

Charter for partnership with the voluntary, community and social enterprise sector

1. Purpose

- 1.1. The voluntary, community and social enterprise (VCSE) sector in South East London (SEL) is a vital source of knowledge and expertise for our health and care system. Organisations within the sector have unique relationships with and understanding of our communities and innovative perspectives on how to deliver care. As partners we have worked well with the sector and tested new ways of working, not least during the pandemic.
- 1.2. As a system we understand that to achieve our shared vision of a healthy, happy and resilient SEL population we must invest in health-creating and preventative care, tackle health and care inequalities and support our communities to be resilient and connected. This is what the people and communities of SEL have told us they want and need. We know that most of such services are placed within the VCSE sector, particularly within smaller, community-based grassroots organisations. Therefore, we can only achieve our shared goals through more effective collaboration and power sharing with the VCSE sector, across our system, and the appropriate resourcing of the VCSE sector to deliver its role in our system. This charter plays a vital part in driving the impact and change we want to see for the people and communities of SEL.
- 1.3. The sector is eager to support our Integrated Care Board (ICB) and Integrated Care Partnership (ICP) in delivering these objectives. There are already many examples of effective partnership working between the statutory sector and the VCSE sector. However, there are a number of obstacles currently holding us back. The sector has identified in particular:
 - a) a need to collaborate consistently with the sector as an equal strategic partner, so that it can bring its expertise to the table in strategy and planning as well as in service delivery;
 - b) a short term and unpredictable approach to funding for some contracts, which undermines the sector's ability to act as a full partner and risks excluding smaller organisations from delivering services;
 - c) the complexities of transacting with the public sector in relation to some services, which reduces the resources available for frontline provision and restricts the sector's ability to innovate;
 - d) the need for the VCSE sector to have sustainable and resilient infrastructure.
- 1.4. This first Charter is designed to remove or mitigate the impact of these obstacles, enable cross-system partnership working and enable the VCSE sector to make as full a contribution as possible, where appropriate, to delivering our shared vision for our people and communities. We know that the VCSE sector, like SEL, is wonderfully diverse and that much of the collaborative work this charter calls for will take place through the Local Care Partnerships in our six boroughs. This will require us to develop and apply a wide range of approaches to reflect the unique needs of the boroughs and the VCSE organisations operating within them. We will particularly look to support and strengthen the work of smaller, equity-led grassroots organisations, who are embedded within and have trusted relationships with underserved and marginalised communities across SEL.

- 1.5. This Charter commits us to collaborative action and, as the work progresses, should lead to a fundamental step change in the way we collaborate and work with the VCSE sector across SEL, enabling a greater positive impact for the people and communities of SEL. Twelve months into operation, we will review implementation and modify, amend or enhance this Charter as required.

2. Approach

- 2.1. Our approach has been to work together to identify the obstacles to better collaboration and define actions that can be taken by all organisations in the SEL system to strengthen our partnership.
- 2.2. We know that currently our system is managing significant financial challenges, and all partners have limited resources and capacity. We are collaborating to overcome those challenges, and see the implementation of the Charter as a vital part of the solution, creating a positive and sustainable impact for our people and communities.
- 2.3. Neither our ICB nor our ICP has the statutory powers to impose requirements on the organisations in our system, all of which have their own constitutions, governance and legal requirements. However, senior leaders from across organisations and sectors in our system are members of the Board and Partnership and have the authority to influence their organisations' and sectors' approaches.
- 2.4. This Charter is constructed to reflect this reality. In order to do this:
- a) it makes four high level commitments in **bold** that aim to set a clear overarching direction for the system that all partners can sign up to but can be implemented in a way that respects democratic and other institutional mandates;
 - b) describes the rationale for making the commitment and the intent behind it to help in the formulation of action by partners to meet the commitment;
 - c) sets out some specific actions that the members of the ICP and the ICB are invited to take subject to approval through their own governance processes; and
 - d) Proposes continued joint working and commitment to support each other in this work between our Board, our Partnership and the organisations in our Integrated Care System (ICS) to implement the commitments in this Charter and evaluate the impact of this collaboration.

