NHS England and NHS Improvement Voluntary Partnerships team response to DHSC engagement on Health and social care integration: joining up care for people, places and populations

About this response
This response to the white paper has been compiled by NHS England and Improvement (NHSEI) Voluntary Partnerships (VP) team and is based on the insight, knowledge and intelligence gathered from a number of delivery programmes.

The team aims to develop and maximise VCSE sector and volunteering contributions to delivering Long Term Plan commitments and supporting NHS transformation and recovery post Covid-19 pandemic.

This includes the delivery of a number of national programmes including the VCSE Health and Wellbeing Alliance, the NHS Volunteer Responder programme and the VCSE Surge programme and the team oversees the NHSEI national development programme "Embedding the VCSE in ICSs Partnership Programme" which is supporting the development or strengthening of system level VCSE Alliances.

Our response predominantly focuses on the questions posed as part of the White Paper engagement conducted by the team with voluntary sector partners, including a focus group with 6 VCSE alliance leads from a number of ICS on Wednesday 6 April. The leads operate at both system and place level. Notes from that session are included as an appendix (see appendix 1).

We would welcome a further discussion about any of the aspects mentioned in this feedback. Please contact england.voluntarypartnerships@nhs.net for further information.

General observations
1. Reference to the role of the VCSE sector in health and care integration
There are two references to the voluntary sector in the paper. Although the White Paper focuses predominantly on the role of Local Government and the NHS, the VCSE sector is also a key partner in system transformation and their role could be strengthened considerably in the Paper. Embedding the VCSE sector at place will support public sector colleagues to continue building better health, tackling unjustifiable disparities in outcomes, and ensuring the sustainability of the NHS and other public services.

Greater reference to this role would help the White Paper to align with guidance already published in relation to ICS design, including:

- ICS Design Framework (pgs 28-29) states that "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."
- Interim guidance on the functions and governance of the Integrated care board (ICB)
- Thriving Places: Guidance on the development of place based partnerships as part of statutory integrated care systems states that the health, care and other public and voluntary services people use are predominantly delivered within the community or 'places' where they live or work. Across the country,

there is a wide range of place-based partnerships between local government, the NHS, social care providers, the voluntary, community and social enterprise sector and other community partners.

- ICS Implementation Guidance on Partnerships with the Voluntary Community and Social Enterprise Sector highlights the integral role of the VCSE sector in place-based partnerships. This should build on existing structures and networks such as VCSE representation in health and wellbeing boards and local VCSE infrastructure organisations.

It is essential that the White Paper builds on this existing guidance to ensure consistent information and to help ensure that focus is trained on the underpinning messaging and principles of integration of health and care including the six principles to achieve integrated care.

2. Reference to health inequalities

There is currently no mention of health inequalities or equalities more generally in the Paper. As an underlying driver for integration, reducing health disparities could be significantly strengthened as a key thread and build upon commitments in the Levelling Up the United Kingdom and the health disparities white paper.

In addition, there is little mention of the role of anchor institutions, social value and social prescribing, both of which are strongly aligned to the VCSE sector and key to commissioning of health and care services and integration.

Delivering the priorities in the White Paper: Responding to engagement questions

Joined up care: better for people and better for staff

Local VCSE organisations need to be included in health and care pathways and service redesign planning across systems, including population health management and social prescribing in primary care networks.

Successful integration includes the planning, commissioning and delivery of co-ordinated, joined up and seamless services to support people to live healthy, independent and dignified lives and which improves outcomes for the population as a whole.

NHSE is currently working with the Kings Fund to better understand the barriers to embedding the VCSE in health and care systems. A key part of this work will focus on examples of commissioning and strategic planning, in particular the role of the VCSE elective surgery pathways and supporting the recovery of NHS services.

Other examples of good practice from the programmes will be included in the Dr Fuller report and Locality have recently produced a briefing on the role of the VCSE sector in PCNs as part of its work in the national HW Alliance.

Case Study - Wakefield's Connecting Care Programme is a collaboration between local health partners, the local authority, and the VCSE sector. It's designed to integrate health and care support in the district. This work includes direct investment into local community organisations to make sure older people have access to support in their local community.

Shared outcomes play a key role in forging common purpose between partners within a place or system?

