

Medway and Swale Voluntary and Community Sector Strategic Framework:

**Statutory organisations, Voluntary and Community Sectors
working together to build resilient communities**

Our Vision

**To build strong and resilient communities supported by a thriving Voluntary
and Community Sector putting prevention at the heart of health and care
services.**

1. Overview

What is the purpose of the Strategic Framework?

This framework aims to support effective working relationships between the public and voluntary, community and Social Enterprise sectors (VCSE) at a time of decreasing resources. During the covid pandemic positive partnerships were seen both at a senior leadership and strategic level, and also in specific projects where public sector health and care staff alongside VCSE organisations have been working together closely and had developed considerable trust and respect. It is seen as essential by the Medway and Swale Health and Care Partnership (H&CP) that the skills and capacities of the VCSE are recognised and supported in order that VCSE organisations are acknowledged as having distinct features which enable it to make contributions to health and wellbeing within the local communities. This framework will build on the work of the Memorandum of Understanding (MoU), a written agreement between the Statutory, Voluntary and Community Sectors and other partners of how they will co-operate aims to go further in setting out a number of actions that will help us achieve our shared aim of strong and resilient communities supported by a thriving Voluntary and Community Sector (VCS).

Background

The framework is being produced at a time when all organisations are facing acute financial challenges as well as recovery challenges posed by the COVID pandemic. Funding from central government may be harder to access while the cost of providing essential services and demand for these services is expected to go on rising. The need for resilient communities that can support themselves and the need for radical innovation in service design and delivery has never been greater. The VCSE has played a huge part in supporting the Medway and Swale communities over the last year and it is widely acknowledged that without the partnerships that are formed the impacts of COVID would have been far greater. The sector already supports communities in areas as diverse as health and social care, the environment, sports and the arts and is an essential component of a strong and vibrant society.

Statutory organisations are increasingly adopting a commissioning approach to address needs and deliver services using public, private and VCS providers. Commissioners, the VCS and the private sector need to embrace the learning of partnership working from the COVID response to further explore how to operate effectively together in this new landscape. In producing this framework it is recognised that one size will not fit all. The VCSE in Medway and Swale is large and extremely diverse with an estimated 1500 VCSE organisations. Equally the statutory organisations landscape in Medway and Swale is highly complex, with Medway holding single unitary authority and Swale having upper and lower tier authorities, as well as the clinical commissioning group, the Health and Care Partnership and nine Primary Care Networks (PCN).

The implementation of Integrated care Boards (ICBs) are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

The Integrated care boards will be statutory organisations that bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnerships across the ICS. Each ICB will set out its governance and leadership arrangements in a constitution formally approved by NHS England and NHS Improvement. While preparations for these new arrangements are being made, all NHS organisations will continue to operate within the current legislative framework retaining any governance mechanisms necessary to maintain operational delivery (including patient safety, quality and financial performance).

ICBs will be able to arrange for functions to be exercised and decisions to be made, by or with place-based partnerships, through a range of different arrangements. The ICB will remain accountable for NHS resources deployed at place-level, proposed governance arrangements are currently being worked through.

The Medway and Swale Health and Care Partnership (H&CP-previously the ICP) was set up to join up health and care coordination across local councils, the NHS, and other partners including the VCSE, across the Medway and Swale locality. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care. The H&CP will be responsible for developing a plan to address the system's health, public health and social care needs, which the ICS NHS body and local authorities will be required to 'have regard to' when making decisions. The membership of the partnership and its functions will not be set out in legislation – instead, local areas will be given the flexibility to appoint members including wider system partners such as Healthwatch, voluntary and independent sector providers and social care providers.

To be updated as governance arrangements unfold

This framework will recognise the opportunity to develop mutual understanding between public and VCSE organisations, particularly helping the sectors to reflect on and understand their current pressures and priorities as a basis for future joint working.

