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Building strong integrated care systems everywhere

ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector

NHS England and NHS Improvement may update or supplement this document during 2021/22. Elements of this guidance are subject to change until the legislation passes through Parliament and receives Royal Assent. We also welcome feedback from system and stakeholders to help us continually improve our guidance and learn from implementation. The latest versions of all NHS England and NHS Improvement guidance relating to the development of ICSs can be found at ICS Guidance.

Version 1, 2 September 2021

ICS implementation guidance

Integrated care systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area.

They exist to achieve four aims:

- **improve outcomes** in population health and healthcare
- **tackle inequalities** in outcomes, experience and access
- enhance **productivity and value for money**
- help the NHS support broader **social and economic development**.

Following several years of locally-led development, and based on the recommendations of NHS England and NHS Improvement, the government has set out plans to put ICSs on a statutory footing.

To support this transition, NHS England and NHS Improvement are publishing guidance and resources, drawing on learning from all over the country.

Our aim is to enable local health and care leaders to build strong and effective ICSs in every part of England.

Collaborating as ICSs will help health and care organisations tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

Contents

About this document

This guidance is for health and care leaders from all organisations in ICSs that are developing partnerships across local government, health, housing, social care and the voluntary, community and social enterprise (VCSE) sector. The ICS design framework sets the expectation that integrated care board (ICB) governance and decision-making arrangements support close working with the VCSE sector as a strategic partner in shaping, improving and delivering services, and developing and delivering plans to tackle the wider determinants of health. This guidance provides more detail on how to embed VCSE sector partnerships in ICSs.

Key points

- The VCSE sector is a key strategic partner with an important contribution to make in shaping, improving and delivering services, and developing and implementing plans to tackle the wider determinants of health
- VCSE partnership should be embedded in how the ICS operates, including through involvement in governance structures in population health management and service redesign work, and in system workforce, leadership and organisational development plans.

Action required

- By April 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.

Other guidance and resources

- ICS design framework
- Guidance on ICSs working with people and communities
- Guidance on the functions and governance of the ICB

Foreword: communities at the heart of health and care systems – the essential role of the VCSE

The COVID-19 pandemic has given society its biggest challenge of the past 70 years. It has shown that people need support joined up across local councils, the NHS and voluntary organisations. Initiatives to bring support to people in their communities have been most successful when partners have bridged traditional divisions between health and care and the voluntary sector. The pandemic has highlighted the value of this work.

Some of the most exciting and innovative work I have seen has been in the voluntary, community and social enterprise sector (VCSE). A strong focus on health and wellbeing, social connection and having fun!

In Wigan, we created a social contract between citizen and state – The Wigan Deal – bringing communities and local partnerships together.

As part of this, we took an 'invest to save' approach to strengthen the role of the VCSE sector in prevention and community resilience. We set up a community investment fund for VCSEs and gave council officers freedom to work with communities in an innovative way.

Council cost–benefit analysis estimates that for every £1 spent through the fund, £2 of fiscal value is created. This includes direct savings to social care, crisis savings and benefits payments.

Our approach was to join the dots around people and place, cutting through the complex proliferation of initiatives and departmental solutions.

This is what we learned:

- Find out what's important to residents and listen closely to communities. They will make the right decisions about their own lives with the right support.

- Invest in local community grassroots organisations and relationships with families to truly help people and reduce demand for expensive, ineffective and clunky state solutions.
- Give the freedom to test new approaches in integrated place-based teams, such as the self-organised Buurtzorg model in neighbourhoods. Trust public servants to work with people.
- Reduce time and money spent on passing people around the system for further assessment and referrals to another agency to deal with part of their problems.

It is important to understand that many VCSE organisations are struggling financially because fundraising has been adversely affected by the pandemic, at a time when demand for their services and support has never been greater. Positive engagement with the VCSE sector now can ensure that their knowledge, expertise and networks are protected, for the benefit of the whole community.

Frontline workers in VCSE sector organisations, together with their public sector colleagues, want to help people and improve their lives. We need to tap into their creativity and resilience and set them free to cut across the artificial organisational barriers of health, care, housing and criminal justice. If we do, the future is much more exciting!

Professor Donna Hall, CBE
Chair New Local Government Network and Bolton NHS Foundation Trust

Why do we need VCSE partnerships in ICSs?