Common purpose and shared outcomes need to be co-developed by the appropriate partners that will be supporting them. Without engagement and embedding of different partners and sectors from the outset, integration of health and care will be significantly harder to achieve.

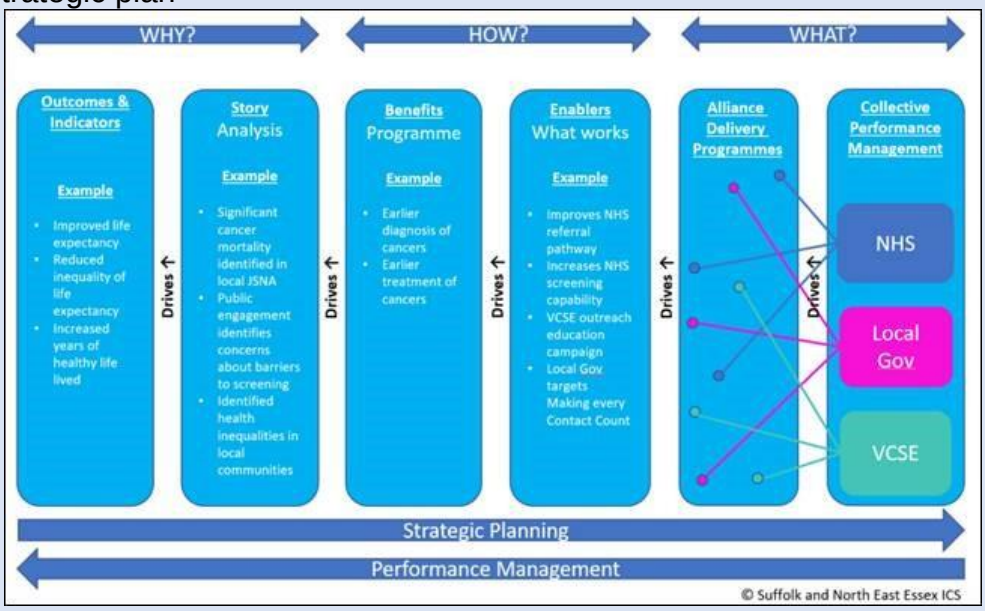
Systems must be engineered to get the best from all partners equally and this should take place at system, place and neighbourhood.

VCSE organisations are trusted and expert partners within communities and are key to achieving transformation around health inequalities. They have reach into communities and often support people most at risk. This is echoed in Public Health England's 2019 report on Place-Based Approaches to Reducing Health Inequalities.

How should outcomes be best articulated to encourage closer working between the NHS and local government?

Outcomes should encourage closer working between all system partners, not just NHS and local government. There needs to be clarity in terminology and language to avoid confusion and miscommunication between partners. The NHS tends to use outcomes when referring to outputs - for example the number of certain operations, waiting times, number of people on waiting lists etc.

Case Study - Suffolk and North East Essex (SNEE ICS) planning framework (below) uses an outcome based approach that links together different elements of plans in a way that drives better outcomes for people. It shows the context for NHS planning and delivery within the ICS, combined with planning and delivery by other sectors (local government and VCSE) in integrated local alliance programmes that enable the benefits set out in the system's five-year strategic plan



Finance, leadership and accountability

This principle of subsidiarity was supported by VCSE partners. with system leaders committed to making decisions at the most local level, as close as possible to the communities that they affect.

VCSE sector leaders should be involved in governance arrangements at system, place and neighbourhood. Many ICSs have already developed VCSE alliance models to support the involvement of the VCSE sector across an ICS footprint. Working through a VCSE alliance provides ICSs with a single point of contact/ broker to the wider VCSE sector, offering a mechanism for two-way communication and engagement with the organisations, people and communities they represent. These VCSE alliance/leadership group as a mechanism to reach people and communities (in particular communities of place, interest and protected characteristics) at system, place and neighbourhood. The model below shows a potential approach to VCSE partnerships across an ICS, at system, place and neighbourhood. This should build on existing structures and networks such as VCSE representation in health and wellbeing boards and local VCSE infrastructure organisations.

