The Derbyshire VCSE sector Alliance

# MOVING FORWARD TOGETHER

## The VCSE in the Integrated Care System

**26 June 2023**

**at the Post Mill Centre South Normanton**

# EVENT REPORT



# CONTENTS



"Great networking opportunity, good to have the open workshop style to move around and talk more freely"

"Brilliant - a lot of learning curves - to understand with commissioners / ICB / VCSE

"Presentations clear & interesting
Timing good
Great speakers
engaging
Extensive range of attendees today!"

"The engagement was exemplary of how people want to add their view to making the VCSE sector part of a bigger force of change"

"Presentations were useful and informative.
Good to network with colleagues"

# MOVING FORWARD TOGETHER

## The VCSE in the Integrated Care System

### About the event

The event, held on 26 June 2023, invited voluntary, community and social enterprise (VCSE) organisations and partners to come together in order to:

- Explore the relationship between the VCSE sector and other partners,
- Launch the Memorandum of Understanding (MoU) between the VCSE and the Integrated Care System (ICS)
- Discuss key development areas around commissioning, workforce development and community engagement,
- Explore the VCSE sector contribution to the Derby & Derbyshire Integrated Care Strategy – in particular the strategy's 3 Key Areas of Focus: Start Well, Stay Well, and Age/Die Well
- Build relationships and raise awareness.

### Structure of the day

The event was introduced and chaired by outgoing Integrated Care Board Chair, John MacDonald and included presentations from Wynne Garnett, (Programme Lead for Engaging the VCSE sector in the Integrated Care System), Chris Clayton, (Chief Executive of the ICB), Kate Brown, (ICB Director of Joint Commissioning and Community Development) and Claire Shaw (Head of Community Services, Ashgate Hospice).

Breakout 'Share and Contribute' sessions were structured to enable participants to circulate and engage with each topic. Each session included 'system champions' – colleagues from different organisations and sectors, who brought experience and expertise of the topic under discussion.

Over 200 people attended on the day. This report summarises the content of presentations and captures feedback from the breakout sessions, in participants own words, with a summary of actions to take forward. The programme, participant list and presentation slides are attached in the appendix along with links to recordings of the speakers.

*"Great opportunity to meet lots of people and network.*

*Really positive, good balance of presentations and opportunities to interact"*

*"I gained a broader understanding on how the VCSE sector is working & what it is generally working towards & how my work fits into this area"*

*"Valued opinions and an opportunity to share what is really happening"*

# Share and Contribute sessions: Bite-sized summaries

## VCSE Workforce Development

Participants share the positives of working in the VCSE; as well as their challenges around recruitment, retention, support and development. Unstable and short-term funding making workforce development and long-term planning difficult; as well as competition from other sectors offering better pay and conditions. The sector would also benefit from greater diversity, among trustees in particular. Proposed actions include building capacity in the system for workforce development, promoting the VCSE and developing career pathways; collaborating to create opportunities to support and develop staff such as coaching, mentoring and peer learning.

**Next steps:** Open up opportunities within Joined Up Care Derbyshire for VCSE workforce; feedback of issues raised into the Workforce Advisory Group, infrastructure review and discussions around commissioning and procurement.

## Community Engagement, Insight and Influence

The discussion focused on how we can harness VCSE data and intelligence and engage communities to improve the shaping of services. Challenges include needing time and resources to build trust, have genuine dialogue and co-produce; data sharing issues within and between sectors including access to up-to-date information about what the VCSE offers; the need to engage with, feed back to and build on existing assets in the VCSE including the voices of those with lived experience There was also specific feedback on the Insight Tool and suggestions as to how it could be improved to ensure clarity and relevance to the VCSE. Power imbalances within the system were also raised.

**Next Steps:** Ongoing work to develop and implement the Insight Tool; take forward engagement and data sharing issues with partners via the MoU.

## Procurement and Commissioning

Issues and suggestions raised here included greater opportunity for genuine collaboration and co-design, taking account of local need and existing assets; tendering processes, timeframes and requirements which act as barriers to VCSE and specific communities; longer term contracts and recognition of the VCSE's organisational and management/leadership costs, enabling greater stability and planning; a less risk-averse, more innovation-friendly approach; facilitating transparency and trust, rather than competition, within the sector; and greater understanding between sectors. VCSE training needs in tender readiness / bid writing were also raised.

**Next Steps:** Commissioners also often share their frustrations at not being able to do things differently. The VCSE Alliance will be exploring with commissioners how to make commissioning more joined up and accessible to local VCSE organisations; tackling procurement and commissioning challenges is a priority in the MoU and new national legislation may help.

## The Integrated Care Strategy

Discussions focussed on the strategy's three 'Key Areas of Focus' - **Start Well, Stay Well** and **Age/ Die Well**. A number of common themes emerged across these and the morning's discussions: Power imbalances and resistance to change which inhibit VCSE potential to shape services; the need for the sector to be involved at all stages of the planning cycle; the need for more joined-up, holistic, collaborative and long term approaches (a holistic, whole life 'Start - Stay - Age - Die well' approach); insecure and short-term VCSE resourcing combined with rising demand causing pressure on services; data and information sharing issues. Voluntary sector strengths and potential contributions were key.

### Start Well

Discussions included the need to address silo working, power imbalances, data sharing issues, resistance to innovation and lack of understanding between clinicians and VCSE which make genuine influence difficult to achieve; under-resourcing and demand for services; challenges in navigating the system and people/families not feeling heard or having their needs met were also discussed, as well as the importance of education and the need for a more joined-up, holistic, long-term approach. VCSE strengths identified include building relationships and trust, local knowledge, and the ability to take a more flexible, creative, holistic and person-centred approach to supporting people. The opportunity and potential of greater integration of, and collaboration with, the VCSE and what it can offer, were also stressed.