The opportunities for VCSE partners to help shape the future of individuals and communities in Medway and Swale in partnership with Statutory organisations are set out below, followed by examples of ways the Statutory organisations can work with a vibrant and effective VCSE and enable both sectors to develop the resilience of communities across Medway and Swale.

2. The Strategic Framework

This Framework represents a new approach for public sector partners in their relationship with the VCS. Statutory partners will be asked to formally sign up to the Framework through their own organisational governance mechanisms.

XXXX will be asked to sign up to the Framework as representatives of the diverse VCS sector, although individual VCS organisations may also wish to formally commit to the Framework.

Section 4 sets out the opportunities for VCS partners to help shape the future of individuals and communities in Medway and Swale in partnership with the statutory organisations.

In signing up to this Framework public sectors partners will agree to undertake an annual self-evaluation of their success in implementing the Framework. These evaluations will contribute to a “State of the Sector” report by Population Health Management Steering Group to the Medway and Swale Partnership Board and the Voluntary and Community Sector via XXXX forums

3. The Framework

3.1 Relationship with the Medway and Swale Memorandum of Understanding

This Framework builds on the Medway and Swale Memorandum of Understanding document. This Framework builds on the Memorandum of Understanding but does not replace it. Statutory organisations adopting this Strategic Framework are also expected to adopt The Medway and Swale Memorandum of Understanding, and require their contractors to do so where appropriate.

3.2 Independence of the VCS

In adopting this Strategic Framework statutory organisations will respect the independence of VCS organisations to determine their own aims and objectives.

Well-run local infrastructure organisations are important for enabling the VCSE sector to contribute to strategic engagement through the H&CP board, JSNAs and key local strategies. Agreed representatives from the VCSE will act as independent board members at the H&CP board and the Population Health Management steering group with understanding that they will consult with the wider VCSE organisations to ensure involvement in strategic planning and feeding back on decision making.

3.3 Commissioning **TO BE UPDATED WHEN GOVERNANCE OF ICB DETERMINED**

Commissioning is a process that identifies the needs of the population in defined areas and develops strategies to allocate resources in the most appropriate and cost effective way to meet those needs. It encompasses the procurement of services and the evaluation of the impact these services have. It is a cycle of activity that is described in detail in Appendix C. Increasingly statutory organisations are adopting a commissioning-led approach to improving outcomes for individuals, families and communities.

Commissioning arrangements under the ICB are yet to be determined. The ICB could arrange for its commissioning functions to be delegated to one or more NHS trust and/or foundation trusts, including when working as provider collaborative (this would require a lead provider arrangement or for the delegation to be to all the trusts involved). ICBs will continue to be held to account for the way in which the function has been discharged. An ICB would have to continue to monitor how the delegation was operating and whether it remained appropriate. Another option would be for the ICB to arrange for its commissioning functions to be delegated to a joint committee of itself and another/other NHS trust(s) and/or foundation trust(s)

this section will be updated as governance arrangements unfold

Commissioners should:

3.3.1 Draw up and adopt a consistent approach to commissioning throughout their organisation

3.3.2 Engage with the VCSE at all stages of the commissioning cycle so that the sector can help to shape the approach taken by commissioners including: analysing need, evaluating

existing service provision, developing the strategic approach, and determining commissioning priorities.

3.3.3 Ensure that there are good and clear lines of communication so that the VCSE is clear, as early as possible, about opportunities and commissioning intentions.

3.3.4 Gather and use the valuable information on need and the views of service users held by the VCS.

3.3.5 Set out a clear approach to engagement and consultation with the sector. For example, will umbrella and representative groups from the VCSE be engaged, or will engagement be with individual groups?

3.3.6 State how they will communicate with and support the engagement of smaller, community based organisations.

3.3.7 Consult in such a way that enables the VCSE to propose new and radical changes in approach.

3.3.8 Value the employment of the local population, use of volunteers, and partnership with local VCSE organisations and aim to incorporate these factors in our commissioning strategies.

