



Meeting name:	West Yorkshire Integrated Care Board
Agenda item no.	
Meeting date:	21 March 2023
Report title:	Maximising the role of the VCSE in delivering our West Yorkshire Integrated Care Strategy
Report presented by:	Kim Shutler (Senior Responsible Officer for Harnessing the Power of Communities Programme, NHS West Yorkshire ICB)
Report approved by:	Ian Holmes (Director of Strategy and Partnerships)
Report prepared by:	Kim Shutler (Senior Responsible Officer for Harnessing the Power of Communities Programme, NHS West Yorkshire ICB)

Purpose and Action			
Assurance <input type="checkbox"/>	Decision <input type="checkbox"/> (approve/recommend/ support/ratify)	Action <input checked="" type="checkbox"/> (review/consider/comment/ discuss/escalate)	Information <input type="checkbox"/>
Previous considerations:			
<p>Voluntary, Community and Social Enterprise Sector (VCSE) sustainability has been discussed in several West Yorkshire Integrated Care Board meetings including as part of the review of the Corporate Risk Register and Cost of Living response.</p>			
Executive summary and points for discussion:			
<p>The West Yorkshire (WY) Integrated Care System is nationally recognised for the strength of its approach in working with our VCSE sector demonstrated by our investment in a dedicated Harnessing the Power of Communities Programme (HPoC) and through our <i>Memorandum of Understanding</i> (see Appendix 1) which “recognises that the VCSE sector are a key and equal partner in achieving the West Yorkshire Partnership ambitions and vision.”</p> <p>As part of the development of the WY Integrated Care Strategy, HPoC has developed four key priorities for discussion and consideration (see Appendix 2), which the VCSE sector is uniquely placed to deliver against to alleviate pressures on the system, reduce health inequalities and improve population health and wellbeing outcomes for our communities:</p> <ul style="list-style-type: none"> • Acute and specialist provision • Community and neighbourhood • Access, inclusion and working with diverse communities • Workforce <p>However, we know that the VCSE sector is experiencing a challenging period which poses a risk as highlighted in the WY ICB Corporate Risk Register (CRR). This level of risk is evidenced through local, regional and national data and insight. Whilst 7 short term recommendations were supported as part of our response to the Cost of Living crisis, in order for the sector to maximise its contribution to the delivery of WY Strategy, we need to create the longer term conditions for our strong, vibrant and diverse VCSE.</p>			

Which purpose(s) of an Integrated Care System does this report align with?

- Improve healthcare outcomes for residents in their system
- Tackle inequalities in access, experience and outcomes
- Enhance productivity and value for money
- Support broader social and economic development

Recommendation(s)

The Integrated Care Board is asked to:

1. Review the opportunities highlighted for further development and integration of the VCSE as part of the West Yorkshire Partnership
2. Note the current pressures facing the VCSE in West Yorkshire
3. Continue to implement the 7 Recommendations as part of the Cost of Living work through practical and tangible actions
4. Review and discuss the conditions for success, and review recommendations for implementation to support risk mitigation

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

Risk Ref 2120: There is a risk of loss of VCSE services across West Yorkshire due to lack of long-term funding & investment resulting in damage to the Partnership's mission, poorer health outcomes and increasing health inequalities, alongside ICS' reputation for working with VCSE.

Appendices

1. Memorandum of Understanding between West Yorkshire Integrated Care System and the Voluntary, Community and Social Enterprise sector in West Yorkshire (VCSE)
2. West Yorkshire Health & Care Partnership's Harnessing the Power of Communities Programme Priorities for 2023-28
3. Examples of VCSE impact against the Harnessing the Power of Communities Programme Priorities for 2023-28 and conditions for success

Acronyms and Abbreviations explained

1. *HPoC (West Yorkshire Health & Care Partnership's Harnessing the Power of Communities Programme)* – Focuses on acting as a catalyst for and strengthening the VCSE sector to work with statutory health and care organisations as a key and equal partner in achieving the West Yorkshire Partnership ambitions and vision. It acts as the West Yorkshire Health & Care Partnership's strategic connection and co-ordinating point with the wider VCSE sector for the ICB.
2. *VCSE (Voluntary, Community & Social Enterprise)*

What are the implications for?

Residents and Communities	Access/lack of access to a wide range of community-based services and support
Quality and Safety	Potential loss of VCSE capacity leading to increased pressure on statutory services
Equality, Diversity and Inclusion	VCSE organisations work with marginalised groups / communities with protected characteristics VCSE play a key role in reaching and working with marginalised and seldom heard communities and tackling health inequalities.
Finances and Use of Resources	Opportunity for long term savings through the shift to improved prevention and community resilience.
Regulation and Legal Requirements	
Conflicts of Interest	
Data Protection	
Transformation and Innovation	Potential to transform the delivery of health and care with a focus on early help and prevention as well as new delivery models.
Environmental and Climate Change	
Future Decisions and Policy Making	
Citizen and Stakeholder Engagement	Care is shaped with individuals and communities through co-production and working alongside VCSE organisations rooted in communities.

1. Purpose

- 1.1 The WY Integrated Care Strategy sets out our vision for health and care which places prevention, tackling inequalities and improving health and wellbeing at its centre. The role of the VCSE is fundamental to the delivery of this vision.
- 1.2 Across West Yorkshire we have positive relationships between the VCSE sector and statutory health and care partners and examples of strong practice. Similarly, the West Yorkshire Partnership is nationally recognised as being at the fore when it comes to this area of work.
- 1.3 In line with the memorandum of understanding between the VCSE sector and the WY Partnership (see Appendix 1), our ambition is to realise the full potential of the sector within the partnership to deliver our strategy, achieve our ambitions and maximise impact. There is significant potential to do this, building on areas of best practice.
- 1.4 This paper will aim to:
 - a) Set out the proposed priorities for HPoC in contributing to the West Yorkshire strategy as well as in our 5 places.
 - b) Outline the key conditions for success and provide recommendations around how these can be supported.

