supports a range of approaches including:

- building VCSE representation at each strategic level of the ICS
- establishing principles around allocating new funding for the VCSE sector
- developing a prevention workstream
- reviewing commissioning processes with a focus on creating greater inclusivity of VCSE organisations
- making a commitment to VCSE sector investment.

The work of HPOC has been multifaceted, and within this they have tried and tested a range of approaches to understand what works and what is needed to transfer a set of principles of working across the ICS.

5 Leading change: making a start and maintaining momentum

...it's important to recognise we all started from point zero. There was a strong voluntary sector voice in terms of shaping how our partnership moved forward in those early days and advocating for a paid role. It became clear that actually this role was a full-time job to make stuff happen and then building on that to move to it now being integrated within the system as a function. It's really important to recognise it's a journey because often people say, oh, we want to do this and I'm like, but you need to go on a journey to get here.

ICS lead for VCSE integration

A key feature of our interviews with people leading work to address the barriers to working with the VCSE was the 'journey'. For each, progress reflects their own routes drawn from the relationships they had in place at the start, and those they have built along the way. While each journey is different, some overarching features stand out and can provide a helpful navigation tool for others.

This is an iterative process that takes time. The formalisation of ICS structures provides new impetus and opportunity to consider how different stakeholders including the VCSE sector, contribute to local health and wellbeing. However, it is important to recognise that work to support integration and involvement of the VCSE sector has been ongoing for many years with variable levels of success. A consequence of this is that while ICSs may be new, many of the relationships within local areas remain the same. Leaders within the ICS and those within the wider VCSE need to recognise this as an opportunity to own and tackle issues together for the benefit of the populations they serve. However, for NHS and local authority ICS leaders this means acknowledging that engagement in that process, particularly among VCSE leaders, is likely to be influenced by previous experiences, while for VCSE leaders it may mean having to go through the same processes of relationship building as before.

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A lot of the work of integrating the VCSE sector within local systems starts from the ground up. Within this there is considerable variation, in terms of VCSE organisations coming together to develop a shared vision; at place and ICS level in terms of understanding and readiness to engage with VCSE organisations as a sector; and within the context of different areas of work. Learning from the case examples suggests that VCSE leadership is a key component in this work, particularly in being able to present a vision or approach that is shared across organisations. At the same time each ICS needs to create an open door for this work and conversations, and to act as an enabler by adopting and supporting work led by the VCSE within the wider work of the ICS, making the right links within the system and resourcing it accordingly.

There is often no ideal starting point. The establishment of ICSs and their ambition to support integration across local systems doesn't change that they are trying to do this with the same processes and infrastructure. Learning from case examples suggests that in the short term this means that VCSE sector and statutory leaders are often faced with finding solutions that stretch or evolve the parameters of what's already there or finding 'work-arounds'. This is in part about holding a vision for integrated working, while being realistic about what can be changed within a given timeframe and taking steps forward that facilitate that aim. The iterative nature of these journeys means that in practice, small changes facilitated through collaborative working and developing shared solutions, can help build momentum and be the platform for more fundamental change.

No one approach is a solution on its own. While the framework provides a range of different approaches to integrating the VCSE sector, the case examples suggest that ICSs need to test and try different things. Key to this is co-designing solutions with the VCSE sector. This is dependent on there being support and infrastructure to work across VCSE organisations and that relevant parts of the ICS, whether strategic, individual programmes or at place level have the requisite understanding of and readiness to engage with and support the work.

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About the authors

Helen Gilburt joined The King's Fund in 2013 as a fellow in health policy. She has expertise in health service research and a particular interest in mental health and involvement of patients and the public. She has led on a number of publications produced by The King's Fund, including *Investing in quality: the contribution of large charities to shaping future health and care*, *Modelling excellence in the charity sector* and *Adding value through volunteering in NHS trusts*.

Shilpa Ross is a fellow in the policy team at The King's Fund and works on a range of health and social care research programmes. Most recently she led the Fund's research projects on strategies to reduce waiting times for elective care and the experiences of directors of public health during Covid-19. Topics of her other recent reports include workforce race inequalities and inclusion in the NHS, the role of volunteers in the NHS, and transformational change in health and care.



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The King's Fund is an independent charity working to improve health and care in England. We help to shape policy and practice through research and analysis; develop individuals, teams and organisations; promote understanding of the health and social care system; and bring people together to learn, share knowledge and debate. Our vision is that the best possible health and care is available to all.

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Integrated care systems (ICSs) form the basis of a national vision for planning, developing and leading a strategic approach to addressing wider health, public health and social care needs of local populations. Key to achieving this is that ICSs work with the organisations that contribute to those aims, and this includes organisations in the voluntary, community and social enterprise (VCSE) sector. But how can ICSs and the wider VCSE sector overcome the barriers to better partnership working?

This report looks at solutions for addressing barriers to better partnership working in three areas:

- commissioning, service design, and delivery
- sharing data, intelligence and insight
- funding and sustainable investment.

The authors identify a range of actions that leaders in ICSs and in statutory and VCSE sector organisations can take to start to engage with addressing each barrier. The report also includes actions that can support leaders to work across the scale and diversity of the VCSE sector.

The report is supported by a resource, *A framework for addressing practical barriers to integration of VCSE sector organisations*, which is available on the FutureNHS platform.