The VCSE sector brings specialist expertise and fresh perspectives to public service delivery and is particularly well placed to support people with complex and multiple needs. It has a long track record in promoting engagement and finding creative ways to improve outcomes for groups with the poorest health, making it an essential partner in combating the inverse care law.[1]

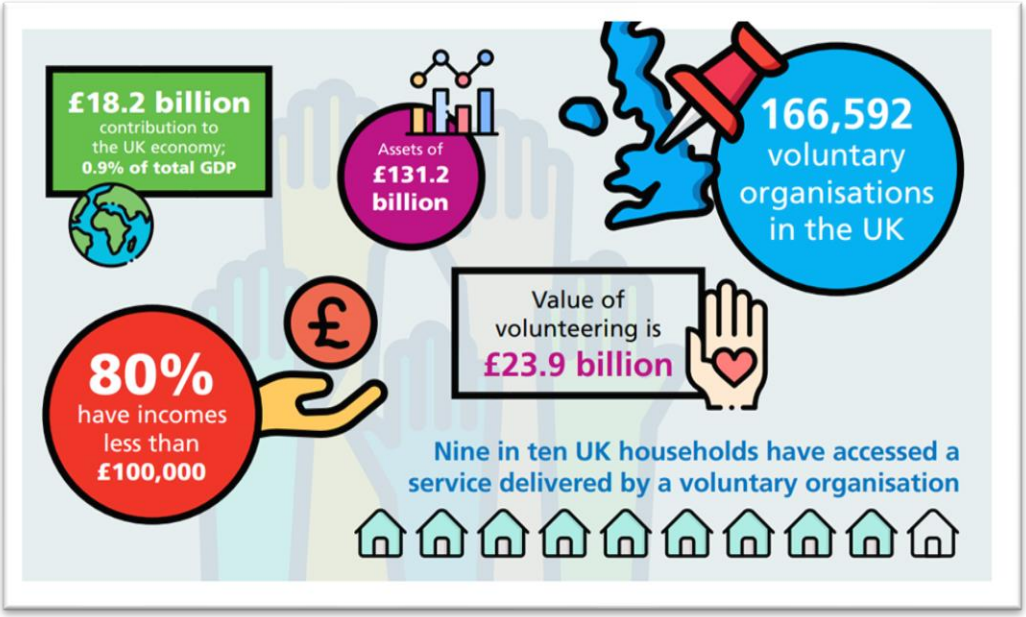
With its focus on early action, preventative services and wider social value, the sector provides good value for money. It brings insights, voice and assets into partnerships to support health and wellbeing, including expertise in service redesign and delivery, insight into inequalities, and access to volunteers and premises.

> "Voluntary and community sector organisations – from large national charities to small local ones – are involved in care pathways covering a wide variety of services, including disease-specific care, and in co-ordinating care for those with multi-morbidity across different parts of a pathway."
> (King's Fund[2])

Those working in the sector make up a significant proportion of the health and care workforce (Figure 1). Social enterprises alone employ over 100,000 staff – and have a turnover of more than £1.5 billion.[3] Around three million people volunteer in health and care, making an important contribution to people's experience of care.[4]

[1] The inverse care law highlights that disadvantaged populations need more healthcare than advantaged populations, but tend to receive less.
[2] Communities and health | The King's Fund
[3] Social enterprises: part of the NHS family – an explanatory guide for the wider NHS » Social Enterprise UK
[4] Volunteering in health and care | The King's Fund

Figure 1: The voluntary sector in numbers (Source: The UK Civil Society Almanac, 2020)



The VCSE sector has, and continues to, play an important role in keeping people connected during the COVID-19 pandemic, responding quickly to meet communities' needs. Organisations across the sector modified their services to support people and communities in the most vulnerable situations.

