

Norfolk & Waveney's VCSE Assembly

Progress update

Emma Ratzer, Chair Norfolk & Waveney VCSE Assembly



Background and National context

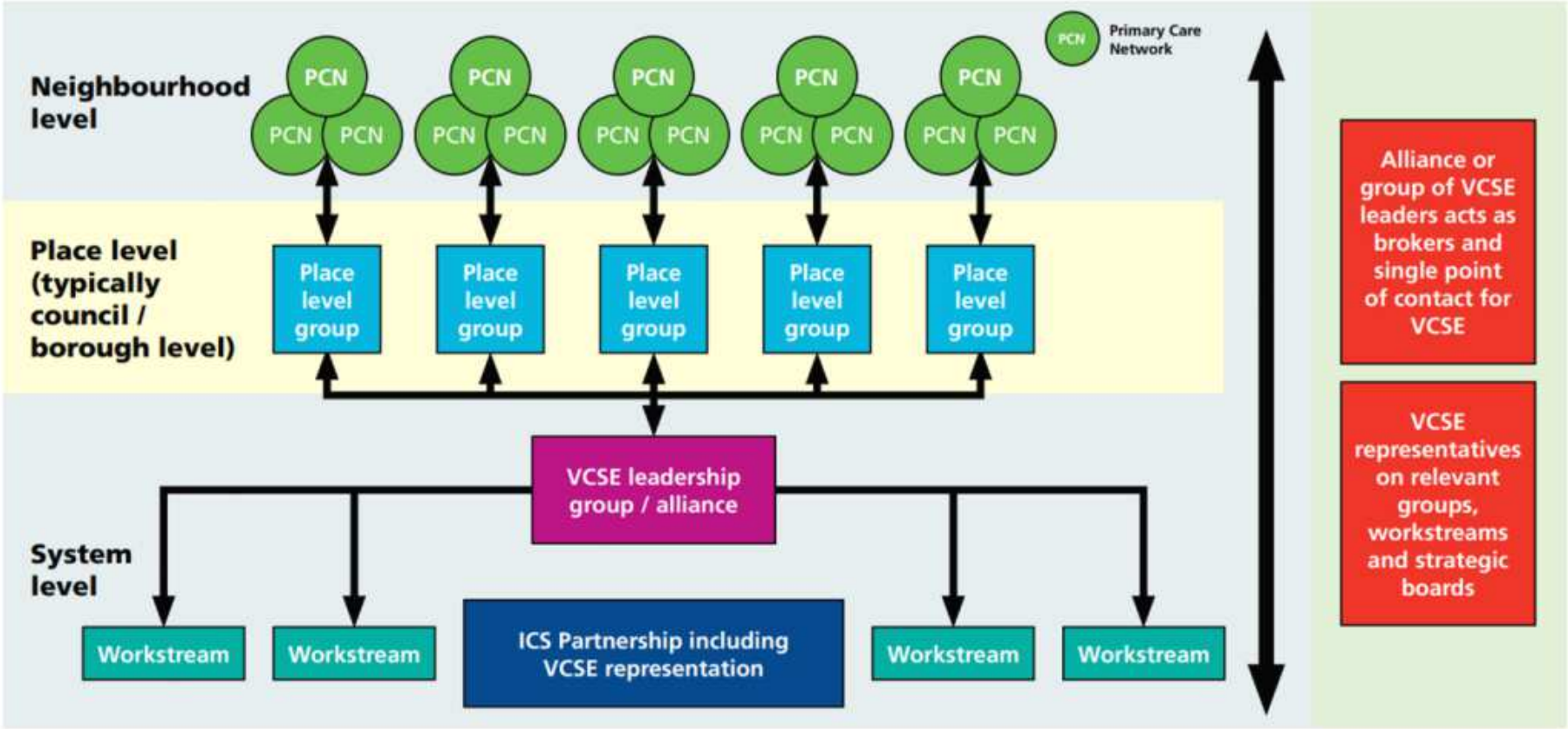
ICS Design Framework published in June 2021,

“The **VCSE sector is a vital cornerstone of a progressive health and care system**. ICSs should ensure their governance and decision-making arrangements support close working with the sector as a strategic partner in shaping, improving and delivering services and developing and delivering plans to tackle the wider determinants of health. **VCSE partnership should be embedded as an essential part of how the system operates at all levels**. This will include involving the sector in governance structures and system workforce, population health management and service redesign work, leadership and organisational development plans”

ICS Guidance VCSE Partnering - required action, by July 2022.