2. Third Sector Trends Survey 2023

- 2.1 The recently updated Third Sector Trends Survey 2023¹ provides up to date picture on the size and shape of our VCSE sector in West Yorkshire:
 - 13,987 VCSE sector organisations (a drop from 14,900 in 2021)
 - 31,875 employees delivering 52.4 million working hours a year (up from 29,700 in 2021)
 - 132,214 volunteers giving at least 9 million hours (up from 121,000 in 2021)
 - an estimated 29,700 employees delivering 49 million working hours a year (up from 31,875)

¹ The full results of the Third Sector Survey are due to be published at the end of March 2023.

3. Our vision and ambition for the VCSE in West Yorkshire

Ambition: *To establish the VCSE sector as an equal health & care partner in co-creating and shaping strategies, plans and services and delivering improved health and wellbeing for our populations enabled by long term joined up investment to deliver consistent, sustainable solutions to reducing health inequalities*

Vision: *For vibrant, sustainable, and resilient communities across West Yorkshire where citizens, the VCSE sector and partners come together to plan, develop, and deliver innovative solutions to improve population health and wellbeing and reduce inequalities*

Our approach

- We reflect the VCSE sector being **flexible and adaptable**.
- We respond to changing population health and care needs and work to ensure continued and increasing **collaboration between the VCSE and health and care partners** at neighbourhood, place, and partnership levels to reduce health inequalities.
- We **build on community assets and place-based development** and delivery and ensure the diversity of communities in WY is represented in all we do.
- We promote the authentic, community-based nature of the VCSE and **share promising practice, innovation, and ideas** from the sector with health and care colleagues.
- We communicate openly with all stakeholders at partnership and place levels and do our best to **engage the wider VCSE** across WY in all our work.

- 3.1 As part of the WY strategy refresh, HPoC has worked with stakeholders to identify 4 key priority areas (see Appendix 2) for specific focus to add value and maximise impact:
- 1) Acute and specialist services
 - 2) Community and neighbourhoods
 - 3) Access, inclusion, and working with our diverse communities
 - 4) Workforce
- 3.2 The aim of this work will be to share good practice and learning from organisations and places to support a reduction in unwanted variation, and identify opportunities for this work to be accelerated, scaled up and/or further developed, and support wider system transformation. It will also identify opportunities to deliver things once across WY. Some examples of how the VCSE sector is already having an impact against our priorities and conditions for success is captured in Appendix 3.

4. Acute and specialist services

- 4.1 Across the Partnership, there is a range of strong VCSE activity with a clear evidence base for delivering specialist work which can be provided as an alternative to or complement statutory provision including working with marginalised groups and communities with protected characteristics that statutory services often struggle to connect with.
- 4.2 There are examples of VCSE services which are delivered on an integrated basis designed to positively impact on specific system pressures and support alternative (often non-clinical, community-based approaches) or

provide solutions in the face of growing workforce pressures and system demands.

4.3 For example, the Multi-Agency-Support-Team (MAST) in Bradford District and Craven, which costs £497k per annum and is jointly NHS and local authority funded is delivered by 5 VCSE organisations² (covering mental health, alcohol, frailty and specialist social prescribing) and works in both acute hospitals and in the community to reduce reattendance, support delayed discharge and improve patient experience. In the past 6 months MAST has screened, assessed and signposted 1696 people across both hospitals, delivered 2126 sessions of support in the hospitals and supported 720 of these people through ongoing community-based case work. 100% of those asked for feedback after 3 months reported they had not re-presented at hospital with their original presenting issue.

4.4 Key areas of opportunity include:

- Solutions to avoiding admissions and delayed discharge
- Support for people on waiting lists to 'wait well' or to access alternative suitable provision
- Support post-discharge to reduce re-attendance and re-admission

4.5 Further development in this area of work will contribute directly to a range of programmes including:

- Urgent and Emergency Care
- Improving Planned Care
- Long Term Conditions & Personalised Care
- Mental Health, Learning Disability and Autism
- West Yorkshire Cancer Alliance

5. Community & Neighbourhoods

5.1 Working at a neighbourhood level and, often with minoritised communities, who we are often failing to reach through statutory services, is something which our VCSE is exceptionally skilled at. Organisations deliver a diverse range of early help and prevention activity, close to where people live which crucially helps people to stay well for longer and builds resilience. This work builds on the assets in our community and shifts power in a way which emboldens people and communities to take ownership for their own health and wellbeing. It is the work that *creates* health and wellbeing and addresses the wider determinants of health rather than solely providing services to those who are unwell.

² MAST is led by Project 6 working with The Cellar Trust, Carer's Resource, HALE and Keighley Healthy Living.

- 5.2 The VCSE work at this level contributes across a range of the WY programmes and has a clear and close alignment to the Fuller Stocktake, Primary Care and Improving Population Health programmes. It is also key in terms of the WY response to the cost-of-living crisis.
- 5.3 For example, in Wakefield, community anchors have played a key part in Covid recovery with their 'help at the hubs' programme. This has involved working with eleven trusted community venues and bringing partner agencies who can tackle poverty including Citizens Advice Bureau (CAB), Live Well Wakefield (social prescribing service) and Department for Work and Pensions (DWP) together to run day long road shows in communities. The campaign took place over 11 days and in terms of financial gain, it is projected that over a year the 187 people that were successful will cumulatively gain £382,835 worth of previously unclaimed benefits or increases in existing benefit claims. That is an average of £2,047 per household. The campaign has since been repeated due to its significant success.
- 5.4 In Calderdale a programme of transformation is underway to integrate health and wellbeing support for adults focused around community anchor organisations. This has led to a move from an annual contract with community anchors for the Staying Well service, to a long-term open-ended contract. This is in line with some of the recommendations in the Creating Health and Wealth by Stealth Report.³
- 5.5 Key opportunities include:
- Support the implementation of the Fuller Stocktake Report
 - Integrated VCSE provision within Primary Care Networks
 - Strengthen the roles of Community Anchor organisations
 - Champion and build on our VCSE assets within communities
 - Building on the work undertaken by HPOC around developing an integrated Primary Care Network (PCN) / VCSE service model and captures the key success factors.