3. Developing a Strategic Partnership

We will treat the VCSE sector as a full strategic partner in setting strategic direction and system planning, in addition to its role in delivering services.

- 3.1. VCSE organisations bring unique expertise and insights about the needs of our populations and how they can best be met. If we are to deliver our shared vision, as detailed in the Integrated Care Strategy, we will need to harness the VCSE sector's full contribution to the strategic leadership of our system.

- 3.2. This should include helping to develop our understanding of the needs of our population, contributing to discussions on allocation of our resources and planning of services, and actively participating in work to reshape services and transform care.
- 3.3. To do this, we will need to ensure that there are greater opportunities for VCSE partners to participate in strategic leadership and share decision-making. We will need to create new leadership opportunities and provide funding for the VCSE to participate in the leadership of our system, and in particular for smaller, equity-led grassroots organisations who don't currently have an equitable strategic voice in our system.
- 3.4. We will also need to support VCSE leaders so that they can participate as equal partners and help to develop the infrastructure that will allow the VCSE sector to contribute effectively to strategic decision-making.
- 3.5. We will also need to support sector leaders to create greater opportunities for collaboration within the sector. We will need to ensure that this reflects the diversity of the sector, and that we are actively enabling grassroots and smaller VCSEs to play an equitable part, as they often represent the most underserved and marginalised groups and communities and are historically underrepresented in current partnership arrangements.
- 3.6. Meeting this overarching commitment will require changes in culture and approach by the ICB and the organisations represented in our Partnership and our Integrated Care System. A key aspect of this will be building trust and transparency between ICS partners and the VCSE sector.
- 3.7. The VCSE sector will need to develop effective arrangements for bringing the breadth of expertise of different types of VCSE organisations to support addressing our strategic challenges.
- 3.8. The Board and the Partnership commit to championing:
 - a) an active VCSE role in the strategic leadership and planning of our system in all relevant aspects of our system's work including SEL-wide arrangements and within our Local Care Partnerships;
 - b) diversifying our strategic collaboration with the VCSE sector, broadening the range of organisations we collaborate with, including smaller community-led organisations, to ensure it represents SEL's diverse communities;
 - c) continued funding and equitable access for VCSE leaders to opportunities for training and development in system leadership and innovation;
 - d) fair remuneration for VCSE organisations' contribution to the strategic leadership of our system.
- 3.9. The ICB and the members of our ICP will:
 - a) follow a cross-system structured process to ensure equitable power sharing and trust building with VCSE organisations (with a particular focus on grass roots and "by and for" organisations), including ensuring VCSE organisations have equitable influence in decision-making on strategy and planning at different levels;
 - b) ensure full cost recovery for the VCSE sector for its participation in the strategic leadership of our system; and
 - c) ensure infrastructure support for the VCSE sector as detailed under section 6 of this charter.

4. Providing Fair and Sustainable Funding

We will increase funding provided for the VCSE sector across our partnership and secure its services in ways that deliver greater social value and support health creation and prevention.

- 4.1. Our Integrated Care Strategy commits our system to action to: improve how our system protects people's health and prevents illness; develop more holistic, whole-person care that addresses people's health and social needs; address health inequalities and to use our economic power as an employer and purchaser to improve the resilience of our communities.
- 4.2. Our strategy also highlights the need for closer joint working with our communities to develop more tailored and culturally appropriate services that better meet the needs of underserved and marginalised communities.
- 4.3. At present, however, only a small amount of our funding is directed to VCSE organisations and activities that will enable us to deliver our vision and strategic priorities. To deliver the strategy, we will need to increase funding for VCSE organisations to sustain the impactful work the sector does particularly supporting prevention, health-creation, tackling interrelated health and social challenges, delivering care in ways that work for underserved communities and reducing health inequalities.
- 4.4. We will need to redirect funding to achieve these objectives, whilst recognising the constraints on overall resources. If we want to enhance the impact of VCSE preventative work in SEL, we also need to provide funding for VCSE organisations in ways that allow them to hire staff, invest in infrastructure and work in effective partnership with public services.
- 4.5. To help meet these challenges, the ICP will commit specifically to champion:
 - a) a longer-term strategic approach to funding for VCSE organisations where this would enable more effective partnership working and better care for our communities;
 - b) providing funding for local "by and for" VCSE organisations where these are best placed to connect with and deliver effective care for local communities; and
 - c) innovative ways of commissioning and contracting including through alliances of statutory and VCSE organisations, where this can deliver improved outcomes and integrate care.
- 4.6. The ICB and ICP will:
 - a) target its inequalities funding towards VCSE-led interventions and approaches wherever this will best meet the needs of disadvantaged populations and communities;
 - b) increase the use of arrangements that offer multi-year funding for partner organisations where this will allow them to work in better partnership with public services and deliver better support for local people; and
 - c) provide funding in ways that allow organisations to bring their own insights and apply innovative approaches to supporting our communities, rather than replicating traditional approaches to delivering public services.