- ICBs are expected to have developed a **formal agreement for engaging and embedding the VCSE sector in system-level governance and decision-making arrangements**, ideally by working through a VCSE alliance to reflect the diversity of the sector.
- These arrangements should build on the involvement of VCSE partners in relevant forums at **place and neighbourhood level**.

Emerging NHSE model for VCSE strategic engagement in an ICS



**N&W ICS will build effective partnerships with the VCSE sector.
This will be achieved through 3 core ICS programmes,**

Programme 1:

*Our ICS
building blocks*

Primary functions & responsibilities

Desired outcomes

**Empowering
Communities
Partnership &
CAS
Support, nurture,
develop**

- Grow and enable volunteering for the ICS.
- Build VCSE sector capacity & capability through practical advice, support & training.
- Advocate widely on behalf of the sector and supporting sector collaboration.
- Raise awareness of and support the sector to access funding and income sources.
- Support the sector to maximise funding to provide sustainability and resilience.
- Provide financial support to VCSE organisations seeking to grow, expand or innovate their services.
- Provide opportunities for the sector to meet & collaborate for peer to peer support, and share insights.

The collective ambition is to embed effective collaboration and partnership working between all ICS partners. Closer working will support us to achieve our shared goals and priorities, and enable our ICS to harness the expertise, insight and innovation of the VCSE sector.

N&W needs a VCSE sector that is vibrant, sustainable and resilient, is seen and treated as an equal partner and fully integrated into our ICS at system, place and neighbourhood levels.

N&W ICS will build effective partnerships with the VCSE sector.

Programme 2:

*Our ICS
building blocks*

Primary functions & responsibilities

Desired outcomes

Norfolk and
Waveney
VCSE
Assembly
***Listen and
involve***

- Develop innovative engagement mechanisms to connect the sector into the ICS, focused on health inequalities and prevention - developed at system, place and neighbourhood levels of our ICS.
- Increase the influence and participation of the sector in the collaborative design and innovative delivery of health and care services within the ICS.
- Lead development of a MoU between ICS partners based on 5 priority areas of; equal partnering, sustainable resourcing, digital integration, data sharing & consistent evidence and evaluation.

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Programme 3:

