

Medway and Swale Voluntary and Community Sector Strategic Framework:

**Statutory and Public sector 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.**



28/01/2022

Nikki Teesdale: Director of Delivery Medway and Swale H&CP



Organisations are all in agreement and endorse this Medway and Swale Voluntary and Community Sector Strategic Framework.

Sign:
Date:
Print name and position: Patrick Birchall, Managing Director
HCRG Care Group

Sign:
Date:
Print name and position:
Healthwatch

Sign:
Date:
Print name and position:
Kent County Council

Sign:
Date:
Print name and position: Mike Gilbert, Executive Director of Corporate
Kent and Medway Clinical Commissioning Group

Sign:
Date:
Print name and position: Helen Greaterex, Chief Executive
Kent and Medway NHS and Social Care Partnership Trust

Sign:
Date:
Print name and position: Dr Aly, Clinical Director
Medway Central PCN (Lead PCN in Population Health Management)

Sign:
Date:
Print name and position: Martin Riley, Managing Director
Medway Community Healthcare CIC

Further signatures over page



Sign:
Date:
Print name and position: James Williams, Director of Public Health
Medway Council

Sign:
Date:
Print name and position: George Findlay, Chief Executive
Medway Foundation Trust

Sign:
Date:
Print name and position: Martyn Reeves, Elected Chair & Jane Howard, MVA Chief
Executive Officer signed on behalf of Medway VCS Leadership Forum

Sign:
Date:
Print name and position: Christine White, Director Swale Community Voluntary Services
signed on behalf of SCEN, Swale Community Engagement Network

Sign:
Date:
Print name and position: Dr Patel, Clinical Director
Sheppey PCN (Buddy PCN in Population Health Management)

Sign:
Date:
Print name and position: Emma Wiggins, Director of Regeneration
Swale Borough Council

1. Overview

What is the purpose of the Strategic Framework?

This framework aims to support effective working relationships between the statutory and public sectors and the voluntary, community and social enterprise sectors (VCSE) at a time of decreasing resources. During the covid pandemic positive partnerships have been seen both at a senior leadership and strategic level, and also in specific projects where statutory and public sector health and social care staff alongside VCSE organisations have been working together closely and have 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. There is recognition that the VCSE position within the communities has altered and in the absence of national policy agreement at local system level that we need to strengthen our collaboration to change our local infrastructure and respect and accept the different and valuable skills that each organisation provides. This framework will build on the work of the Memorandum of Understanding (MoU), a written agreement between statutory, public, 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).

This framework will see the coming together of many different groups with a common purpose to develop new ways of working. Collaboration can sometimes be difficult, and can challenge how we usually behave and think about 'how we get things done'. Historic organisational boundaries, structures and behaviours can often lead to preconceptions causing unnecessary barriers. Our aim, through designing this together, is to create a document that is authentic in its delivery and has the ability to stand alone within our system regardless of political and organisational structural changes. The framework will be owned by the Medway and Swale Health and Care Partnership, so by the locality for the locality, with monitoring taking place through the Medway and Swale Population Health Management (PHM) programme.

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 is 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 value of long-term interagency relationships, the knowledge exchange, cross working and community knowledge expertise of the VCSE observed during the pandemic have started to shift the level of influence that the VCSE has on system development. The VCSE has played a huge part in supporting the Medway and Swale communities over the last two years and it is widely acknowledged that without the partnerships that have 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 and public sector organisations are increasingly adopting a commissioning approach to address needs and deliver services using public, private and VCSE providers. Commissioners, the VCSE 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 and public sector 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 ICBs 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.

This framework will recognise the opportunity to develop mutual understanding between statutory, public sector and VCSE organisations, particularly helping the sectors to reflect on and understand their current pressures and priorities as a basis for future joint working. It will detail challenges faced by smaller organisations and identify a process to support development of plans to ensure equality of opportunity.

The framework will allow us as a system to radically rethink how we support our communities health and wellbeing through an authentic commitment to working together to build capacity and resilience in our communities 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.

We need to think differently, act differently, alter our language and as a system sign up to a framework that stands alone, is meaningful and has its own energy to drive and influence changes that support our communities to thrive.

Health is everyone's problem; Prevention is everyone's responsibility.

2. The Strategic Framework

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

Medway's VCSE 'Better Together' Consortium, Leadership forum, Medway Voluntary Action and Swale Community and Voluntary Services will be asked to sign up to the Framework as representatives of the diverse VCSE sector, although individual VCSE organisations may also wish to formally commit to the Framework.

In signing up to this Framework statutory and public sector 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 produced by the Population Health Management Steering Group to the Medway and Swale Partnership Board and the Voluntary and Community Sector.

A variety of working groups will be established to create action plans to facilitate delivery of the framework. These will be monitored through the Medway and Swale Population Health Management (PHM) programme with accountability sitting with the Director of Delivery for the Health and Care Partnership.

3. The Framework

Relationship with the Medway and Swale Memorandum of Understanding

This Framework builds on the Medway and Swale Memorandum of Understanding document but does not replace it. Statutory and public sector 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.