6. Access, inclusion and working with our diverse communities

- 6.1 Our grass roots organisations bring a rich diversity and a deep trust which means that they are uniquely placed to reach and work alongside minoritised communities in a way which larger or statutory organisations cannot. Made up of staff and volunteers from the communities themselves, these organisations often have a long history of being embedded in the community.

³ <https://locality.org.uk/events/creating-health-and-wealth-by-stealth-report-launch>

- 6.2 Community centres often operate as local anchor organisations providing holistic support which means local people turn to them at their moments of greatest need. They also often play a coordination and capacity building role with other smaller or volunteer-led groups who play a crucial role in working alongside minoritised communities and in areas of high deprivation. Their impact was clearly evidenced during the pandemic where these organisations played a significant role in health messaging around vaccinations in addition to a range of other areas to tackle inequalities.
- 6.3 For example, during the pandemic Kirklees Council funded 14 VCSE organisations to recruit 78 Community Champions to help address inequalities related to the uptake of the Covid vaccine. The model of work is flexible and based on trust and empowering communities. Focus includes: physical and learning disabilities, not in employment, education or training, Black or Asian Ethnicity or not born in the UK, low literacy levels, drug/alcohol dependent, homeless, Gypsy/Roma Traveller communities, sex workers, victims of modern slavery, people who have experienced exploitation, trauma or abuse, identify as LGBT+ or MSM, experience mental health problems, in contact with the justice system and live in areas of highest deprivation. The 5 health outcome areas of focus included: Maternal and infant health, Cardiovascular disease, Respiratory health, Cancer and Mental health.
- 6.4 Key areas of focus will include but will not be limited to:
- Embed co-production across the West Yorkshire Partnership programmes
 - Further develop and embed community-centred practices across the West Yorkshire Partnership programmes
 - Support further investment in grass roots and community organisations which can play key roles in engaging with and reaching minoritised communities including supporting health messaging and health behaviour change
 - Support and grow diverse leadership from within the VCSE to drive long term change and tackle health inequalities.
- 6.5 HPoC has undertaken a range of work around this area including working with other programmes to deliver co-production sessions to shape priorities and actions including with the Integrated Stroke Delivery Network (ISDN) and Local Maternity & Neonatal System (LMNS).

7. Workforce

- 7.1 In the face of workforce challenges across our Partnership and nationally, the VCSE has the potential to unlock a range of solutions which bring in new skills and experiences, or additional pathways into health and care, in a way which complements professions within the statutory sector.
- 7.2 For example, in Leeds, Leeds One Workforce is seconding a part time worker to support the VCSE HR network recognising the need to ensure we are supporting the sector around workforce, recruitment, retention and organisational development and providing up to date information about workforce developments, support and opportunities available, as well as having a strong network to hear themes from and share good practice.
- 7.3 Key areas of focus will include but will not be limited to:
- A shared approach to volunteering with routes to employment
 - Strengthen and grow our 'lived experience' and peer support workforce from our own communities
 - Develop and grow the approach to integrated teams including the VCSE
 - A more flexible workforce between statutory and VCSE organisations

8. Creating the conditions for success

Challenges and risks

- 8.1 Despite significant opportunities for the VCSE to play a vital role in health and care delivery and transformation as well as health creation, the sector faces immediate and urgent challenges in terms of service and organisational sustainability. In turn this poses a risk to our wider health and care system, as well as impacting on widening health inequalities.
- 8.2 National research shows that the VCSE has not recovered from the pandemic. Locality highlighted that 1 in 5 of its members had already had to close or significantly reduce their services. Post-pandemic, the financial picture is a challenging one due to inflationary cost pressures, a down-turn in charitable giving, a reduced investment from Trusts and Foundations, and reduction in contract or grant opportunities from statutory funders due to wider cost pressures. In their January 2023 report, Charities Aid Foundation highlight that 53% of charities (71% of charities working with disabled people, children and older people) are worrying about struggling to survive, 63% (in the North of England) have had to use their reserves to cover day to day running costs, less than 2 in 5 are confident in maintaining staffing levels. Demand on the sector increased during the pandemic and has continued to rise in the light of the cost-of-living crisis and alongside the

growing demands on statutory services, with people struggling to gain timely access. 67% of charities in the North reported a substantial increase in demand (vs 40% in the South).⁴

- 8.3 Some Places have carried out further local analysis on the impact on their VCSE sector. For example, the early findings from the Leeds State of the Sector shows a reduction in employees for medium and large VCSE organisations, 1/5 fewer small registered organisations and 1/4 fewer registered volunteers.
- 8.4 95% of the VCSE sector's organisations are small or micro. These are often working at a grass roots or neighbourhood levels and contribute significantly to tackling health inequalities and keeping people well, yet they face some of the greatest risks to sustainability. They tend to be funded by very small, short-term grant funding (often 6-12 months), often from the local authority or Trusts and Foundations (i.e. they are unlikely to be able to access NHS contracts). They also report significant barriers to accessing statutory and non-statutory funding opportunities.

9. Cost of Living crisis actions to support the VCSE sector

- 9.1 As part of the WY Partnership response to the cost-of-living crisis, HPoC developed 7 key recommendations for short to medium term action which were identified as things which could have a notable impact on the sector without necessarily requiring additional investment, recognising the wider system cost pressures. These were shared in December 2022 with each of the 5 Places with broad support from each of the Place Leads for the recommendations with key themes:
- 1) Provide payment upfront to support cash flow and no longer provide payment in arrears
 - 2) Provide greater flexibility in use of funding already allocated to VCSE organisations (e.g. vacancies funding to pay salary uplifts or cover increased energy costs).
 - 3) Minimise reporting requirements/re-tendering processes where possible – saving staff time to focus on delivery
 - 4) Explore funding mechanisms and opportunities across WY ICB to invest in maintaining VCSE services in line with local plans and priorities – including winter pressures funding, resilience funding and creative use of vacancies funding within statutory organisations

⁴ <https://www.cafonline.org/about-us/publications/charity-resilience-index>

- 5) Explore the role of Anchor Institutions (including Community Anchor organisations / larger VCSE organisations) in partnering with and supporting their local small and micro VCSE organisations
- 6) Bring together funding offers where possible to simplify and streamline processes for the VCSE sector
- 7) Plan and communicate now regarding re-commissioning services and explore contract extension

9.2 Each area is different but all are taking proactive approaches. For example, in Calderdale the NHS have invested in a 2 year Cost-of-Living Coordinator post through the VCS Alliance to help to develop the sector's response. In Bradford District and Craven, the recommendations have been agreed and system leaders are building on these with additional measures being developed collaboratively alongside the VCSE Leadership Network in work which will link to the refresh of the VCSE Compact including developing a Community Investment Standard. Leeds City Council have been working with Voluntary Action Leeds and Forum Central to explore mitigation in any cuts to public sector funding which could disproportionately impact on groups reaching minoritised communities. Kirklees Council have signed off a co-produced VCSE Funding and Investment Strategy and work is taking place across a range of health and care partners to align the strategy with the 7 recommendations. Wakefield Council have further invested in their Infrastructure to support voice and influence work.