Our ICS building blocks

Primary functions & responsibilities

Desired outcomes

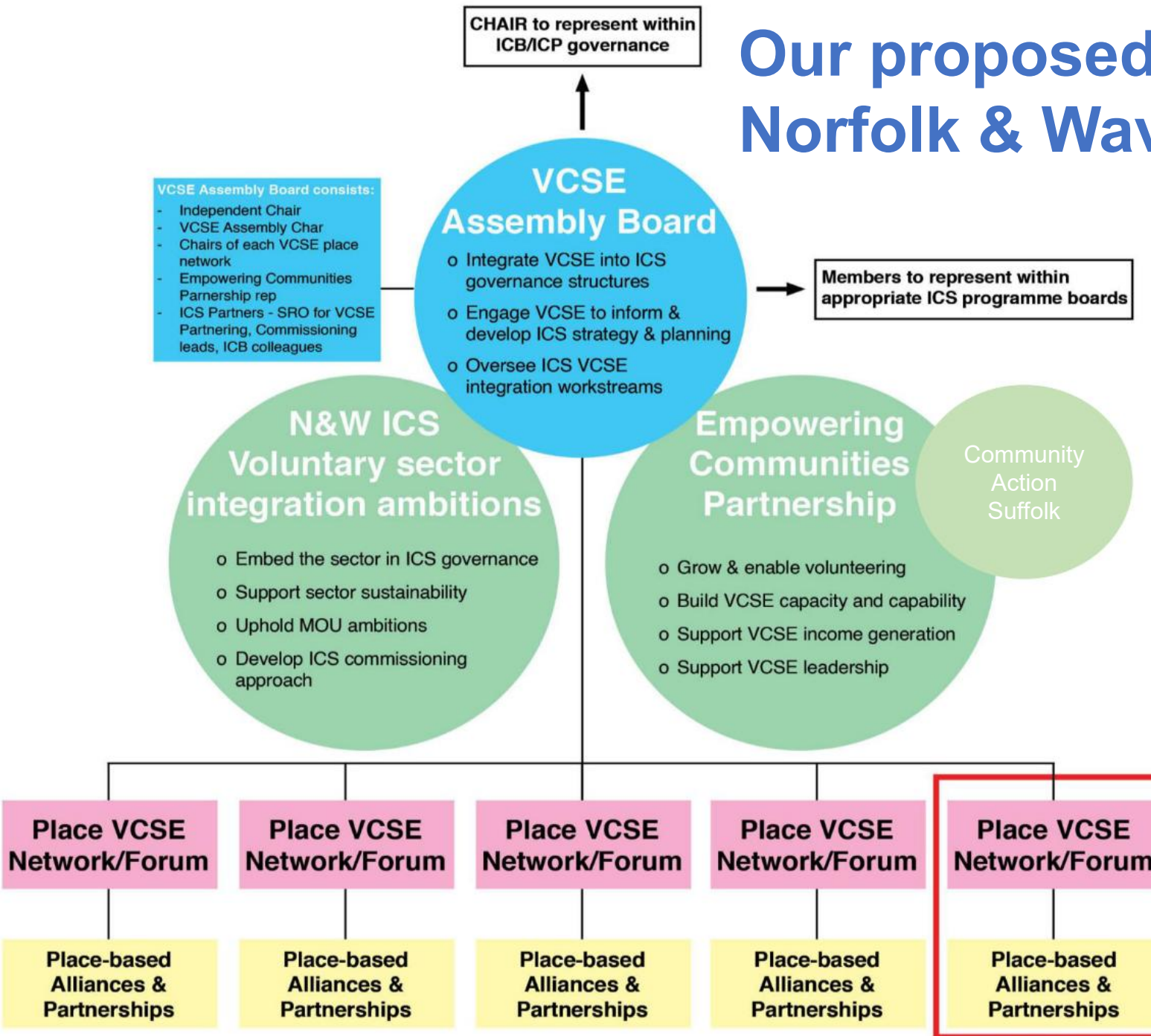
Norfolk and Waveney ICS & VCSE Integration
Collaborate, co-produce & embed

- Embed the sector in ICS governance to ensure involvement in system-wide workstreams, place-based partnerships, primary care networks and provider collaboratives.
- Support sector sustainability through strategic investment and market development.
- Commit to upholding the ambitions of the MoU developed in partnership with all ICS partners.
- Lead a system-wide approach to developing and sustaining effective social prescribing.
- Collaboratively develop a new approach to health and social care VCSE commissioning.

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Our proposed Norfolk & Waveney model