### Stay Well

Participants discussed the need rebalance to resource and effort from reactive responses to immediate/acute clinical needs, towards proactive preventative activity and facilitating self-care, in order to tackle the causes of health inequalities - though the VCSE, too, responds to immediate and short-term needs. VCSE resource and capacity pressures were again raised. The link with Start Well was stressed - building resilience which enables 'staying well', and transition from child to adult services. Potential solutions included better targeting of resources, investment in prevention, greater communication and collaboration (including, again, addressing data sharing issues), engaging and connecting communities and long term ambition and planning.

### Age Well and Die Well

Again, participants discussed tackling health literacy and making it easier to negotiate the system to get help, particularly among communities with the poorest health outcomes, as well as tackling inequalities of provision in different areas. Addressing social isolation and digital exclusion (including from 'digital by default' services) was considered particularly important for this age group. End of life experience would benefit from willingness to have difficult conversations and better information about choices available. Rising demand for services, and the challenge of recruiting and retaining staff/volunteers, were also felt to be impacting people's lives. Solutions included more preventative activity particularly to address social isolation and offer more support for carers; better sharing and joining up of information about support available; and using VCSE networks and relationships to promote health and reach communities. A 'Compassionate Communities' approach to end of life support was proposed.

### Next steps

The VCSE Alliance will pull together those who have expressed an interest in the **Age Well and Die Well** theme to explore how best to relate to the work happening in the system. We have an invitation to engage both with the development of Age Well (very closely linked to the TeamUp initiative that aims to keep people within their own homes) and the End of Life Care Board.

How to progress the **Start Well** and **Stay Well** themes is to be agreed and the system mechanisms we will use less clear. Leads for all three key area of focus were at the event and the intention will be to bring together VCSE organisations together that have expressed an interest, alongside other partners, to shape future development.

# Summary of Priorities Arising from the Memorandum of Understanding and Moving Forward Together

In the Memorandum of Understanding there is a section on aspirations and actions. The Share and Contribute sessions also suggested areas to work on. This table starts to pull some of these together. It highlights "enabling" actions; those activities that will support the capacity of VCSE organisations to engage and it picks out the areas where we might want to focus the work. Progress against these actions will be monitored by the VCSE Alliance and at the review of the MOU.

| | Culture | Workforce | Commissioning | Engagement | Infrastructure | Data & Insight |
|---|---|---|---|---|---|---|
| **Challenges** | Mutual understanding.<br>Power imbalances.<br>Building relationships.<br>Different cultures.<br>Attitudes to risk. | Recruitment of staff and volunteers.<br>Short-term contracts.<br>Levels of pay and conditions.<br>Succession planning.<br>Staff wellbeing.<br>Progression.<br>Leadership development. | Grants as well as contracts.<br>Engagement in tender development.<br>Full cost recovery.<br>Joined up commissioning.<br>Building on local assets.<br>VCSE organisations being 'tender ready'.<br>Collaborative approaches.<br>Extra costs around GDPR. | Linking large diverse sector into defined structure.<br>Engaging communities of place and interest.<br>Engaging sector at all points of cycle.<br>Person centred pathway development.<br>Making the right connections. | Support to:<br>Engage with Local Place Alliances;<br>Develop sustainable funding;<br>Collaborate to tender;<br>Build capacity to be tender ready. | Develop data sharing protocols.<br>Make data available to VCSE organisations.<br>Capture soft intelligence in VCSE sector to share.<br>Information for statutory partners to know what VCSE services are available. |
| **Actions** | Generate opportunities for relationship building through the VCSE Alliance.<br>Use the MoU to build and evaluate partnership working. | VCSE workforce strategy to be developed with ICB/ICP Workforce Advisory Group.<br>Open up system development opportunities to VCSE organisations.<br>Encourage cross sector secondments and volunteering. | Use MFT content to inform cross sector commissioning workshop approved by ICP.<br>Individual discussions with commissioners.<br>Explore guideline, principles and approaches to collaboration. | Link VCSE delegates across the system together,<br>Continued development of Insight tool,<br>Cascade information about opportunities,<br>Use Virtual Platform,<br>Continue Alliance topic-based sessions,<br>Support Start/ Stay/Age Well engagement. | Infrastructure review to explore support needs and how to meet them,<br>Explore potential to use resources within partners. | Develop data sharing protocols,<br>Work with population health management approaches to share and open access to information. |

# Morning Plenary: Welcome and Purpose of the Day

## Welcome: John MacDonald, Chair, Derby & Derbyshire Integrated Care Board

John opened the event and welcomed everyone to the day. He underlined the importance of building wider partnerships between the VCSE sector, NHS and local government, in improving the health of the local population and addressing health inequalities. He asserted his belief that the VCSE sector is fantastic at engaging local communities, innovating and being flexible and needs to be embraced by the wider system as part of a partnership of equals.

Relationships and trust are pivotal in helping to achieve this.

As change is challenging, so openness determination and transparency are critically important and are reflected in the ICB's set of values and principles. It should be possible to achieve synergy across partners and we should look together at how to provide more sustainable capacity across the VCSE sector.

## The Memorandum of Understanding: Wynne Garnett, Programme Lead, Engaging the VCSE sector in the ICS

Wynne introduced the Memorandum of Understanding (MoU), noting the considerable strengths VCSE sector bring to the partnership. It is innovative, flexible and embedded within communities of place and condition; a vehicle for releasing the potential within communities; provides choice; and can access different revenue streams. These are recognised in national ICS guidance which stresses the need to tackle health inequalities and wider determinants of ill health. At the same time the VCSE sector faces challenges in enacting its role as an equal partner. Within the sector there are challenges around recruiting and retaining staff, volunteers and trustees and building a sustainable funding base. VCSE organisations facing rising demand and are dealing with increasingly complex needs, whilst operating in a competitive environment. Within the system there are also challenges: Different partners have different cultures, and engaging a large sector of many independent organisations can be a challenge. Practical processes such as data sharing and commissioning can also be barriers to joint working.