Table 1: Examples of some of the benefits when there is close partnership working between the VCSE sector and statutory partners

Achievement	Description
Improving outcomes in population health and healthcare	
Faster and more joined-up mental healthcare in Somerset	The Open Mental Health partnership is a new approach to mental health care designed by partners from all sectors with the involvement of people who use services at all stages. The care model includes a 24-hour helpline and has tightly linked the VCSE sector to the NHS through a shared scheme for recovery and care planning.
Better prevention and treatment of eye care problems in West Yorkshire and Harrogate	The charities Vision UK, Thomas Pocklington Trust and the Macular Society are involved in a comprehensive review of eye care services, alongside NHS commissioners, hospitals and community services, opticians and local authorities. The aim is to improve all eye care services from prevention through to rehabilitation, building in shared decision-making and personalisation. Carers Wakefield is now using

Achievement	Description
	the Eyes Right Toolkit to improve prevention of vision problems among the local unpaid carer population.
Tackling inequalities	
Improved vaccination take-up for homeless people in Brighton	Arch Healthcare Community Interest Company, the main provider of primary care for people experiencing homelessness in Brighton, built on its pre-existing relationship with and knowledge of the local homeless community. It developed a mobile vaccination service, partnering with St John Ambulance and going to temporary accommodation hostels rather than inviting patients to a surgery or a mass vaccination site. It vaccinated more than 800 people in eight weeks, with around 38 people vaccinated per day in the community.
Better support for carers in Herefordshire and Worcestershire	Statutory health and care partners worked with local VCSE carers organisations, NHS staff and unpaid carers to improve support. Work included developing a carer's CV to support employment prospects for carers; a 'Carer Assist' service to support carers in the NHS workforce; and training and development for staff across the system on awareness and support for unpaid carers.
Enhancing productivity and value for money	
Out-of-hospital support for COVID-19 patients in Hertfordshire	Local charity Communities 1st worked with hospitals to establish 'virtual wards', where patients with COVID-19 are managed at home and they use oximetry to monitor their own oxygen levels. The primary aim of some of these wards is supported early discharge, freeing up hospital staff and beds; others are referring patients directly from emergency departments and primary care.

Challenges to VCSE and ICS partnership working

There can be as many as 16,000 VCSE organisations in the largest ICSs, ranging from big social enterprises employing a large workforce to informal grassroots groups supporting people in their local community. Support may relate to a specific condition, such as mental health, disability or cancer care, or it may be organised around a geographical or virtual community or local organisation or group.

The diversity of the VCSE sector is a strength to be recognised and celebrated – but it also means it can be daunting for ICSs, particularly at system level, to engage in a systematic way. Equally, VCSEs face challenges in working in a complex landscape and overcoming funding and time constraints. Statutory partners need to carefully consider how to equitably resource the involvement of VCSE partners in a way that respects their time and resource.

However, within many ICSs, partners have already created VCSE alliances to support engagement with the diversity of the sector. In addition, at place level, VCSE infrastructure organisations (often called CVSs or Voluntary Action) usually exist and provide a co-ordinating function for the sector. NHS bodies and local government already commission VCSE organisations and work with them at different scales, and the COVID-19 response has, in many cases, accelerated collaboration and deepened relationships, providing good foundations to build on.

> "The voluntary sector can at times be competitively minded because it has needed to be. But now with collaborations in integrated care systems, we're more able to think about what unites us and how we can collaborate."
> (Beccy Wardle, Head of NHS partnerships, Rethink Mental Illness)

Case study: A VCSE Assembly in Norfolk and Waveney ICS

The Norfolk and Waveney Health and Care Partnership and its local VCSE organisations have developed a VCSE Assembly as a way to improve health and care by connecting the VCSE sector with statutory partners in the ICS. NHS, county councils and VCSE sector partners work in partnership to develop the Assembly and link it to the Health and Wellbeing Board, to ensure it represents and meets the needs of communities and the voluntary sector, and that the voices of smaller groups are heard.

Core requirement and good practice for building VCSE partnerships in ICSs

Core requirement

By April 2022 integrated care partnerships (ICPs) and the ICB[5] 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.

- The detail of partnership arrangements will depend on existing local infrastructure and approaches.
- Partnership arrangements should include agreed ways of working such as a memorandum of understanding and sets of principles.
- There is a national ICS and VCSE sector partnership programme to support this work.

> "As with all partnerships, ICSs need to invest time and money to build strategic relationships with the VCSE, creating, supporting and working with alliances. VCSE alliances are very knowledgeable about their communities, and everyone benefits from them being in the room."
> (Charlotte Augst, Chief Executive, National Voices)

The questions below, based on learning of 'what good looks like', are intended to stimulate thinking on how best to embed the VCSE sector in the ICB's governance and partnership arrangements.

[5] The ICS Design Framework referred to this organisation as the ICS NHS Body. However, since the second reading of the draft legislation in parliament we have adopted the name integrated care board (ICB).