9.3 Discussions are within the context of wider concerns regarding financial pressures and are ongoing in terms of refining the detail around operationalisation of the recommendations and what can be realistically achieved. All areas have committed to continuing with this work utilising local governance arrangements.

10. Conditions for success – Key areas for consideration to mitigate risk and maximise potential

10.1 In addition to these 7 recommendations, there are some key enablers which would help to create the conditions for a strong and sustainable VCSE sector and enable it to maximise its contribution and impact. The following section outlines these with recommendations for actions at Place and System levels:

VCSE investment and commissioning

Challenges

1. Investment in the sector is difficult to quantify as it is varied and often non-recurrent

2. Grass roots organisations cannot compete with complex procurement which lends itself better to large/national providers
3. Some areas retain more in-house delivery within statutory providers
4. Reduction in funding over years due to national cuts to local government
5. System is not maximising the potential of local providers who can often achieve match funding/added social value

6. Potentially some gaps in the local VCSE market at Place meaning that it is perceived as more difficult to commission local solutions to system priorities

Recommendations for Places

- Develop a Place level picture of health & care VCSE sector investment including:
 - Identifying a Finance lead and group to own, progress and develop a shared analysis to inform decision making
 - Ensuring a partnership approach identifying leads within statutory health and care partners to ensure a Place level analysis
 - Working with VCSE sector infrastructure organisations/ partnerships
 - Ensuring longer term plans for mainstreaming where use of NHSE transformation funding has worked well

- Co-produce simplified and inclusive processes which incentivise innovation, reduce the burden on small organisations and allows them to fully demonstrate their social value
- Identify additional opportunities to maximise resources and creative approaches to match funding working with VCSE sector infrastructure organisations
- Develop an action plan to mitigate against the risk to diverse grass roots VCSE organisations in the short and medium term, which may be disproportionately affected by financial pressures but are carrying out essential health inequalities and health creation work including reviewing local mechanisms to ensure funding is reaching these areas

- Develop and embed processes for the VCSE sector to share intelligence on health and care gaps that shapes decision making

Recommendations for System level

- Develop and agree principles for a risk-based approach that moves away from short-term contracts to longer term sustainable investment to enable innovation and transformation and prioritises social value
- Co-produce principles for commissioning with the VCSE sector using promising practice from Places and nationally that prioritises social value and empowers grass roots community networks

- Develop and agree principles for strategy to shift investment closer to communities including to communities themselves (e.g. participatory budgeting) to support early help and prevention
- Develop and agree principles for commissioning for outcomes (not outputs) with emphasis on proportionate reporting and data reporting
- Develop principles for commissioning for social value with emphasis on evidence of local added value, local networks and knowledge, local impact on addressing health inequalities.

- Explore innovative solutions with HPoC where gaps are identified across the System through Programmes
- Create opportunities for shared learning and peer mentoring

VCSE Infrastructure

Challenges

7. Significantly varied (and short term) investment in the VCSE infrastructure (some from local government only) resulting in a variation in the size, nature of the market, leadership, staffing capacity, opportunities, and mechanisms to innovate, integrate, support, develop and mobilise the sector

8. Places of lower investment are unable to develop comprehensive networks of VCSE representatives and an inconsistent approach to reimbursement is a barrier to participation for the majority of organisations, particularly from diverse grass roots organisations

Recommendations for Places

- Review opportunities for additional investment and impact of VCSE infrastructure organisations to facilitate improved outcomes

- Review local VCSE voice and influence arrangements. This includes:
 - Implementing the WY Reimbursement Framework across all Places to support meaningful participation from diverse sector voices
 - Proactively identify barriers and enablers to inclusive participation

Recommendations for System level

- To use the research and analysis of the VCSE infrastructure arrangements across the 5 Places to:
 - Share promising practice
 - Drive greater equity of investment across WY
 - Explore shared solutions and where we can do things once

- Where Programmes are reviewing membership arrangements to connect with HPoC to:
 - Implement the WY Reimbursement Framework
 - Secure VCSE representation to ensure they are fully connected to HPoC and VCSE infrastructure organisation at Place

Workforce

Challenges

9. Short-term funding arrangements, contracts and grants which are not uplifted to cover inflationary costs, and delayed communications around contracts and commissioning leads to loss of staff and talent within organisations and the health and care system, and organisational instability

Recommendations for Places

- See Investment and Commissioning recommendations.

Recommendations for System level

- Develop systems and approaches to facilitate redeployment of staff at risk of redundancy.
- Develop shared approaches to volunteering into employment.
- Work with the People's Board and other approaches to develop our lived experience workforce from our communities.