National ICS guidance contains two 'must-dos' Developing an MoU and forming a system-wide 'VCSE Alliance'.The Derby and Derbyshire VCSE Alliance was established 18 months ago, and is open to all VCSE infrastructure organisations, networks and frontline groups. It provides an access point for partners, and a forum for discussion and information sharing. It also facilitates the process for nominating VCSE delegates to the county and system wide ICS structures - currently 19 places on 14 formal structures. A new virtual platform enables Alliance members to engage and share information. The MoU has been developed through the Alliance.

National ICS guidance set out how each system is expected to develop an MoU, and how the VCSE sector should be embedded and enabled to play its part. There is no national blueprint; our aim was to produce something short and practical with clear measures of success. Its content was shaped by extensive discussion at, and feedback from, VCSE networks and forums and ICS partnership structures. It has now been adopted by both the Integrated Care Board and the Integrated Care Partnership and as such should underpin partnership working with the VCSE sector.

The Derby & Derbyshire MoU has four components: **Context setting; culture and behaviours; aspirations**; and **action and outcome measurements.** The principles, cultures and behaviours reflect the need to build on strengths, to co-design and co-produce, to recognise and deal with power dynamics and to build sustainable organisations/relationships. The content reflects key feedback including the importance of providing opportunities to engage the breadth of the VCSE sector at all stages of the planning cycle, at the earliest opportunity.

The MOU also identifies some of the key challenges to be tackled, if we are to make the most of the VCSE's contribution, and actions to address them. These challenges include issues around data sharing, involvement in strategy, engaging in system structures, investment in the VCSE sector, supporting VCSE staff and volunteers and engaging communities of place/interest.

It is important to be able to measure progress, so the MOU contains some target outcomes including: Evidence of increased VCSE engagement in strategies and delivery; changes to procurement and commissioning; and a data sharing protocol. The MoU will be reviewed annually by the Integrated Place Executive in the Integrated Care System and report to the Integrated Care Partnership.

# Share & Contribute: Morning Sessions

## VCSE Workforce Development

This session explored challenges, solutions and support needs relating to VCSe workforce development. The context to this is the ICS concept of 'One Workforce' which encompasses the workforces of all partners in an integrated way. There are distinct differences between the workforces of the VCSE workforce and other partners: It depends on significant numbers of volunteers (including trustees) as well as paid staff. The sector is made up of multitude of different types and sizes of independent organisations which makes it difficult to capture comprehensive, up-to-date information about the workforce and its needs.

Participants said they enjoyed working in a sector that was innovative, flexible, prepared to take risks and less constrained by statutory structures and limitations. Work can be more varied, develop a broader range of skills, and also bring more responsibilities – particularly in smaller organisations without bespoke departments, which need staff and volunteers to take on a broader roles. The positivity of working in organisations that have passion for what they are trying to achieve was also a positive.

### Challenges

*Short-term funding/contracts and difficulties in achieving long-term sustainability make it difficult for VCSE organisations to do long-term workforce development planning.*

*Funding regimes and tendering specifications are so tightly based on outputs and outcomes that there isn't the scope to funding training and development. Often there is no management/core funding (e.g. social prescribing so no funds to develop staff).*

*Competition within the sector can work against cross sector approaches to workforce development and sharing experience.*

*Recruitment and retention of staff and volunteers is very challenging. Salaries and conditions are not competitive with the statutory sector so people can move into jobs there. There also appears to be a reduction in the number of people wanting to volunteer.*

*The lack of available funding to support training means that there is a lot of learning on the job. This can be difficult for new staff.*

*Joint working requires mutual understanding between partners. There is a need to help partners understand each other, how the system works and make the right connections.*

*The sector should work to establish a more diverse workforce and diversity amongst Trustees was noted as a particular challenge.*

*Support is needed to help VCSE groups with tendering.*

*Instability, increasing demand and the lack of development support is generating burnout within the VCSE sector including amongst CEOs which can be isolated roles.*

*Managing the post pandemic challenge of balancing home and office working can be challenging.*

### Actions

*Increased use of coaching and mentoring*

*Greater use of apprenticeships*

*Secondments between VCSE and statutory partners (currently appears to be mostly between statutory partners)*

*Support for developing wellbeing amongst VCSE staff; access to statutory well-being services? Sharing of existing approaches?*

*Training on writing tenders*

*Sessions to build understanding of and between different partners in the system.*

*Identification of funding to support training and development using infrastructure organisations.*

*Explore career pathways within the VCSE sector and across into other sectors.*

*Look at how we might achieve greater equity around pay and conditions.*

*Support on recruitment, to help identify and promote the attractions of working within the VCSE sector.*

*Support in developing talent within the VCSE sector and with succession planning.*

*Better promotion of the VCSE sector as a career path in schools colleges and universities.*

*Promotion of Trustee opportunities within statutory partners.*

*Sharing of good practice and approaches to staff development and training*

*Mutual learning through approaches such as learning sets.*

*Open up system resources to VCSE sector organisations.*

## Next Steps

There have already been some developments to support the VCSE sector around workforce development. The Mary Seacole Programme (a management development programme) has been opened up to VCSE participants and the CEOs of two of the organisational case studies used at the event, SAIL and Connected Perinatal Support, went on the programme and provided positive feedback. VCSE Alliance members will shortly also be able to access the NHS Elect Virtual Training programmes.