Embedding the VCSE sector in the ICBs governance and partnership arrangements – a check list
Is there VCSE sector involvement in system-wide workstreams, service redesign, place-based partnerships, neighbourhood teams, primary care networks and provider collaboratives?
Have you mapped VCSE stakeholders and the contribution and resources brought by the VCSE sector to the ICS?
Are you working with VCSE groups relevant to the priorities you are tackling, and the population groups you are trying to support?
Are you building on existing structures and networks, such as VCSE representation on health and wellbeing boards and local VCSE infrastructure organisations?
Can data sharing agreements be made between health, care and VCSE partners?
Do you have a co-ordinated system approach to developing and sustaining effective social prescribing, developed with input from VCSE sector leaders, local authority and health commissioners, primary care networks, referral agencies and the health and wellbeing board?
Do you actively support NHS anchor institutions to work in partnership with the VCSE sector and involve the sector in networks to take joint action on the social determinants of health?
Does the ICS support a sustainable VCSE sector through market development, strategic grants and investment in VCSE infrastructure and alliances, including understanding where communities are not served or advocated for by the VCSE?
Are you being proactive in commissioning VCSE organisations to deliver services, including with innovative approaches to population health management and service transformation?

Can you develop non-financial support for VCSE organisations, such as their inclusion in leadership and quality training, workforce diversity and wellbeing initiatives, secondments and supported leadership opportunities on system workstreams?
Do you have a consistent approach to measuring the impact of VCSE partnerships as part of a wider social value approach?
Does the ICS have a strategy to support and increase volunteering in both public and VCSE sectors?

Case studies: Supporting broader economic and social development in the north west

Parts of the Lancashire coastal town Fleetwood are significantly disadvantaged Healthier Fleetwood helps residents improve their health and wellbeing. The starting point was 'connecting' all the great work going on in Fleetwood so that residents could engage with the services and support available. A strong network of partners is now providing expertise and facilities alongside the enthusiasm and energy of the residents, turning ideas into reality.

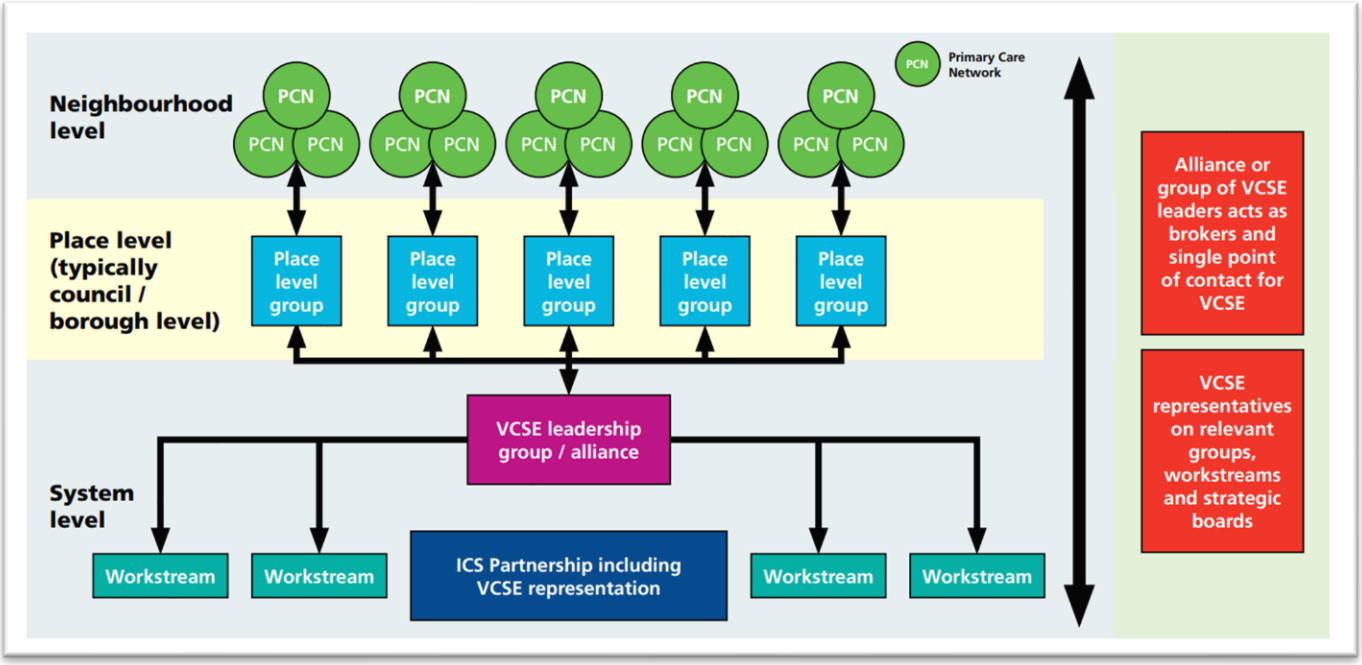
Local authorities, NHS providers, clinical commissioning groups and VCSE organisations across Cheshire and Merseyside signed up to a social value charter. They are using the shared social value approach to unlock the potential for local public sector organisations to use their purchasing power to contribute to better economic, environmental and social outcomes locally, making connections to local business and supported by a network of social value champions.