Estates

Challenges

10. Long delays in legal processes around Community Asset transfers are putting organisations at risk

11. Increased running costs for community buildings are not sufficiently covered in contracts or grants

Recommendations for Places

- Review approaches and timescales around Community Asset Transfer at Place and consider measures to further support VCSE organisations to take on community assets
- Map community assets at Place and explore options for co-location of statutory and VCSE provision (e.g. as part of Fuller Stocktake implementation)
- Explore opportunities for additional funding to support VCSE organisations when contracting and resources for buildings to be more energy efficient

Recommendations for System level

- HPoC to collate and share strong promising practice of Community Asset Transfers with Place and Programmes
- HPoC to collate and share strong practice with Places and Programmes of:
 - Co-location
 - VCSE organisations being supported to be more energy efficient
- HPoC to work with the WY Climate Change Team to develop a VCSE approach to tackling change using learning nationally

Data and digital infrastructure

Challenges

12. VCSE organisations' ability to participate fully in core delivery is being curtailed by the lack of digital infrastructure to share data and information, and resourcing is not consistently available to allow this to be improved

Recommendations for Places

- Identify funding opportunities or resource sharing to support more organisations to capture and flow data.
- Improve access to, and quality of information about VCSE sector provision for system partners and citizens through investment in shared digital information infrastructure including information governance roles
- Continue to extend the role that the VCSE sector plays in providing personalised support to the people who are most vulnerable to digital exclusion

Recommendations for System level

- As part of the WY Digital Strategy, explore funding to support more organisations to capture and flow data, and to enable the VCSE sector to go further faster in developing digital and 'hybrid' services
- Work at West Yorkshire and Places to ensure that the VCSE is a key partner in the implementation of shared care records including work on the Yorkshire and Humber Shared Care Record.
- Identify opportunities to implement standard data sets/outcome measures to support streamlining of data collection and help the sector to evidence impact in a way which is proportionate.

Memorandum of Understanding

Between West Yorkshire Integrated Care Board (ICB) and the Voluntary, Community and Social Enterprise sector in West Yorkshire (VCSE)

This document is a written understanding between partners setting out how they will engage and embed the VCSE sector in system level governance and decision-making arrangements and collaborate with the sector in West Yorkshire to deliver better health and well-being outcomes for the 2.4 million people who live here.

ICB Vision

We have worked together to develop a shared vision for health and care services across West Yorkshire:

- Places will be healthy - you will have the best start in life, so you can live and age well.
- If you have long term health conditions you will be supported to self-care through GPs (General Practitioner) and social care services working together. This will include peer support and via technology, such as telemedicine.
- If you have multiple health conditions, there will be a team supporting your physical, social, and mental health needs. This will involve you, your family and carers, the NHS, social care, and voluntary and community organisations.
- If you need hospital care, it will usually mean going to your local hospital, which works closely with others to give you the best care possible
- Local hospitals will be supported by centres of excellence for services such as cancer and stroke
- All of this will be planned and paid for together, with councils and the NHS working together to remove the barriers created by planning and paying for services separately. For example, community and hospital care working together.
- Communities and staff will be involved in the development and design of plans so that everyone truly owns their health care services

Shared principles

All partners agree to act in accordance with the collaborative principles agreed by the Partnership:

- We will be ambitious for the people we serve and the staff we employ.
- The West Yorkshire Partnership belongs to its citizens and to commissioners and providers, councils, and NHS. We will build constructive relationships with communities, groups, and organisations to tackle the wide range of issues which have an impact on health inequalities and people's health and wellbeing.
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict.
- We will undertake shared analysis of problems and issues as the basis of taking action.
- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible.

Shared values

All partners agree to behave consistently as leaders and colleagues in ways which model and promote the Partnership's shared values:

- We are leaders of our organisation, our place and of West Yorkshire.
- We support each other and work collaboratively.
- We act with honesty and integrity and trust each other to do the same.
- We challenge constructively when we need to.
- We assume good intentions; and
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

The VCSE in West Yorkshire

In West Yorkshire we recognise the VCSE sector is a vital cornerstone of a progressive health and care system.

The focus for our work as a Partnership is moving increasingly away from simply treating ill health to preventing it, and to tackling the wider determinants of health, such as housing, employment, social inclusion, the physical environment, and health inequalities.

By bringing their unique expertise and insights to the table the VCSE can help shape services and approaches that tackle the root causes of health inequalities and work alongside partners in health and care and communities to change behaviours and attitudes and deliver cost effective solutions to improving population health.

Our Vision for the VCSE in West Yorkshire

Our vision is a vibrant, sustainable, and resilient Voluntary, Community and Social Enterprise Sector across West Yorkshire which is fully integrated into local place

systems. The VCSE is an equal stakeholder and partner, influencing decisions, delivering solutions and innovation for the benefit of the population and offers critical insight when planning and shaping strategy and services system wide.

Purpose of the West Yorkshire Memorandum of Understanding

All partners agree, as set out in the ICB constitution, to work together in partnership to realise shared ambitions to reduce health inequalities, improve the health of the people who live in West Yorkshire and improve the quality of their health and care services.

This MOU recognises that the VCSE sector are a key and equal partner in achieving the ICB WY ambitions and vision.

Inclusion of the VCSE in governance and decision-making arrangements, including as a full voting member of the ICB Board and on ICB Committees at place, sets out clearly the commitment to active and meaningful engagement of the VCSE sector.

The ICB is committed to the VCSE being embedded as an essential part of how the system operates at all levels and recognises that much of this work goes on at place and neighbourhood levels and that smaller, local VCSE organisations have an important role to play in this. Local VCSE organisations are committed to proactively engaging with smaller VCSE organisations in the grassroots of our communities ensuring that they are represented and heard. This will include involving the sector in governance structures and system workforce, population health management and service redesign work, leadership, training and development opportunities, and organisational development plans.

The Harnessing the Power of Communities (HPoC) function in the ICB through their HPoC Board - which includes leaders from the VCSE infrastructure organisations in each of the 5 places - is the strategic connection and co-ordinating point with the wider VCSE for the ICB. HPoC will work alongside the sector to ensure they have a voice and influence across ICB functions and that this builds on and supports place-based arrangements.

The Senior Responsible Officer (SRO) for HPoC will also be the VCSE ICB Board Member ensuring connectivity and that the views of the wider VCSE are reflected at ICB Board level.

The emerging WY VCSE Assembly which brings together the wider VCSE across the region will be a point of reference and influence across this work.

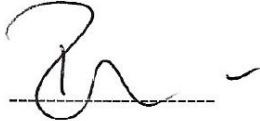
These arrangements will also build on the involvement of VCSE partners in relevant forums at place and neighbourhood level.