There is still much to do. Some of the challenges and solutions identified will align with work currently underway around procurement and commissioning and the development of VCSE infrastructure. The session at the event included people leading on workforce development in the system and there is a commitment to take material generated to the ICS Workforce Advisory Group. We'd also like to further engage those organisations which expressed an interest in this area of work.

# Community Engagement, Insight and Influence

A strong message from the MoU discussions was the need for VCSE organisations to be involved at all stages of the planning, design and delivery process. This raises challenges around how best to engage communities of place, condition and interest and to ensure that the data and 'soft' intelligence captured by VCSE organisations informs how services are shaped.

Population Health Management is an approach currently being used by the system, to identify needs and trends to help plan services. In addition, an Insight Tool is being developed that is designed to help organisations engage with communities. We asked participants for their thoughts on engaging communities in the Integrated Care System, capturing data and intelligence and specifically about the draft Insight Tool, (which can be seen on the VCSE Alliance Virtual Platform). Contributions are captured below.

## Challenges and Questions

*Lay and lived experience is needed on Local Place Alliance partnerships.*

*A process is needed to enable local people to provide perceptions and experiences to shape services.*

*There is considerable duplication of service provision within the VCSE sector but this is encouraged by funders generating competition for small amounts of money.*

*Are Patient Participation groups representative?*

*We need greater clarity on shared objectives and priorities.*

*We need to build trust to be able to host bigger campaigns together.*

*How do we enable feedback on what how people need help; what matters to them?*

*VCSE sector is hiding the extent of the problems within communities.*

*We need to know what VCSE services are out there.*

*Jargon and use of language gets in the way.*

*Create space at the table for local and small organisations directly involved in communities.*

*Have a visible presence in the community, not just a website or telephone contact, thus facilitating proper conversations.*

*Make use of expertise in specialist areas of knowledge and experience – e.g. exploitation and modern slavery.*

*Make sure engagement is followed up with details as to what has happened with the information gained.*

*Grass roots local community groups often hold knowledge and relationships that are unique.*

*Difficult to engage unless you are part of the community. Perhaps you need to work closer and trust those who care.*

*Quite hard to access data due to 'Information Governance', even summarised population health or activity data.*

*Available data isn't always what people need.*

*There is so much information, it is important to be able to know what people need.*

*It isn't just about process/policies and data security but having the ability to create the infrastructure to share data.*

*Key to the personalisation agenda is being able to link people to the right partners.*

*Local authorities have masses of data and links between statutory partners to free up the headlines and generate a direction of travel is key to supporting families.*

*True co-production actively involving real community members not the voice of the VCSE.*

*Transport can be a barrier to engagement.*

## Actions

*Analyse services delivered by VCSE sector and the level of demand they are meeting to determine need and commissioning priorities.*

*Make better use of social media to gather insight and engage.*

*Could Insight be linked into an Enterprise Project Management Office programme?*

*Build on what already exists, for example the Good Neighbours and the Derby Health Inequalities Partnership.*

*Have a local presence as more effective to engage face to face than by a website/phone etc.*

*Gather soft intelligence from people in the VCSE sector, these are community perspectives and reflect what people say/think/feel. Don't necessarily need more surveys and graphs.*

*Engage more people through forums and Patient Participation Groups.*

*Build relationships with communities and people who may not access services.*

*Connect with people who are working in the same field.*

*Directory of Services to enable access to all VCSE services.*

*Local events focussed on key issues; engage in short sessions and provide food!*

*Focus on qualitative rather than quantitative.*

*Local hubs that can signpost to local VCSE services, this forms/inputs to local place alliances,*

*ICP/ICB to resource platform which both VCSE and statutory sector access to share community profile data, both locally and county wide.*

*Look to develop joined up data sets, maybe one platform where organisations can share data to prioritise need and support funding applications.*

*Create online platform that can work between community and ICB/PCNs*

*Better communication channels to feed into and to exchange views and development at a grass roots level.*

*Listening when organisations identify a local need and supporting them to respond not override then set own objectives.*

*Publish up to date data.*

*Need to look at what is possible with data sharing, adopt a 'can do' attitude.*

### The Insight Tool: Challenges and Observations

*VCSE sector is aware of the power imbalance but can't address it as power is held elsewhere.*

*Social action doesn't need enabling, the VCSE sector does this every day, who were the consultees on this?*

*Experienced VCSE would find this an insult as it so statutory.*

*Feels too complex, like an instruction manual for a flat pack.*

*Too professional, how do we simplify?*

*Language is too professional, we need community speak.*

*Language is one way. E.g. 'in their time', 'their way' - should be 'our'?*

*Needs to be a conversation not a booklet.*

*Creating ongoing conversations, does the tool reflect this?*

*Tool needs simplifying and clarifying and 2 years to refine.*

*What point of view is it written from?*

*Need to meet in the middle between statutory and voluntary.*

*Whose agenda are you working on?*

*Introduction/Context. How might it be used?*

*How do we reach more groups?*

*We need an equal scale from the community side, what are the barriers on the community side?*

*Access information via tool (Healthwatch data) how do we do this?*

*Pulling out different perspectives, how does community voice come through?*

*Use good practice from elsewhere, e.g. Preston*

*I like the movement from 'I have', 'I am' to 'We have'.*

*Asks the right questions.*

### Observations on the detail of the Insight Tool

*Phase 1: The VCSE is generally already aware of the power imbalance and cannot easily address it as the power is being held elsewhere.*

*Phase 2:Social action doesn't need enabling, it is already enabled as the VCSE does this work every day. Who were the consultees on this?*

*Phase 3: Another mapping exercise?*

*Phase 4: Why isn't this Phase 1? This is too late. Another example of things being done to communities (see Phase 1) To change power imbalances VCSE and ICS need to co-produce/collaborate/learn from each other. Go on a journey together.*

## Actions

*Smaller groups and charities may need support using the tool.*

*Review language used in the tool and clarify who it is aimed at.*

*Engage a wider group of organisations in testing.*

*Potential to use tool in induction.*

*Examples of the levels.*

*Empathy, giving them a purpose to engage (other comment: Who's them, aren't we all part of a community? Power imbalance?)*

*Create online platform that can work between community and ICB/PCNs*

"Really enjoyed the break out rooms and discussions.