Working with the VCSE sector across the ICS

VCSE sector alliance model

Many ICSs have already developed alliance models to support the involvement of the diversity of the VCSE sector. Partnership at system level is likely to focus on strategic opportunities across the footprint and can build on existing arrangements at place. The model below (Figure 2), based on emerging work in ICSs, shows a potential approach to VCSE partnerships across the ICS that will support relationships to deliver better health and care for local people. NHS England and NHS Improvement are working with national VCSE partners on a development programme that supports systematic partnership with the VCSE sector in ICSs through an alliance model.

Figure 2: Approach to VCSE partnerships across the ICS



Case study: Building VCSE sector leadership and representation in Lancashire and South Cumbria

Lancashire and South Cumbria has strengthened its engagement processes by clarifying the lines of accountability and channels of communication. New voluntary sector leadership groups in its five integrated care partnership areas or places, each chaired by an elected representative, have jointly agreed a mechanism for transparent representation and voice. Representatives of each of the five areas and other voluntary organisations across the ICS area are also included in the Voluntary, Community and Faith Sector Leadership Alliance. This provides a single point of contact for public sector leaders and others in the VCSE sector.

VCSE partnerships at place

People access most of the health and care services they use in the 'place' in which they live, including advice and support to stay well and joined up treatment when they need it. The arrangements for partners to jointly plan and deliver health, social care and public health services alongside other services that promote health and wellbeing in a defined place have a long history. They involve the NHS, local government and providers of health and care services, including the VCSE sector, people and communities.

'Places' are also where most voluntary sector funding is allocated (usually by local council area) and where the sector can be increasingly embedded in decision-making and strategic planning. Experience shows that the greatest opportunities to improve care by redesigning services are often at place. Provider collaboratives (see below) are expected to link closely with place-based partnerships of health and social care partners, including the VCSE.

There is an expectation that the VCSE sector will be an integral part of the place-based partnerships developed in ICSs. This can build on existing structures and networks such as VCSE representation in health and wellbeing boards and local VCSE infrastructure organisations.

Case study: joined up work between all sectors to improve health and housing in Wakefield

Wakefield CCG and other NHS and local authority partners work with Wakefield District Housing, a social enterprise, to fund a number of schemes to improve housing and tenants' and community health. Mental health navigators take referrals on problems like hoarding, poor tenancy management and anti-social behaviour. In addition, a service based on local hospital wards is helping people get home from hospital sooner, by addressing barriers such as broken heating, cold homes or the need for new mobility equipment.

VCSE partnerships at neighbourhood

In neighbourhoods, local teams can work across organisational boundaries to give seamless care closer to people's homes, improve population health and prevention, and co-ordinate NHS support to those living in care homes. Primary care networks (PCNs) are a key part of this work, bringing together general practices, pharmacists and others.

ICSs are encouraged to consider how VCSE organisations can be included in multidisciplinary neighbourhood teams along with statutory partners, to improve the support to high-risk users and high-intensity service users.

An important connection for the VCSE sector in neighbourhoods is the social prescribing link worker, one of the new roles in PCNs. Link workers provide a bridge between health and community by connecting people to local activities and services for practical and emotional support. They work closely with the VCSE sector to identify and nurture local community groups and support. Much of the support that link workers refer to is provided by the VCSE, and often link workers are employed by the sector as well.