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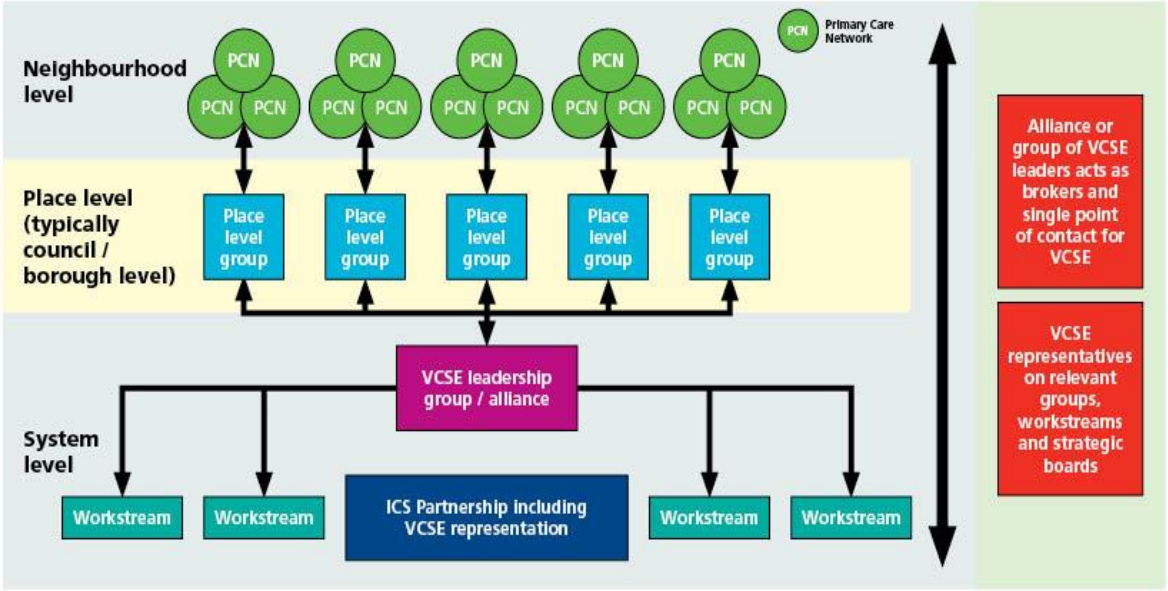
The model below, based on emerging work in ICSs, shows a recommended structure for VCSE partnerships at wider ICS, place and neighbourhood level that will support relationships to deliver better health and care for local people.



Within the White Paper there are currently no references to the role of the VCSE sector on Place Boards. Feedback from VCSE partners in the engagement identified that they would welcome seeing a clear steer on VCSE inclusion on the Place Board.

Leadership
NHS Confed report pg 4 “strategic planning, decision-making, service design, delivery and evaluation cannot be considered systemic without VCSE partners. This equity requires organisational buy-in at both senior and middle management levels. VCSE organisations should be part of shared leadership development programmes.

The importance of relationships and the need for the capacity and resource to develop these across ICS partners could be strengthened within the White Paper.

“The ICS vision is of an equal partnership between all stakeholders from the NHS, local government and VCSE sector. VCSE sector leaders are embedded throughout the ICS at neighbourhood, place and system level. Recognising the need to enable equity for the sector the ICS has developed mechanisms to enable collective leadership from the sector in simple but powerful ways….” - Susannah Howard SNEE ICP Director

Finance and accountability

What examples are there of effective pooling or alignment of resources to integrate care or work to improve outcomes? What were the critical success factors?

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A change of culture is needed to deliver outcomes-based accountability and aligning resources available within a place, not just statutory funding.

There is a role for the VCSE sector in budget planning to ensure that their insight, experience, knowledge, and the additional investment and resources the sector can bring, as well as the increased impact it can bring through its connections and networks into different communities and groups.

Culture change could be supported by viewing grants to the VCSE sector as investments in communities, which can bring significant social return on investment.

Case Study - Imperial College Healthcare NHS Trust codesigned a grant scheme together with local stakeholders that would address the social determinants of health in relation to the Covid19 crisis. This process led to a better understanding of the role of local community organisations in addressing the social determinants of health, which had a direct impact on clinical factors.
https://files.constantcontact.com/ca3da02a001/53fdcebd-64b2-4a2d-b103-a0d2760b1328.pdf

Case Study - Devon ICS. Approximately £6m of extra funding received in partnership with the local VCSE:

- £2.2 million for discharge support has gone directly to the sector to fund discharge navigators, funding around 190 organisations (many hyper-local organisations) for longer term support post discharge.
- Covid Outbreak Management fund - £1.3 million went directly to the VCSE and managed through the network of CVSs and funded over 240 organisations. Council have said they would manage this way in the future because of what was achieved.