Gave us a networking opportunity which was amazing"

## Next Steps

The Insight Tool will continue to develop over time and be updated using feedback. The next step for the tool is to pilot and test it. We will explore how the tool can complement Population Health Management data; we will also explore how local VCSE infrastructure organisations play a role in developing and connecting people with it. There will be regular opportunities to connect, be involved and find out how it's going.

A number of data/intelligence issues have also been raised including: The need for data sharing protocols; making data available to all partners; having access to up to date information about what is available in the VCSE sector; addressing power imbalances around engagement; and ensuring that specialist expertise, community perspectives and lived experience are engaged. Engagement and data sharing are key areas to address within the MoU so we will take these forward with partners.

"Good to have a chance to discuss + air ideas - / meet people from all sectors. A well run day"

# Procurement and Commissioning

This workshop provided an opportunity for people from across the system to have conversations with each other, and to engage colleagues from commissioning and procurement teams within Joined Up Care Derbyshire. A solution-focused approach was taken to the following questions:

**What would make procurement and commissioning a better experience for you?**

**What support would help you?**

**What would you like to see in a set of guidelines and principles around commissioning in the VCSE sector?**

Naturally, each question has a different focus and opportunities to provide feedback shaped our approach. The comments received echoed those from an earlier event – the Mental Health, Neurodiversity and Learning Disability Alliance Festival in September 2022, which was attended by over 50 VCSE providers.

## What would make procurement and commissioning a better experience for you?

The commissioning cycle was broken down into '5 Stages of Commissioning' and participants were encouraged to articulate issues and challenges relating to each stage:

**(i) Defining & Influencing Need**

**(ii) Shaping the Tender / Service Specification**

**(iii) Putting the Tender Out**

**(iv) VCSE sector readiness**
(e.g. support on product, bid writing, quality)

**(v) Evaluation**

To support discussions, examples of good practice and learning were provided from our local system and other ICS e.g. Greater Manchester, Birmingham & Solihull and West Yorkshire.

### (i) Defining & Influencing Need:

*Starting conversations around defining & influencing need from the perspective of "what's already working well?" is helpful.*

*Place Based Commissioning should not be considered as 'one size approach fits all' approach is not beneficial to meeting the needs of local communities e.g. High Peak vs Derby City.*

### (ii) Shaping the Tender / Service Specification

*VCSE sector providers should be given the opportunity to co-design contracts including KPIs and shaping evaluation*

*An increased understanding of the breadth and challenges of the VCSE sector by commissioning teams would be beneficial in facilitating stronger relationships.*

*Facilitating longer length contracts is helpful and supports VCSE sector stability.*

*Commissioning Teams should complete costings analysis prior launch as standard.*

*Financial planning in tenders should be based on a full cost recovery model and include adequate budget for staff supervision and support, training, engagement, IT etc.*

*Cyber Essentials is a Barrier to Commissioning: High level and skilled IT role is required to support this as well high costs of equipment, which VCSE organisations frequently don't have and is expensive to provide. This coupled with high insurance costs, the impact of cost of living increases and financial envelopes that look for efficiencies and are at the same level as previous contracts can mean they are undeliverable for VCSE sector.*

*Engagement with other relevant VCSE / statutory providers should be considered at this stage to avoid duplication and ensuring 'join up' between services e.g. Home from Hospital, Team Up, links with children's services etc.*

*It would be helpful to facilitate a culture of less risk aversion where innovation is encouraged and shared.*

*Timescale and the timing of other similar contracting opportunities from across the system should be considered during the planning stage.*

### (iii) Putting the Tender Out:

*Providing as simple and accessible tender process to VCSE providers wherever possible, including EOIs/ small grants would help VCSE sector colleagues in saving time and energy. Grant applications are preferred by VCSE providers, wherever possible.*

*The formality of current tendering processes makes some excellent VCSE sector providers feel put off from applying. Avoiding technical language and acronyms / abbreviations is helpful and VCSE engagement sessions are valued.*

*The use of standardised applications and processes by all Commissioning Teams would be helpful for VCSE sector providers.*

*Standardising a perspective that recognise strengths not 'needs' in communities.*

*Clarity on outcomes and not including additional requirements once successful providers have been identified is helpful as time can be a barrier.*

*Timelines: Allowing sufficient and clear timelines that are accessible to all VCSE sector providers, which include enough time to explore consortium / partnerships etc. (Please avoid school holidays!)*

*Access to Space: Any available capacity to provide support with shared spaces between statutory and VCSE sector providers to support delivery e.g. rooms in hospitals would be helpful.*

*Questions that enable local VCSE sector providers to demonstrate their understanding of health inequalities and relationships in contracting opportunities are helpful.*

### (iv) VCSE sector readiness

*There is a high demand from the VCSE sector for training and support for funding and bid writing skills, support with exploring partnerships, collaborations etc, as well as help with their development (e.g. evaluation, governance etc.). Support with the facilitation and delivery of collaboratives as well as 'horizon scanning' and linking between different parts of the system is required.*