Independence of the VCSE

In adopting this Strategic Framework statutory and public sector organisations will respect the independence of VCSE 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, Joint Strategic Needs Assessments (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. There is a need for recognition of smaller micro organisations in co-production and we will need on-going dialogue at strategic level to continue the development of system relationships to drive this forward in the absence of national policy.

Statutory and public organisations will support the development of local initiatives to support a knowledge exchange across the system, without concern around loss of autonomy for the VCSE.

4. Commissioning

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. Increasingly statutory and public sector 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, although regardless of structure ICBs will continue to be held to account for the way in which the commissioning function has been discharged.

This section will be updated as governance arrangements unfold.

Our local commitment

It has been widely accepted across the Medway and Swale locality that we need to alter the way in which the VCSE are commissioned and through signing up to this framework we will as a system commit to working together for better solutions. The system has massively benefited from the approach our Medway partnership commissioning team trail-blazed a few years ago in relation to VCSE collaboration, and taking funding from the VCSE would seriously undermine Medway and Swales aspiration to develop its VCSE framework

As a system, we will commit to the following:

- 4.1** Reinforcing to the statutory and public sector that they equally benefit from a robust VCSE infrastructure and we all need a thriving VCSE to achieve the systems objectives.
- 4.2** As a system, to support the protection of funding for contracts should an individual organisation take a personal view that the VCSE isn't a priority given the current financial situation organisations face.
- 4.3** Working to level up VCSE infrastructure funding across the Medway and Swale locality.
- 4.4** Explore the potential to utilise joint funding to support social prescribing referrals to the voluntary sector in Medway and identify how this can be replicated across the Swale locality.

- 4.5 Explore how we allocate funding across the social prescription pathway in order to ensure we alleviate the system risk that the prescription element provided by the VCSE is financially supported.
- 4.6 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.
- 4.7 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.
- 4.8 Gather and use the valuable information on need and the views of service users held by the VCSE, enabling ways to share data sets and create opportunities to incentivise the wider VCSE to gather experience insights.
- 4.9 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 or the wider general public, underpinned by Medway and Swale H&CP Engagement Strategy.
- 4.10 Consult in such a way that enables the VCSE to propose new and radical changes in approach.
- 4.11 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.

Statutory and public sector organisations that allocate grants should:

- 4.12 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
- 4.13 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.
- 4.14 Provide longer-term funding arrangements where possible, ideally for periods of between 3-5 years, with clear evaluation arrangements.
- 4.15 Set out how they will encourage smaller, community based organisations to engage in grant programmes.
- 4.16 Be as transparent as possible about funding arrangements, including any plans end grant programmes, and communicate this in a timely and honest way.
- 4.17 Statutory and public sector organisations should identify and publicise single points of contact for each policy area and each procurement process.

5. Social Value

As a system we will work to extend the opportunities set out in the Social Values Framework 2020 to ensure the advantages for the VCSE are optimised. We will build on the statutory requirements locally to ensure that the political agenda is not a barrier in how we progress and that opportunities are maximised. Volunteering is outlined as a way to deliver social value across most priority areas. We will work to achieve a sustainable programme with regular and ongoing commitment with two way volunteering to help foster insights into the different sectors ways of working as well as supporting organisations to overcome challenges.



Medway and Swale
Health and Care Partnership

We will also commit to using social value to drive action on inequality and climate change and be ambitious in our application of the social value framework. We will work to support the push to make all organisations more inclusive, particularly for those underrepresented in the workforce.

Social value is the social, economic, or environmental value brought in addition to the core deliverables of a contract. This definition can present challenges. For many of the VCSE organisations in Medway and Swale social values is embedded in the unique way in which they deliver services, however the value that is brought is often hard to measure, qualitatively or quantitatively, such as deep relationships in local communities.

We will work to develop a system repository to capture softer intelligence as to how we are adding social value to our communities.

Statutory and public sector organisations adopting the Framework should:

- 5.1** Publish a clear statement setting out how they will apply The Public Services (Social Value) Act 2013, and Social Framework 2020
- 5.2** 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 VCSE.
- 5.3** 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.
- 5.4** Define a unified social value criteria across the system and 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.
- 5.5** Consult and where appropriate support with training to the VCSE to improve service specifications and better understand the contribution of social value.
- 5.6** Work to embed Social value and Green Space policies into NHS contracts.

6. Strengthening the sector

Statutory and public sector organisations adopting this Strategic Framework should:

- 6.1** Commit to the framework having the ability to stand alone despite political and statutory organisational structural changes.
- 6.2** Dedicate a lead from the H&CP in the VCSE sector to ensure that the sector is well engaged in health and wellbeing developments.
- 6.3** State how VCSE organisations will be encouraged and supported to work together, including developing consortia and supply chains.
- 6.4** Recognise the challenges faced by smaller organisations and work collaboratively to develop a clear plan to support their engagement through, leadership forums or other umbrella groups.
- 6.5** Work with the VCSE to build capacity and identify areas for market development to help VCSE organisations to be 'business ready'.