This document is agreed and signed on behalf of the wider VCSE sector in WY by the Accountable Officers of the VCSE Infrastructure Organisation in each of the five places (Bradford District and Craven; Calderdale; Kirklees; Leeds; and Wakefield.) and Chairs of West Yorkshire wide VCSE Networks.

Signatures



Cathy Elliot, Chair Designate, Integrated Care Board

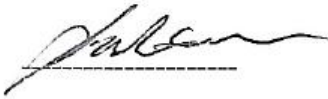


Rob Webster, CEO Designate, Integrated Care Board

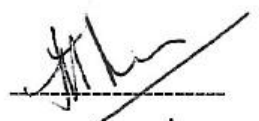
On behalf of the VCSE in West Yorkshire:



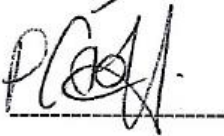
Community Action Bradford and District, Bradford, and Craven District



Voluntary and Community, Calderdale



Third Sector Leaders, Kirklees



Volition, Forum Central, Leeds



NOVA, Wakefield




West Yorkshire VCSE Voices



West Yorkshire Integrated Volunteering Group



West Yorkshire VCSE Mental Health Group



Community First Yorkshire, Rural Communities

Date of official signing: 04/07/2022

This document will be reviewed in November 2022 as we recognise that arrangements for the ICB and the place-based committees are still emerging across West Yorkshire. Thereafter, it will be reviewed every two years.



Our approach

- We reflect the VCSE sector through being flexible and adaptable.
- We promote the authentic, community-based nature of the VCSE and share best practice, innovation, and ideas from the sector with health and care colleagues.
- We communicate openly with all stakeholders at ICB and place levels and do our best to engage the wider VCSE, including smaller, community organisations, across WY in our work.
- We respond to changing population health needs and priorities and work to ensure continued and increasing collaboration between the VCSE and health and care partners at neighbourhood, place, and partnership levels to reduce health inequalities.
- We build on community assets and place-based development and delivery and ensure the diversity of communities in WY is represented in all we do.

Harnessing the Power of Communities

Who we are

In West Yorkshire we recognise the value of our vibrant and diverse VCSE sector in tackling health inequalities and improving the health and wellbeing of our population. Rooted in our communities, they are trusted, connected and understand, and respond to local needs.

Our Harnessing the Power of Communities Programme is dedicated to advocating for, and championing the VCSE sector across the system, acting as a catalyst for change.

We are a small team working alongside our VCSE colleagues across West Yorkshire including representatives from each Place and key themed areas such as mental health, racial equality, rural communities, and volunteering.

Our work is underpinned by a [Memorandum of Understanding](#) between the ICB and our VCSE sector in West Yorkshire.

Vision: *For vibrant, sustainable, and resilient communities across West Yorkshire where citizens, the VCSE sector and partners come together to plan, develop, and deliver innovative solutions to improve population health and wellbeing and reduce inequalities*

Ambition: *To establish the VCSE sector as an equal health & care partner in co-creating and shaping strategies, plans and services and delivering improved health and wellbeing for our populations enabled by long term joined up investment to deliver consistent, sustainable solutions to reducing health inequalities*

Throughout everything we do... we work alongside our health and care partners to ensure the VCSE sector are fully part of our approach to tackling rising poverty, the cost of living crisis and climate change

West Yorkshire Health & Care Partnership's Harnessing the Power of Communities Programme

Our priorities for 2023 - 28



Our enablers

creating the conditions for our strong, vibrant & diverse VCSE sector to thrive

Joined up and sustainable funding	Inclusion, voice & governance	Research, evidence & data	Digital & Information Sharing
<ul style="list-style-type: none"> A long term investment model Deliver a shift of investment to prevention with the VCSE sector at its heart Re-design how we commission Advocate for equity of investment for VCSE infrastructure 	<ul style="list-style-type: none"> Work with each WY Programme to review VCSE involvement ensuring we have diverse representation Review the structure and membership of HPoC Develop how the VCSE sector works with the WY ICB & WYCA 	<ul style="list-style-type: none"> Strengthen understanding of the VCSE sector through robust research and data analysis Strengthen the VCSE sector profile within ICB policies, strategies, planning and delivery based on evidence and data 	<ul style="list-style-type: none"> Develop digital inclusion for communities and the VCSE sector Strengthen the digital infrastructure for the VCSE sector Develop approaches to information sharing with VCSE organisations

Our key drivers, plans & strategies: NHS Long Term Plan | Fuller Stocktake Report | WY HCP 5 Year Plan & Joint Forward Plan | WY HCP People Plan

Appendix 3 – Examples of VCSE impact against the Harnessing the Power of Communities Programme Priorities for 2023-28 and conditions for success

Acute and Specialist Provision



Brain Injury Support

Second Chance delivers a full multi-disciplinary-team approach providing a wide range of services to adults with Brain Injuries, their families and carers including one to one case work across West Yorkshire. The service works with local hospitals and health trusts to assist with hospital discharge, reduce length of stay, reduce attendance at A&E and reduce calls on GP's and social services. It is currently entirely charitably funded at a cost of £205,248, however, this funding is coming to an end which will put this activity at risk. 274 people have been supported in 2 years through the case work project, as well as an addition 683 individuals linked to those referrals including provision of long-term carer support, support for children whose parents have a brain injury and education for other professionals working with those clients.

Safespace

Managed by Healthy Minds (Calderdale Wellbeing), Safespace has been running since 2018 as a crisis alternative, offering out-of-hours open access emotional support. The service was extended in February 2022 for daytime provision, aimed at diverting mental health-related presentations from A&E. Since then, daytime Safespace has supported over 300 individuals through over 1300 telephone and face-to-face appointments.

Link is a cross-system service, offering intensive 1-1 support to help people deemed "high intensity users" to identify and address the issues that lead them to frequently contact emergency and crisis services. The 3-year pilot is now mid-way, funded at £132,500 per year by Calderdale Cares Partnership. To date, the service has had 80 referrals and supported 56 individuals.