*Conversations to explore access to training and support from infrastructure to meet VCSE sector needs should include finance required.*

*Transparency and trust of infrastructure (and other facilitating VCSE organisations) is increased if there is no direct competition from the organisation doing this. If the facilitating organisation also deliver services, then this causes issues.*

*VCSE sector providers would find it helpful if budget for staff training and personal development was included in contracts.*

*Short term funding of infrastructure is unhelpful in enabling them to provide support to VCSE sector organisations as it causes instability and uncertainty.*

*A culture of competition rather than collaboration is still a big part of the VCSE landscape, which is unhelpful to some small / medium VCSE sector providers.*

### (v) Evaluation

*It would be helpful to base evaluation on demonstrable impact not KPIs as outputs / stories and case studies more powerful. However, it is noted that they are not always easy to evidence.*

*Designing evaluation materials based on particular conditions or experiences is unhelpful as VCSE services help people who present and who don't come in diagnoses-type boxes.*

*Time, capacity and cost can all be barriers to the quality of data gathered by VCSE providers and materials used should be as streamlined as possible. Timeframes are also an issue as is the need for greater clarification of what is required by commissioners.*

*Short tender lengths can have an impact on outcomes / outputs gathered because it can take time to launch and if short term can be perceived as unhelpful by users plus it's hard to recruit and retain staff.*

*Access to central databases within the system (e.g. NHS) would increase the ability for the VCSE sector to more accurately demonstrate outcomes and identify the difference services are making.*

### Defining & Influencing Need, Shaping the Tender/Service Specification, Evaluation:

The following points relate to all 3:

*Enabling insight and intelligence from VCSE sector providers and local communities in shaping and influencing decisions is essential.*

*Co-production between VCSE sector providers, Experts by Experience (EbEs), their families and carers, and commissioners is a vital part of the commissioning process. It is essential to include a process to recognise and reward the input of EbEs and that opportunities are accessible to all local groups to contribute e.g. BAME community, rural communities and people with hearing impairments.*

*Greater 'join up' between commissioning teams to share insight, intelligence and planning is beneficial to VCSE sector organisations.*

## What support would help you?

## What would you like to see in a set of guidelines and principles around commissioning in the VCSE sector?

*Increased Insight & Understanding: Greater insight and understanding of local VCSE Sector providers from Commissioning Teams would be helpful in strengthening relationships.*

*Accessibility: Ensuring that all commissioning and procurement opportunities are accessible to VCSE sector providers including considering the use of small grants, EOIs etc. wherever possible.*

*Timescales: Providing as much time as possible for VCSE sector providers to apply for opportunities is helpful including sufficient time to explore collaborations and partnerships etc. It would also be useful if Commissioning Teams would jointly consider the timing of opportunities that similar types of providers may be interested in and provide VCSE engagement sessions as standard.*

*Cyber Essentials: An understanding from commissioners / NHSE that Cyber Essentials can make contracts unviable for many VCSE sector*

*providers because of the very high associated costs / IT expertise required. This is directly affecting decisions on whether local VCSE providers choose to apply for contracts.*

*VCSE Leadership Costs: An appreciation that VCSE sector leaders are often approached by different parts of the system to participate in meetings with no recognition that there is never financial/capacity implication. This is different to statutory colleagues who are paid to attend meetings as part of their roles; in the VCSE sector additional meetings can take leaders away from their core work in VCSE services.*

*Co-production: Embedding and providing standard resources / training etc. to facilitate best practice in co-production / co-design in the commissioning cycle including Defining & Influencing Need, Shaping the Tender / Service Specification and Evaluation.*

*Achieving a 'Joined Up' Care Derbyshire: There should be collective thinking planning and communication between Commissioning Teams across the system so that consideration is given to how best all opportunities can be made as accessible as possible for local VCSEs. Opportunities to engage those with shared demographics and reach should be considered to maximise joined up thinking and avoiding duplication.*

*Contract Lengths & Full Cost Recovery: Longer contract periods for VCSEs would be helpful in recruiting and retaining staff and providing sustainability. A full cost recovery model that ensures VCSE organisations can provide the required staff support, management costs, annual salary increases, A/L cover, staff training and personal development etc. would be beneficial in helping to facilitate stronger working relationships across the system.*

*Cultural Change: The power dynamic between VCSE and statutory sector is still sometimes unhelpful. Often, individuals who are the champions for collaborative working and for the VCSE are intimidated by the structures and processes and individuals at the top of statutory organisations.*

*Support & Training for VCSE Sector Readiness: Having strategic support in place to support with the formation of collaboratives, consortia, partnerships and sub-contracting etc. is viewed as being helpful to supporting the engagement of VCSE sector. Training and support funding bids / contracts as well as other key activities e.g. connecting with other VCSE providers, governance, evaluation and horizon scanning would also be welcome.*

*Place Based Commissioning Decisions: In order to facilitate decision making at Place in line with meeting local health inequalities and needs, delegated decision making around commissioning to Local Place Alliances should be explored.*

*Data Sharing: Shared access to JUCD databases sharing client information and key activities of support services etc. would be helpful in achieving a more joined up approach to provision and more accurate evaluation.*

*Transparency & Trust: To maximise opportunities for transparency and trust to flourish in cross sector conversations, it would be beneficial for facilitating organisations to not also be delivering services.*

## Next Steps

Procurement and commissioning challenges are consistently cited by VCSE organisations as a key challenge to engagement. It is difficult to shape procurement, so services put to tender don't always reflect VCSE intelligence on what is needed, nor do they necessarily take an approach that builds on local VCSE assets. There is anecdotal evidence that some VCSE organisations are turning away from commissioning opportunities and finding existing tenders difficult to deliver.