Provider collaboratives and the VCSE sector

NHS trusts and foundation trusts and provider collaboratives commission services from the VCSE sector as part of wider care pathways; for example, 'hospital at home' services, support for unpaid carers, community transport and community mental health services. This enables people and communities to benefit from the innovation that is often driven by the VCSE sector. It is expected that provider

collaboratives will continue to leverage the expertise of VCSE organisations to support co-design and delivery of health and care services.

Conclusion

The voluntary, community and social enterprise sector is key to the creation of successful integrated care systems. NHS England and Improvement are committed to supporting systems to build effective local partnerships everywhere. We hope this guidance will help local leaders to strengthen their arrangements, building on learning from around the country.

Appendix A: Further resources and information

About the VCSE sector

Local VCSE infrastructure organisations (LIOs, or Councils for Voluntary Services/Voluntary Actions) provide support and leadership for the local VCSE sector and can help statutory partners reach large numbers of charities and community groups in their area. These organisations are often aligned to local government areas such as counties or metropolitan boroughs. They facilitate networks of organisations that bring communities of interest, place and experience together, enabling them to play a key role in co-production and engagement. NAVCA's Find a member site lists LIOs for all areas.

The UK has a network of 46 accredited Community Foundations. These organisations invest in communities and people, matching donors and partners to local need. They often cover wider geographical areas that are a good match with ICSs and can support strategic grant making, capacity building and engagement.

Dedicated support from NHS England and NHS Improvement

The national voluntary partnerships and system transformation teams advise ICSs on strategic engagement with the VCSE sector. The VCSE leadership programme provides resources and facilitated support to develop or strengthen VCSE alliances in all ICSs.
england.voluntarypartnerships@nhs.net

The social prescribing team advises on best practice in working with the VCSE sector, primary care networks and partners to develop social prescribing.
england.socialprescribing@england.nhs.net

More information

Integrated care: www.england.nhs.uk/integratedcare/
ICS Design Framework

NCVO: Creating Partnerships for Success details examples and case studies from the STP/ICS VCSE Leadership programme

NHS Confederation: How health and care systems can work better with VCSE partners

The role of VCSE organisations in care and support planning: National Voices

Community organisations and primary care networks: National Voices
Inclusion health self-assessment tool for primary care networks
Social prescribing: NHS England Social Prescribing Summary Guide
National Voices, Rolling Out Social Prescribing
RSA and NCVO: Meeting as equals; Creating asset-based charities which have real impact

Appendix B: Glossary

Integrated care system (ICS): In an ICS, NHS organisations in partnership with local councils and others take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve.

Subject to legislation, the statutory ICS arrangements will include:

- an integrated care partnership, the broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS
- an integrated care board, bringing the NHS together locally to improve population health and care.

Within ICSs, it is expected that several place-based partnerships will be agreed. The number of 'places' will depend on the geography of individual ICSs. The footprint of places should be defined based on what is meaningful to local people, such as a town, city, borough or county.

Neighbourhood: The smallest and most local area that services are organised at.

Primary care network (PCN): Local collaboration of GP practices covering 30,000 to 50,000 people working towards integrated primary and community health services.

Provider collaborative:[6] Partnership arrangements involving two or more trusts (NHS trusts or foundation trusts) working at scale across multiple places, with shared purpose and effective decision-making arrangements, to:

- reduce unwarranted variation and inequality in health outcomes, access to services and experience
- improve resilience (eg by providing mutual aid)
- ensure that specialisation and consolidation occur where this will provide better outcomes and value.

[6] Working together at scale: guidance on provider collaboratives

Voluntary and community sector: Made up of organisations which have a social purpose and exist not to make profit. Those with incomes of over £5,000 must register as a charity. Community organisations are generally smaller, operate in a particular community of geography or interest, and may be formally constituted with a management committee.

Social enterprise:[7] Like traditional businesses, social enterprises aim to make a profit, but reinvest or donate those profits to create positive social change.

[7] www.socialenterprise.org.uk

For more information on integrated care systems visit: www.england.nhs.uk/integratedcare/

Find us on LinkedIn: www.linkedin.com/showcase/futurehealthandcare/

Sign up to the Integrated Care bulletin: www.england.nhs.uk/email-bulletins/integrated-care-bulletin/

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