Youth In Mind (YIM)

YIM is a collaborative of 9 organisations¹ bringing together all the VCSE funded through Future in Mind under a lead provider model. YIM is funded by the NHS and costs £791k per annum (£612k recurrent and £179k non-recurrent until March 2024.) The providers deliver a range of interventions from schools, homes and communities, including 1-1, group work, peer support, workforce training, mental health awareness sessions and drop-ins. In 2021/22, YIM received 2,167 referrals and provided over 11,500 face to face intervention and 4,600 telephone interventions, working with an average of 1,200 CYP per quarter. The average Goals Based Outcome (GBO) impact score for the year was +4.6 (the reliable change index, indicating statistically significant change, for GBO is +3 or more).



Hospice Collaborative

West Yorkshire Hospice Collaborative sees nearly 8,000 patients a year; delivers over 20,000 bed days via almost 2,500 complex admissions whilst also offering over 12,000 face to face appointments and providing 2,000 people with bereavement support to avoid incidences of complex grief. Typically, NHS funds about 32% of clinical costs, but it differs vastly for each hospice. For every £1 that the NHS invest, £3 worth of outcomes are delivered including admission avoidance, safe discharge & avoidance of mental health & GP services

Children's Emotional Wellbeing Service

Northorpe Hall Child & Family Trust deliver the Single Point of Access and Children's Emotional Wellbeing Service (ChEWS) in Kirklees. Support includes Safety Nets groups, 1-1 support, counselling, drop-in sessions parent workshops and school workshops. Between July 21-June 22 1,018 children & young people accessed support through 8,586 sessions of support. 90% of those who accessed counselling showed improved outcomes. 93% of those who accessed groups showed improved outcomes. Cares Partnership. To date, the service has had 80 referrals & supported 56 individuals.



¹ YIM is led by Mind in Bradford working with Know your Mind, All Star Ents, Barnardo's, Bradford Youth Service, Brathay Trust, Inspired Neighbourhoods, Rooted and SELFA.

Kirklees Community Anchor Network

Third Sector Leaders Kirklees coordinate the Community Anchor Network which is made up of 17 Community Anchor organisations working with over 300 VCSE organisations. £267,000 per annum of funding from Kirklees Council is used to support a range of community groups and activities. Community Anchors also share resources, provide information, promote activities, offer practical help and build networks and connections between community organisers. Community Anchors also act as a key contact point for public sector staff working in communities and Social Prescribers.²

[Click the images to the right to see case study videos:](#)

Community & Neighbourhood



Health Your Way

<https://youtube.com/playlist?list=PLvDzSzQjD-bFEtmNQgZd49FmQ9JWxkTZv>



LS2Y & Team KickStart

<https://www.youtube.com/watch?v=kXketw2k23U>



Thornton Lodge Action Group

<https://www.youtube.com/watch?v=fPzZDCtcJUI>

Linking Leeds is a partnership of VCSE organisations delivering a city-wide social prescribing service for people aged 16 and over. The aim is to connect people to services and activities in their community. Wellbeing Coordinators are based within GP practices and community venues providing one-to-one support in person or over the telephone. The core contract is from the NHS and is for £1,816,709 a year. 79% of clients recorded that their wellbeing had improved because of the Linking Leeds service. 96.94% were satisfied with the service.

Bradford District & Craven Wellbeing Network

The Wellbeing Network, coordinated by the VCS Alliance is a joined-up VCSE led approach to supporting people, at place, with low/moderate support needs. The aim is to increase the capacity at a neighbourhood level, create a new model of VCSE service delivery in local areas and reduce wider system pressures. 6 Hubs were located across the district based upon 'hotspot data'. The hubs are a single point of access, coordinated by trusted VCSE organisations – each delivering existing commissioned services in substance misuse, domestic violence, carer's support, welfare benefits, refugee & asylum seeker support and each addressing mental & physical health based on their local priority needs. Each Hub also has a small grants fund – either to address local gaps or increase the capacity of VCSE support in their neighbourhood. The programme also includes 8 x Out of Hours services from Settle to Bradford City. The Hubs and their activity cost approximately £1.6m per annum to run. To date almost 3,000 people have been supported. When asked 'Where would you have gone if you had not come to the hub' - 67% of people said GP, as well as acknowledging 111/999.³

Building Healthy & Sustainable Communities the Wakefield Way

Utilising £1m (non-recurrent) of NHS & Public Health monies and Core 20+5 (2 yrs) this will utilise a place-based approach to working in communities targeting increased health resources to areas with the poorest health. Working with NHS staff, elected members, community groups & residents in these areas – they will look at what assets are already there & what can be strengthened. Initiatives will be introduced where needed and enhanced by connecting with people, to support them to engage with services to reduce health inequalities. Identified needs will be resourced through this funding. Where needed Community Wellbeing Coaches will be introduced to work alongside people already accessing services and those not accessing services that would also benefit. This includes people who may experience barriers to accessing service for timely support and people at greater risk of needing external input if things don't change. The coaches will have two key roles: working alongside individuals & families and identifying gaps in community assets and growing community level opportunities. The majority of the money will go to the VCSE directly and to communities themselves.

Freedom4girls is a Leeds grassroots charity. Work includes giving free period products, menstrual & empowerment based education to individuals & organisations and providing sewing workshops in deprived communities to support people to make reusable period pads. They work closely with the social prescribers within Primary Care (e.g. victims fleeing domestic violence, refugee & asylum seekers and homeless people). They supply surgeries in the Inner East Leeds with both one use and reusable ones and offer education sessions if needed. In 2021/22 they distributed 32,750 products to over 100 organisations & individuals in deprived areas. Demands are constantly rising and they have very limited core funding.

² [An Introduction to TSL Kirklees Community Anchors - YouTube](#)

³ [Bradford Wellbeing Network](#)



Good Shepherd Centre in Keighley

The Good Shepherd Centre in Keighley is an example of utilising an asset-based approach. Specialised in working with communities including Eastern and Central European, Roma Community, Refugees and Asylum Seekers, the Centre has developed strong links with local NHS services. Work including acting as a vaccination centre to support the local GP Federation (Modality) to reach out to wider communities, and also includes working closely with Health Visitors and arranging awareness sessions for specific subjects like; blood pressure, Cancer, Substance Abuse, Mental Health, Screening Opportunities, Dementia, Stroke, Diabetes and Dental Hygiene. They have a retired GP who volunteers doing basic health checks and local GPs who do out-reach clinics in the Centre for people who may not attend a GP surgery. Other projects include intergenerational work bringing together older people and school children. Demands are rising and they have very limited core funding.