Commissioners also often share their frustrations at not being able to do things differently. The VCSE Alliance will shortly be exploring with key commissioners across the system how to make commissioning more joined up and accessible to local VCSE organisations. New national procurement and commissioning legislation may also help. Tackling procurement and commissioning challenges is a priority in MoU and this necessity has been recognised by the Integrated Care Partnership.

"Very high level of energy"

"Arrival, Buzz, Positive dynamic

Launch of Memo of Understanding via Wynne

Commitment displayed by Chair of ICB and Chief Exec noteworthy

Carry through with 'How' will be vital"


and VCSE,
through the

# Afternoon Plenary: The Integrated Care Strategy

## Overview and the role of the VCSE:
## Dr Chris Clayton, Chief Executive, Derby and Derbyshire ICB

Chris began by outlining the different roles of the Integrated Care Board and Integrated Care System. The ICB is the statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging provision of health services. It is part of the Integrated Care System (ICS), which brings different sectors and organisations together to plan and deliver joined up health and social care services. A relationship with the VCSE sector is important both for the ICB and the ICS to address wider determinants of ill health.

It is particularly important because of the big challenges facing Derby and Derbyshire around health outcomes, as demand grows beyond resources. Our ability to respond hinges on working in partnership to get best value from the resources we have. Chris stressed how keen he was to see stronger relationships develop and his willingness to visit VCSE sector organisations to facilitate this.

## The Integrated Care Strategy: Kate Brown, Director of Joint Commissioning and Community Development, Derby and Derbyshire ICB

Kate gave a short presentation on the Integrated Care Strategy and how it links with other developments such as health and wellbeing strategies, population health, joined up care plans and council strategies. The belief is that prevention and early intervention, health outcomes and service delivery can all be improved through collaboration.

The Integrated Care Strategy has been a multi-partner development including VCSE engagement; it is an iterative strategy that will constantly evolve. She mentioned the Insight approach and how the 3 Key Areas of Focus in the strategy reflect areas that need addressing to help the VCSE sector play its part as a partner. The approach also involves drawing on and engaging the experiences of the local population.

The key strategic aims of the Integrated Care Strategy are:

**To prioritise prevention and early intervention to avoid ill health and improve outcomes;**

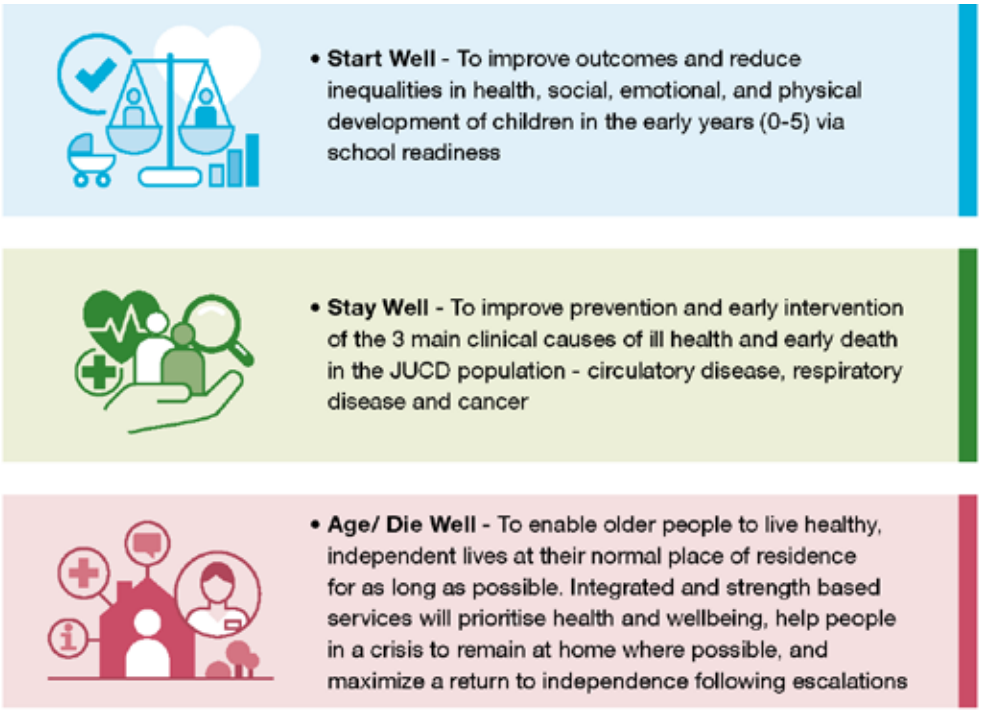
**To reduce inequalities in outcomes, experience and access;**

**To develop care that is strengths based and personalised;**

**To improve connectivity and alignment across Derby and Derbyshire, to ensure people experience joined up care and create a sustainable health and care system.**

The presentation also highlighted the three 'Key Areas of Focus' - **Start Well, Stay Well** and **Age/ Die Well** - to be discussed in the afternoon 'Share and Contribute' sessions (see right):

The strategy will continue to engage partners and will be managed by the Integrated Place Executive. An evaluation is being developed to take account of impact on the population, staff, system and individuals.



## VCSE Case Study: Claire Shaw, Head of Community Services, Ashgate Hospice

Claire gave a presentation about Ashgate Hospice and its relationship with the Integrated Care Board and wider health and social care partners.

Having secured funding to host a Palliative Care Virtual Ward to help manage complex needs at home, the hospice has worked closely with Joined Up Care Derbyshire. Claire talked about some of the challenges including the need for clarity around funding, managing risk, data requirements and working within a diverse partnership.