Medway and Swale
Health and Care Partnership

- 6.6 Recognise the evidence based approach and professionalism of the VCSE and work to address diversity, deprivation and inequality.
- 6.7 Work to maximise financial opportunities as a system to support the preventative agenda

7. Volunteering

Statutory and public sector organisations adopting this Strategic Framework should:

- 7.1 Develop a process approach to increase volunteering, including volunteering by their own employees; including volunteering placements with regular and committed attendance.
- 7.2 Work to reduce barriers to volunteering by consulting the VCSE on relevant policies and providing support, including through grants, for organisations with volunteers.
- 7.3 Value and publicly recognise the contribution of volunteers.
- 7.4 Work with the VCSE to ensure volunteering is open to everyone.
- 7.5 Recognise that, while important, volunteering cannot and should not fully replace the existing means for the provision of many services.
- 7.6 Create dual working opportunities such as payroll, statutory training, financial and HR provided by statutory and public sector services with VCSE providing educational opportunities through volunteer advisors to support with overcoming barriers and find opportunities tailored to suit organisational need.
- 7.7 Build on the success of the COVID programme to alter prehistoric boundaries, alter local policy and develop a process to mobilise volunteers to meet local need.
- 7.8 Develop a volunteer passport that meets all agencies employment check needs in order to allow volunteers to work across agencies.

8. Shaping the future

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

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

- 8.1 Actively promote the adoption of the Framework and the Memorandum of Understanding with their local partners.
- 8.2 Work positively and constructively with statutory and public sector partners to help them comply with this Framework and the Memorandum of Understanding.
- 8.3 Engage with commissioners and the H&CP in thinking radically about service re-design and delivery.
- 8.4 Commit to keeping track of publicly available information about commissioning intentions of the statutory and public sector organisations.
- 8.5 Work in partnership with private sector and other VCSE organisations.
- 8.6 Seek to find ways to deliver improved outcomes, not just continue existing service provision.
- 8.7 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.

9. Social Prescribing

Medway and Swale Health and Care Partnership are developing a 5 year plan to realise the potential that social prescribing (SP) can bring to residents and the system. A significant risk identified during the plan development relates to the capacity of the voluntary sector. With a large number of link workers now in post, and all looking for community activities to refer/prescribe residents to, there is the very real threat of not enough community activities being available. This system pressure is being experienced across all parts of the country and is a direct consequence of more link workers, but no proportionate investment to the voluntary sector. The net result of this could be nowhere to refer people to, once all link workers are in post and looking for referral activities. COVID-19 has amplified this risk, due to the reduction of community activities seen in 2020/21.

This risk is one being seen around the country as the investment into link workers has outstripped the funding going into the local voluntary sector to fund more activities.

Through sign up to this framework we will as a system work to identify solutions to mitigate the risk and support alternative funding for activities.

10. 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 and public sector organisations should:

- 10.1** Sign up to the framework and commit to delivering the principles outlined in this framework by 31 March 2022.
- 10.2** Identify priorities and timelines for framework delivery by 29 April 2022.
- 10.3** Develop working group, action plans, and/or joint commissioning plans to implement the framework from 30 June 2022 (or earlier).
- 10.4** Submit an annual self-assessment report (developed by H&CP Population health management (PHM) programme) to the Medway and Swale Partnership Board by 30 June 2023.
- 10.5** Be as open and transparent as possible to allow VCSE to hold them to account against the principles set out here.

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

- 10.6** Actively promote the adoption of the Memorandum of Understanding and the Framework with their local statutory and public sector organisations.



Medway and Swale
Health and Care Partnership

10.7 Work positively and constructively with statutory and public sector partners to help them comply with this framework and the memorandum of understanding, including areas for improvement.

11. Appendices

Appendix A: Glossary of key terms

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 statutory or 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.
Health and Care Partnership (H&CP)	A joint committee which brings together the ICB and their partner local authorities, and other locally determined representatives (for example from health, social care, public health; and potentially others, such as social care or housing providers). Previously known as Integrated Care Partnerships (ICP)
Infrastructure organisation	Civil society organisation whose main or only purpose is to support the work of other organisations in the voluntary and community sector.
Integrated Care Boards (ICB)	The ICB will take on the NHS commissioning functions of CCGs as well as some of NHS England's commissioning functions. It will also be accountable for NHS spend and performance within the system.
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.
Joint Strategic Needs Assessments (JSNAs)	A process by which local authorities and health services assess the health, care and wellbeing needs of the community within Local Authority geographic areas. It will identify and provide understanding of current and future health and wellbeing needs of the population and help reduce health inequalities and improve the health and wellbeing of the whole community. The JSNA is used to inform local decision making.
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.
Population health management (PHM)	Population Health Management is a way of working to help frontline teams understand current health and care needs and predict what local people will need in the future. This means we care can be tailored better and support individuals, design more joined-up and sustainable health and care services and make better use of public resources.
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



Medway and Swale
Health and Care Partnership

	<p>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.</p> <p>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?'</p>
Voluntary, community and Social Enterprise sectors (VCSE)	<p>An important partner for statutory health and social care agencies and plays a key role in improving health, well-being and care outcomes as well as supporting local communities to take a greater role in promoting prevention, health and wellbeing.</p>