Access, inclusion and working with diverse communities

Leeds Cultural Food Hubs

Hamara and Give a Gift provide Cultural Food Hubs in Leeds to provide support to residents who need access to emergency food which better meet their cultural needs.⁴

Race Equalities Network (REN) – Covid Support

REN received £300,000 from Bradford Council between August 2020 and March 2022 to reduce the impact of COVID-19 amongst minoritised communities, prevent the spread of infection and provide clear information, guidance and meaningful support on infection control, Test & Trace and outbreak management. REN funded 26 grass roots member organisations to co-deliver this project who were selected for their specialist reach within these communities and decades of experience working effectively at a grass-roots level. Organisations provided support including creating information videos and leaflets on Covid-19 guidance in multiple community languages, providing PPE, mental health support and counselling, mentoring and befriending telephone support, online tuition and activities for children, culturally appropriate food parcels, fitness and wellbeing classes to reduce isolation and loneliness. During this period 67,161 individuals were supported, 306 diverse volunteers were recruited, 3153 households were visited and 95 staff were trained. 1800 enquiries were made to the REN Covid Helpline which was delivered in 13 community languages.⁵



Peer Support

There are examples across West Yorkshire around Peer Support Workers delivering a range of mental health provision varying from crisis support to employment support. This has been identified by Health Education England (HEE) as a new workforce within mental health and there is further potential for scalable solutions across the system.

Healthy Minds Apprentices

In Bradford, the Mental Health Reducing Inequalities programme invested in Healthy Minds Apprentices employed through All Stars Ent. 8 young people (2 with SEND) were offered 12 months learning and traineeship. Since 2020, 16 apprentices have completed their courses, two went onto higher education, 8 have roles within the health and care system and 8 more have been recruited for the coming year.⁶

Workforce

Memorandum of Understanding

Bradford District and Craven Mental Health Forum members have signed an MOU to support flexible staffing across the system.

⁴ [Link for more information: Cultural Food Hubs](#)

⁵ One Year of Lockdown which can be accessed on the REN YouTube channel: [REN: One Year Of Lockdown - YouTube](#)

⁶ [#KCU - Let Kindness, Compassion, Understanding shine through. - YouTube](#) Award winning programme rolled out across schools in Bradford.

VCSE Investment and Commissioning

- Across WY the Community Mental Health Transformation monies have been ringfenced to provide the VCSE with 31-46% of funding.
- Live Well Wakefield, a large social prescribing service, operates as a VCS led partnership with SWYFT. As well as the funding for the programme it also operates a large grant fund also delivered by Nova Wakefield allowing local VCSE organisations to deliver projects which meet the health and wellbeing needs identified through the programme. The service, funded by Public Health, also now incorporates all the PCN Link Workers ensuring an aligned model.
- Calderdale Council are working with community anchors: Halifax Opportunities Trust and North Halifax Partnership on the Calderdale allocation at UK Shared Prosperity Fund to codesign a programmes in North and Central Halifax. This is being matched by Health Inequalities funding locally to engage local people in designing it, which will run over 2 years.
- GP federation Modality have utilised ARRS funding to second VCSE staff, bringing in specialisms into teams such as dementia, work with children, mental health support and community development.
- In Keighley, funding from Bradford District Care Trust was matched by Power to Change and Give Bradford to develop the Keighley Community Health Grants (£700k supporting 70 VCSE organisations.)
- In Bradford and Leeds creative commissioning approaches have been used to strengthen locally based organisations, enabling them to become more established, grow their infrastructure and then take on more specialist health & care service delivery. In turn these organisations become strong system partners rather than traditionally contracted providers.

VCSE Infrastructure

- Since 2018, Calderdale have addressed the challenge of fragmented and disjointed commissioning approaches to its VCSE and made an agreement between the NHS & Calderdale Council to pool infrastructure budgets and use an innovative light touch regime combined with Alliance Contracting to bring together infrastructure support providers & develop shared system outcomes.
- Leeds have invested in a dedicated organisation: Forum Central, which specifically delivers against the health & care agenda supporting voice & influence as well as driving transformation.
- The former Bradford CCG invested in the VCS Alliance to hold and distribute health monies to the sector (including small organisations) as well as drive system solutions. It is a member of the Strategic Partnering Agreement. The ICB have also now invested in a CEO level VCSE System Lead post who works alongside health and care CEOs on the Executive Team.
- Wakefield has recently invested more money into its VCSE infrastructure organisation, Nova, to create a VCS Voices programme to increase the influence of the sector, ensure appropriate representation and strategic involvement. This will include the provision of reimbursement training and peer support.

Data and Digital Infrastructure

- In Bradford, the NHS funded the implementation of the MYMUP data base across a number of VCSE commissioned providers. This is now also being trialled in areas of Leeds and Wakefield. This enables cross-organisation aggregation of data/insight & the flow of data to the MHSDS (NHSE mandated mental health standard data set) demonstrating VCSE activity within system performance reporting. In 2021/22, 3,645 first contacts delivered by VCSE children's providers were submitted to MHSDS.
- In Leeds, during the pandemic, Autism & Learning Disability Digital Inclusion Network (ALaDDIN) supported members to get online supporting the translation of face-to-face service provision to digital.
- In Leeds, Digital Health Hubs enable citizens to understand the kind of support available to them, and where they might find. This is being progressed using £200k Health Inequalities funding, which will also build the digital inclusion capacity and resilience in the VCSE sector.

Estates

- Some VCSE organisations have secured Levelling Up capital investment and are exploring through opportunities for co-located premises with statutory organisations.
- Robin Lane Health Centre - Pudsey Wellbeing Charity is a social hub which provides activities for the community all run by volunteers.
- Bradford District Foundation Care Trust has co-located staff in a number of VCSE buildings to support integrated working.