From NAVCA session on Funding - Presented by Darin Halifax

Digital and data
Response
There are significant challenges around data sharing particularly when this also includes the VCSE sector and further work is needed to address these barriers. It could be helpful to address this within the document (not all issues are due to digital maturity). There needs to be greater equality of access to data so that organisations can best understand the wider landscape and how they may need to flex or adapt to best support and meet the needs of their people and communities.

Population Health Management data is often clinically focussed and doesn't cover the wider determinants of health. Some of this data is held by VCSE organisations but not currently accessed. In order to make a significant transformational change across ICSs this information needs to be proactively sought out to provide this level of understanding across communities.

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NHSE is investing in VCSE sector engagement in PHM Place based development programme. Funding has been made available to VCSE Alliances in systems to support and embed the VCSE sector at system and place in the full programme. An evaluation of this will be available in Summer 2022.

Case Study - In Somerset Rethink Mental Illness led the development of a partnership to deliver a new model of integrated care. They designed a bespoke data capture system which was accessible across partners and across sectors. It used a blend of national metrics and coproduced patient-focused measures, and integrates with NHS software. It enabled a single plan for patients, across all providers, and one single source of data for all stakeholders.

https://files.constantcontact.com/ca3da02a001/53fdcebd-64b2-4a2d-b103-a0d2760b1328.pdf

Workforce

What are the key opportunities and challenges for ensuring that we maximise the role of the health and care workforce in providing integrated care?
There needs to be clarity in this section regarding how the health and care workforce is being defined and whether this includes the VCSE sector and volunteers.

The VCSE sector makes up a significant proportion of the health and care workforce, paid and unpaid which includes volunteers and carers. This may be employed directly in health and care or indirectly in organisations addressing some of the wider determinants of health. The Voluntary Sector in the UK has a paid workforce of 951,611, 3% of the UKs workforce and has seen 20% growth since 2010, faster growth than public and private sectors. (Civil Society Almanac 2021 - https://beta.ncvo.org.uk/ncvo-publications/uk-civil-society-almanac-2021/workforce/)

'...there are over 100,000 social enterprises in throughout the country, contributing £60 billion to the economy and employing 2 million people'
Social enterprises provide a third of community care, and 67% out of hours care services are currently provided by social enterprises along with a host of other services including dentistry and audiology. They are financially viable (96% of social enterprises delivering health and care services made a surplus last year) and, on average, are rated Good to Outstanding by the Care Quality Commission (CQC).
SEUK https://www.socialenterprise.org.uk/what-is-it-all-about/

Workforce plans often exclude this but as shown in the box above, the sector is a significant component of the overall health and care workforce.

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Volunteering
In addition to the existing focus on volunteering in the Paper, there could be further information about the value of volunteering as a route into different careers within health and care and youth volunteering to encourage young people into a career in health and care. There are also a number of people who volunteer once retired that bring a whole host of skills, experience and knowledge to the health and care workforce and this should be enabled and encouraged. Volunteering as a pathway into a work should have a proper structure, support and training and should not be workforce replacement.

Carers
There is a lack of mention of carers (informal or formal) and recognition of the significant contribution they make to the workforce in terms of the support they provide.

According to an estimate calculated by Carers UK (Valuing Carers 2015) carers provide care worth £132bn each year – **equivalent to a second NHS**
Valuing Carers 2015 - Carers UK

How can we ensure the health and social care workforces are able to work together in different settings and as effectively as possible?
The NHSEI guidance on partnerships with the VCSE encourages ICSs to consider how VCSE organisations can be included in multidisciplinary neighbourhood teams along with statutory partners, to improve the support to high risk and high-intensity service users, as well as the importance of social prescribing link workers.