3.4. Procurement

Each statutory organisation should:

3.4.1 Ensure that its approach to procurement enables VCS participation on a level playing field with the private and statutory organisations and regularly ask the VCS, and other sectors how they can make their procurement processes more accessible, making improvements wherever possible.

3.4.2 Seek to provide longer-term funding arrangements, ideally for periods of between 3-5 years.

3.4.3 Adopting what we know works well while innovating in areas where outcomes must be improved.

3.4.4 Explain the circumstances that will lead to extension of contracts, and give sufficient notice of the extension or cancellation of grant and contracts.

3.4.5 Encourage organisations responding to tenders employ the local population, use local volunteers, and develop sustainable partnerships with local VCSE organisations wherever possible and appropriate.

3.5 Joint commissioning

Statutory organisations should:

3.5.1 Inform the public when they will be commissioning jointly and what the joint commissioning arrangements are as far as possible in advance

3.5.2 Recognise the benefits of joint commissioning and, wherever possible, seek to collaborate with other public commissioning authorities.

3.5.3 Align commissioning cycles with other public bodies to improve joint commissioning opportunities where possible.

3.5.4 Where appropriate develop lead commissioner roles to simplify the commissioning process.

3.6 Grant funding [To review BCF and add to below including money aligned to social prescribing]

Statutory organisations should:

3.6.1 Publish a clear statement about the principles that will guide their decision-making about when they will use grants rather than a formal procurement process.

3.6.2 Give sufficient notice of grant funding opportunities which are to be awarded through competition to allow VCSE partners enough time to engage effectively and ensure a level playing field.

3.6.3 Provide longer-term funding arrangements where possible, ideally for periods of between 3-5 years, with clear evaluation arrangements.

3.6.4 Set out how they will encourage smaller, community based organisations to engage in grant programmes.

3.6.5 Be as transparent as possible about funding arrangements, including any plans end grant programmes, and communicate this in a timely and honest way.

3.7 A single point of contact

3.7.1 Statutory organisations should identify and publicise single points of contact for each policy area and each procurement process.

3.8 Social Value Social value framework 2020 needs referencing

Statutory organisations adopting the Framework should:

3.8.1 Publish a clear statement setting out how they will apply The Public Services (Social Value) Act 2013.

3.8.2 Include social value in procurement processes (including in pre-qualification questionnaire and award criteria) to value economic, social and environmental wellbeing. This might include a statement setting out the impact of a tender proposal on the local VCS.

3.8.3 Build social value into the commissioning cycle, noting that local authorities are required by law to consider social value prior to procuring a service and aligned to revised planning guidance.

3.8.4 Be clear about how social value has been considered in decision making processes and demonstrate how the economic, social or environmental wellbeing of an area have been improved as a result of a procurement exercise.

3.8.5 Consult the VCS to improve service specifications and better understand the contribution of social value.

3.8.6 Work to embed Social value and Green Space policies into NHS contracts

3.9 Strengthening the sector

Statutory organisations adopting this Strategic Framework should:

3.9.1 Dedicate a health lead in the VCSE sector to ensure that the sector is well engaged in health and wellbeing developments.

3.9.2 State how VCS organisations will be encouraged and supported to work together, including developing consortia and supply chains.

3.9.3 Recognise the challenges faced by smaller organisations and have a clear plan to support their engagement through, XXXX or other umbrella groups.

3.9.4 Work with the VCS to build capacity and identify areas for market development to help VCS organisations to be 'business ready'.

3.10 Volunteering

Statutory organisations adopting this Strategic Framework should:

3.10.1 Develop a strategy or policy approach to increase volunteering, including volunteering by their own employees.

3.10.2 Work to reduce barriers to volunteering by consulting the VCS on relevant policies and providing support, including through grants, for organisations with volunteers.