**NB – connection into place-based partnerships will be alongside ‘thematic’ VCSE system forums*



Place VCSE Network/Forum

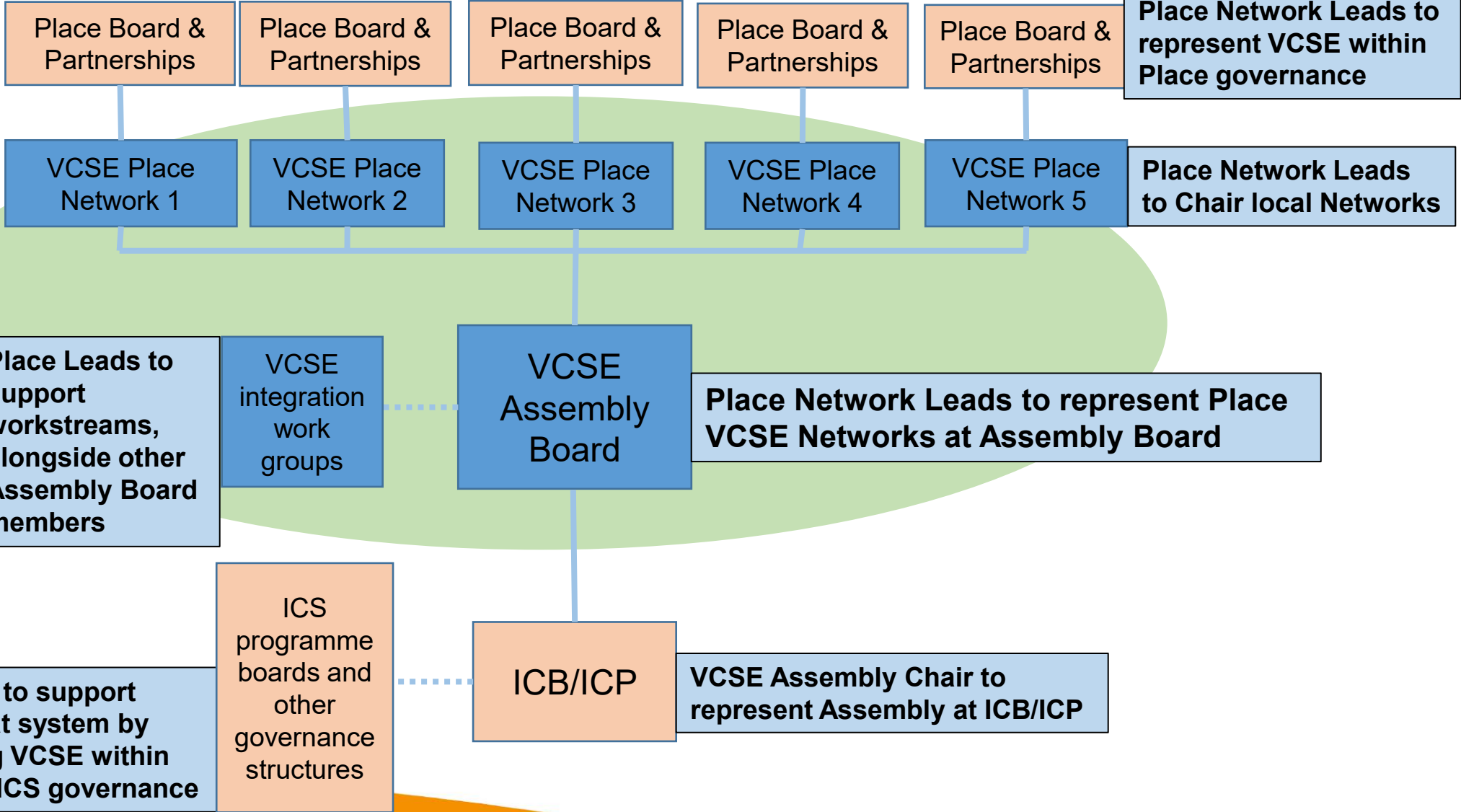
- o Chair - Place-based VCSE leader
- o Support collaboration and co-production
- o Champion and coordinate action against local priorities
- o Develop local sustainable resourcing models
- o Represent VCSE at Place and System levels
- o Represent Place at Assembly

Place-based Alliances & Partnerships

- o To include Chair of Place VCSE Network
- o To support VCSE integration at Place level

Norfolk & Waveney VCSE Assembly

- Membership**
- Place Board:**
1 x VCSE rep in addition to Place partners
- Place Networks:**
Network Chair
Place-based VCSE or those with interest in priorities
- Assembly Board:**
VCSE Assembly Chair
5 x Place leads
3 x Thematic Forum Leads
1 x Empowering Communities rep
CAS
ICS partners



Place Leads to support integration at system by representing VCSE within appropriate ICS governance

VCSE Assembly Chair to represent Assembly at ICB/ICP

Proposed Function of Place Networks

The Network will help to establish ways of working to deliver the following outcomes:-

- Provide a **VCSE connection point at a place level** for the ICS, eg for the VCSE assembly and system VCSE led activity, and act as a conduit into Place governance.
- Support **Community engagement and co-production** to ensure our health and care services are developed in response to local need.
- Have an **explicit focus on local health priorities** and the impact of the wider determinants of health and be clear on its contribution to improve local health outcomes. The Network will actively coalesce partners around a shared agenda.
- Support a shared understanding amongst VCSE partners of the importance of a **consistency in evaluation** and evidence tools, and will work with ICS colleagues and VCSE infrastructure organisation around this key agenda.
- **Support a well connected local Social Prescribing 'ecosystem'** beyond health and care, which is informed by local need and priorities. Also allows for sharing of resource and local intelligence.
- **Gaps in service provision are identified** and network members working together, to identify shared solutions, capitalise on local assets or collaboration on investment opportunities.
- **Demonstrate an increased ability to bid for collaborative investment**, to support health inequality needs of local population.
- **Utilise available data and insight** – including sharing available trend data to inform place partners understanding of the community needs and potential gaps in services.