"Our partnership with the VCSE has been transformational. It helps deliver improved outcomes for patients, it is supporting the building of resilience in communities and it means that we as a system are also saving money"
Andrew Ridley, Senior Responsible Office, North West London Integrated Care System -
https://www.3stnwl.org.uk/_files/ugd/704a82_17e515e9fca1427bbb7167ae13b43dec.pdf

What models of joint continuous professional development across health and social care have you seen work well? What are the barriers you have faced to increasing opportunities for joint training?
VCSE partners reported a key barrier to accessing of joint training across the system as being the lack of an NHS email account which is needed for some systems. In Cumbria, a learning and improvement collaboratives which allows any training on Click to be available to anyone who delivers health and social care support which includes the VCSE sector. This is a great model to integrated work of working and could be modelled in other areas.

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Appendix 1 - Engagement on White Paper: Health and social care integration: joining up care for people, places and populations
Wednesday 6 April 2022

Background for this engagement session
The NHSEI Voluntary Partnerships team is pulling together a response to the recently published White Paper: Health and social care integration: joining up care for people, places and populations.
This was published on 10th February and will be open for 8 weeks from 10 February 2022 closing on Thursday 7th April 2022. You can download and read a copy of the policy paper here.
We would like to invite a group of people involved in the embedding the VCSE in ICS programme to come together, discuss and formulate a response from the system level VCSE Alliances perspective.

Engagement session notes

VSCE Alliance Attendees
Clare Edwards (CE) North East and Cumbria ICS
Chris head (CH) Bristol, North Somerset, and North Gloucestershire ICS
Lynda Tarpey (LT) Hertfordshire and West Essex ICS
Alison Roberts (AR) North East London ICS
Russel Rolph (RR) Northamptonshire ICS
Sonal Mehta (SM) Bedfordshire, Luton, and Milton Keynes ICS

General
- The whitepaper needs to have greater linkages to existing guidance and the VCSE sector was mention twice throughout the paper.
- the VCSE sector was absently throughout the whitepaper. Question raised regarding who the audience (NHS, Local authority/ ICS) the whitepaper was for as it excludes VCSE sector.
- The examples/case studies use within the whitepaper included the VCSE sector but the VCSE sector was explicit
- VCSE sector should be front and centre
- The whitepaper about the relationship which need to be set up for integration which needs to be based on trust. It doesn't feel like trust is being built from the start by not seeing the VCSE sector as equal partners.
- If the VCSE sector is coming to the table without funding, how is it building a trusting relationship between the different sectors.
- The white paper should include a definition of the expertise and professionalism that lays within the VCSE sector. The paper refers to Voluntary sector and volunteering, but it gives an impression that it is services provided for free.
- The white paper doesn't make references to the different of the sectors causes the blurring of definitions.
- It is difficult to articulate the breath of the VCSE sector from smaller to larger organisations when labels VCSE.

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- The white paper mention a vast amount of resource for NHS and Local Authority and it should reference that for an equal relationship there needs to be support for the VCSE alliances that allows them to have the infrastructure and input because individual organisations can't resource that.
- The whitepaper gives basis for strategic conversation around digital and shared out comes, If the VCSE alliance isn't reference in the summary are each part for the whitepaper then it will be difficult to be included in the discussions.
- The whitepaper and national guidance should help the VCSE sector to have representation in the ICS and the sector shouldn't have to fight for representation

<u>Demonstrating the Impact</u>

- Understand that the focus is at system level but are missing great work in smaller area. How do you use localised information to impact at system level?
- We need to look at drawing out the work at neighbourhood level and Primary Care network and recognise the pressure to allow people to input
- A strong link to social prescribing and primary care networks and it isn't mentioned in the whitepaper.
- The whitepaper doesn't mention equalities or inequality and should be explicit throughout. In discussion around place, we need to include engagement of communities of interest as they might not identify at place.