5. Reducing bureaucracy and supporting innovation

We will ensure proportionate procurement and contract monitoring processes that will reduce the transactional burden for commissioners and providers and ensure a level playing field for VCSE organisations.

- 5.1. In addition to targeting resources effectively, we need to allocate resources in ways that allow us to engage the most effective organisations within our system, support the development of strong partnerships and enable innovation.
- 5.2. While competitive tendering can be an effective tool for awarding some types of contracts, other forms of public procurement may be more suitable in particular circumstances. Some approaches to procurement can undermine partnership working and innovation, exclude smaller organisations (such as grassroots VCSE organisations) or impose unnecessarily high costs, rather than effectively securing the most effective providers and value for money.
- 5.3. Given these challenges, the ICB will review current approaches to tendering for contracts and develop policies and frameworks to ensure that we deploy the most effective procurement processes for different types of services, with the aim of ensuring the most effective use of public funds.
- 5.4. The Board and Partnership will develop their understanding of the range of options for procuring services within the current legal framework and the circumstances in which different procurement routes would be most beneficial (bearing in mind some of the differences in the application of procurement law between NHS organisations and Local Authorities).
- 5.5. They will explore further how they can procure services in ways that enable partnership working and innovation, maximize social value and avoid unnecessary costs.
- 5.6. The ICP will sponsor a project with the VCSE alliance to better understand the challenges that VCSE organisations, in particular smaller VCSE organisations, face in bidding for funding and delivering contracts.
- 5.7. The ICB and the ICP will develop a set of principles or framework for our Integrated Care System to enable the most effective procurement of health and care services. This should seek to:
 - a) enable partnership working between public services and partner organisations including the VCSE in delivery of services;
 - b) enable innovation in approaches to delivering services, for example to better meet the needs of deprived populations;
 - c) help to level the playing field for VCSE organisations and allow smaller VCSE organisations to bid for contracts and deliver services where they would best meet the needs of our communities;
 - d) secure local VCSE providers where they would best meet the needs of our communities and maximise social value;
 - e) avoid unnecessary costs for commissioners and providers while ensuring value for money and appropriate oversight of public funds.

6. Building supporting infrastructure

We will invest in strengthening the VCSE sector's infrastructure so that it can play an effective role in the strategic leadership of our system and service delivery.

- 6.1. To be able to play an effective role in the strategic leadership of our system and in delivering health and care services, the VCSE sector needs to be able to access the type of infrastructure that is available to NHS organisations and other partners.
- 6.2. Large providers in our system like the NHS have access to infrastructure including communications systems, data systems, analytics capability and estates which can be utilised to strengthen the VCSE sector and enable it to make a greater contribution to delivering our objectives.
- 6.3. The ICB and NHS organisations within our Integrated Care System will:
 - a) work in partnership with the SEL VCSE Strategic Alliance to understand how we can best support VCSE sector organisations infrastructure needs, with particular focus on the needs of small and medium VCSEs, to enable greater social impact;
 - b) enable more effective sharing of data and insight between the VCSE sector and the NHS subject to data protection and other legal requirements, where this would enable the VCSE to work in more effective partnership with public services and deliver better care;
 - c) provide the VCSE sector with access to NHS estate at affordable rent or for free wherever this is practically feasible and where it would enable the VCSE sector to work in stronger partnership with public services and better serve our people and communities.