3.10.3 Value and publicly recognise the contribution of volunteers.

3.10.4 Work with the VCS to ensure volunteering is open to everyone.

3.10.5 Recognise that, while important, volunteering cannot and should not fully replace the existing means for the provision of many services."

4. Opportunities for VCS partners to help shape the future of individuals and communities in Medway and Swale in partnership with the statutory organisations

In order to make this framework effective the VCS is asked to:

4.1 Actively promote the adoption of the Framework and the Memorandum of Understanding with their local partners.

4.2 Work positively and constructively with public sector partners to help them comply with this Framework and the Memorandum of Understanding.

4.3 Engage with commissioners and the H&CP in thinking radically about service re-design and delivery.

4.4 Commit to keeping track of publicly available information about commissioning intentions of the statutory organisations.

4.5 Work in partnership with private sector and other VCS organisations.

4.6 Seek to find ways to deliver improved outcomes, not just continue existing service provision.

4.7 Assist the Population Health Management Steering Group in the writing of the an annual 'State of the Sector' report for Medway and Swale Partnership Board, evaluating, on behalf of the sector, the progress in implementing this strategic framework and other key issues the sector wishes to raise.

5. Next steps

A commitment to working together to build capacity and resilience in our communities needs to be matched by mechanisms that ensure the effective delivery of the principles outlined in this document and a process by which success can be measured and organisations held to account.

To achieve this, Statutory organisations should:

5.1 Sign up to the framework and commit to delivering the principles outlined in this framework by **30 January 2021**.

5.2 Develop strategies, action plans, and/or joint commissioning plans to implement the framework from **31st March 2022** (or earlier).

5.3 Submit an annual self-assessment report to the Medway and Swale Partnership Board by **1 June 2023**.

5.4 Be as open and transparent as possible to allow VCS to hold them to account against the principles set out here.

To achieve this, the VCS, acting together, should:

5.5 Actively promote the adoption of the Memorandum of Understanding and the Framework with their local Statutory organisations.

5.6 Work positively and constructively with public sector partners to help them comply with this Framework and the Memorandum of Understanding, including areas for improvement.

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Overview of appendices

Appendix A: Glossary of key terms

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Commissioning	Commissioning is a cycle (see diagram below) that includes the process of identifying needs within the population and developing policy direction/service models and the market to meet those needs in the most appropriate and cost-effective way.
Contracts	A contract is a formal, legally enforceable agreement with another party by which each party commits to deliver something in return for something else - usually a service in return for payment.
Grants	A grant is an award of money given by an organisation (usually a public sector organisation or a grant-giving trust) to another organisation (usually a voluntary or community sector organisation) to support its work. The grant may partially or wholly support the work of the recipient organisation, or may be tied to a particular purpose such as running a project or delivering a service.
Infrastructure organisation	Civil society organisation whose main or only purpose is to support the work of other organisations in the voluntary and community sector.
Joint Commissioning	This is when two or more organisations work together and pool their resources to co-ordinate and implement a common strategy for commissioning services. An example of this could be the health and social care commissioning a place to meet a child's holistic needs.
Outcomes	The benefits or other effects that are realised as a result of services and activities provided by an organisation. Outcomes can be defined in advance of a project and measured to demonstrate the success of the activity.
Procurement	Procurement is a specific part of the commissioning cycle. It focuses on the process of buying services or goods from initial advertising through to appropriate contract or grant arrangements. The rules and process will be dependent upon the value and nature of the contract. Further details about each organisations approach to procurement can be found on the Organisations' Website
Payment by Results	Payments are made in return for outcomes delivered.
Social Value	Under the Public Services (Social Value) Act 2012, all public bodies in England and Wales are required to consider how the services they commission and procure might improve the economic, social and environmental well-being of the area. This means that whilst value for money will be secured this will be considered alongside other benefits. Social value asks the question: 'If £1 is spent on the delivery of services, can that same £1 be used, to also produce a wider benefit to the community?'