<u>Outcomes</u>

- Outcomes can play a huge role in common purpose part but only if you are at the table to develop those shared outcomes. This feeds back into the concern that the VCSE sector will be excluded
- The NHS blurs outcomes and output constantly and should working the VCSE sector expertise and experience in outcome/output.
- NHS is working with collaboratives of 60 big organisation and claiming they are working with the VCSE sector. Those are really good isolated examples across the ICS but not enough to the wider VCSE sector of 3000 organisation.
- The summary session feels very positive but doesn't feel explicit enough that it has patient or people as its outcome focus rather than the system outcomes.
- The paper mention NHS and local authority but it should bring VCSE sector into it as conversations are happening at ICS level outcomes. To what extend are we reporting the work by other partner within the system or for the system to think about outcomes In a experimental way to creating the conditions for partners to work well. This structure could feed down to place and neighbourhood level. Measuring the impact and trusting and improved relationship which is key to make the difficult things happen.
- When looking at integration and closer working where need to move away from the view the VCSE sector will do it for free. To so this, shared outcomes on a personal level and organisational blocks around money and status are unlocked

<u>Finance</u>

- The VCSE sector needs to be involved from the beginning to be able to make the case. We need to be bolder in our thinking around capacity in the VCSE sector and not only focus on delivery funding.

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- One of the key elements was leadership and the development of training and support. The VCSE sector needs to be involved in this training at all levels.
- Commissioning needs to change from weighted on price and taking no account of social value
- The whitepaper doesn't refer to commissioning v grant budgets. The white paper doesn't explain pooled budget doesn't explain how it will be shared.
- VCSE sector is thought of when additional funding is available but not included in baseline budget. The VCSE sector should be included in the budget setting.
- The whitepaper doesn't include why grant making is preferred as it is more flexible, allows to deliver at pace and allows the VCSE sector to use the skills they have.
- Real disconnect in white paper and ICS guidance and will feels like direct conflict with ICS guidance.
- The idea of pooled budgets leaves the VCSE at a weaker position as they can't pool budget but can offer
- Changing the language and culture from the VCSE sector receiving grants to investing in Social value example fir impact.
- The timeframe for grants are tight and unrealistic and doesn't include funding for core cost
- The VCSE sector does not have budgets to pool but nor does acute trust or other providers. The white paper does not reflect the same level of partnership for the VCSE sector.

<u>Accountability</u>

- In terms of accountant, whilst it would be difficult for the VCSE sector to gather information to feed into and give the VCSE sector a role around accountability for delivery but the VCSE should not shy away from this. VCSE sector have been excluded but should work with ICS system to make it easier to record data from the VCSE sector so the sector back become apart of the system accountability process. In North Cumbria, they have a role third sector referral coordinator which allows them to input directly on the patient data and are hosted in NHS trust. Business intelligence can then pull this information down and it is a start of the VCSE sector to be involved.

<u>Data</u>

- The VCSE sector needs to be involved in a conversation around understanding where shared care records start and end
- Practice of sharing data is difficult in general but doesn't mention sharing the data between NHS, Local authority and VCSE sector. The data needs to be at the right level and not only at ward level
- Equality of access for the VCSE sector to have access to public health and population health management to allow opportunity to review the data to shape work and delivery.
- Shared an example of a community intelligence gathering tool which the ICS level at how this data could feed into a digital observatory.
- How much digital strategic is being developed at ICS level to feed into place level

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- The white paper mentions population health platform which her local experience population health data is clinically focused and doesn't capture the wider detriments of health such as housing and benefit dependency. We would need to ensure any type of population health platform proactively included the data around the wider detriments of health

<u>Workforce</u>

- Volunteering as a pathway into a work should have a proper structure, support and training and should not be workforce replacement. The VCSE sector could be involved and support pathways into work
- If integration and place-based working is the move forward, the white paper needs to look at how it is defining workforces as VCSE sector fits into the ICS's health and care workforce. It isn't helpful that the VCSE sector isn't included
- The white paper mentions roles to take down barriers between health and care but doesn't include the opportunity for new roles when there is a pressure on clinical roles. This could open conversation around what the new roles could look like in the short to medium roles and the possibility for the VCSE sector to be hosting those experimental roles.
- This section in the whitepaper mentions health and care workforce and carers but no mention of carers throughout the document
- The document doesn't recognise the workforce of the informal care in families and communities or in a broader sense.
- Conversations are happening at system level but there could have duplication at place level. Could the discussion, principles and planning be at system level and the details worked out at place level?
- The workforce and career isn't a linear process. Opportunity to look at a whole system approach to look at the health and care workforce.
- Understanding the barriers to access of joint training across the system such as having a non NHS email
- In Cumbria, a learning and improvement collaboratives which allows any training on Click to be available to anyone who delivers health and social care support which includes the VCSE sector. This is a great model to integrated work of working and could be modelled in other areas.