# Share & Contribute: Afternoon Sessions

Discussions focused on the Integrated Care Strategy's 3 Key Areas of Focus: Start Well, Stay Well and Age/Die Well. For each, participants were asked to consider what the challenges were, where and how VCSE organisations can contribute and what needs to happen.

## Start Well

### Key challenges

*Cultural Issues: There is an imbalance of power between clinicians and colleagues from the VCSE sector where there is a reliance on established ways of working rather than working together to develop solutions. There is also a 'top down' culture so it is challenging for grassroots issues and insight to shape decisions.*

*Navigation of the System: It can be challenging for people to find the right help and support with their health and well-being.*

*Pre-Natal: There is a demand for pre-natal support that is currently not being met by statutory services.*

*Knowledge of VCSE Sector Support: Statutory colleagues often do not understand what help and support is available in Derbyshire from VCSE sector.*

*Approach: there is a tendency for clinical teams in silos, when a holistic 'whole person' perspective would be more beneficial in looking more long term.*

*Long Term Vision: There is still a focus on the short-term impact of health conditions as opposed to looking longer term e.g. child development and how activities impact on the future of children.*

*Education: There is a need to provide greater educational support to CYP and their families / carers including wider conditions, parenting and what to expect, advocacy, relationships, sex education, support for Neurodivergent children and social media.*

*Accessibility: There is a lack of provision for non-traditional families and families are asked to repeatedly share their story to professionals.*

*ICS Financial Position: There is an overall lack of money to adequately fund services so often there is a big demand for 'grassroots services' or they are not available.*

*Listening: The above issues often leave patients feeling that they aren't heard.*

*Information Sharing: A lack of information sharing between statutory and VCSE sector colleagues is a key challenge.*

*Innovation Resistance: There is resistance to exploring new ways of working from statutory services or if it is done, the VCSE sector is not invited to conversations.*

### Where and how can VCSE contribute?

*Signposting & Relationships: The VCSE sector often has an excellent insight of what is available within localities and established relationships with those who provide that support.*

*Flexibility: The ability to work flexibly and creatively and largely without bureaucracy is an advantage.*

*Approach: People seeking help and support with health and well-being issues (or for their loved ones) are often feel more heard, supported, empowered and not judged as services a more informal in approach.*

*Education: VCSE sector can play a more proactive role in education e.g. school assembly packs on stroke awareness*

*Filling the Gaps: VCSE sector can support a broad range of issues and specialisms and tend to have a holistic outlook to health conditions.*

*Appropriate range of continual professional development for staff (early years through to college / university) focusing on priorities and needs,*

*VCSE can offer an 'alternative provision' and financial support.*

*Erewash Homestart we can always give people what they want because the higher ups can't provide the services.*

*Building a small relationship that is transparent – no force, no goal.*

*Developing a more relational way of working*

*They are good at relationship building – transparent and human.*

*VCSE is able to support families to get what they want not what the system tells them they want. This builds better relationships and trust – especially for people with mental health issues.*

*The ability to learn from mistakes and respond quickly.*

*Peer Support can be helpful (budget is required to provide adequate support and resources for this to be done in a way that keeps people safe, secure and well).*

*Giving Young people a voice.*

*Developing resource packs for schools e.g. on Long Term conditions and disabilities.*

## How can this happen?

*Collaboration on knowledge sharing*

*Linking with youth engagement to share opportunities,*

*Early help to 'outsource' to VCSE to be more proactive and can be more consistent,*

*Able to raise awareness without scaring people – have the knowledge and expertise,*

*By making children's services integral when commissioning adult services*

*Derbyshire County Council taking on more of an approach of working with local charities, groups and communities,*

*More strategic discussions to identify common purpose / priorities for partnership work,*

*Signposting and facilitating partnerships, (is there a directory VCSEs can register with?)*

*"I thought the speakers were very good + clear*

*Really encouraging to hear their positive view of VCSE involvement"*

## Next Steps

To be agreed; leads for this key area of focus were at the event and the intention will be to pull VCSE organisations together that have expressed an interest, to shape the development of this theme alongside other partners.

# Stay Well

## Challenges

*It isn't easy balancing the need to invest more in preventative work when still having to meet immediate needs.*

*VCSE organisations also help address immediate needs as well as delivering preventative activity.*

*Deprivation impacts on health inequalities and requires solutions that aren't necessarily health focussed.*

*We need true partnership funding at a realistic level that can be managed by the VCSE sector in response to identified need.*

*Getting key messages and feedback across to staff, involving the right staff.*

*Voluntary sector proposals often don't cover administrative/management costs which makes delivery very difficult.*

*Part-time contracts and issues of job security impact on the health of the workforce.*

*We need system wide, holistic approach to the whole VCSE sector.*

*How do we communicate all the good achievements and targeted approaches of all the different VCSE providers?*

*Funding levels have been frozen so costing more to deliver,*

*Post pandemic changes have impacted negatively on people's ability/willingness to commit time.*

*Should there be a general body/union to look after the needs of the VCSE sector?*

*Commissioning causes undercutting and devaluing of VCSE services.*

*The gap between VCSE and statutory services is too big.*

*How do we educate our population to self-manage?*

*Managing transition from child to adult services*

## Solutions

*Ensure resources are targeted at the right places.*

*Connecting/engaging communities to work on environmental/family/health related issues.*

*Connecting people on a local footprint.*

*Allocating resources to enable the VCSE sector to contribute.*

*Develop data sharing agreements.*

*Get VCSE infrastructure to support partnership working.*

*Funding for VCSE initiatives needs to include management/administration costs.*

*Need conversations that are consistent across the system around annual uplift to recognise cost of living increases etc.*

*Revisit the Marmot report, being proactive around prevention is key.*

*Start Well should generate greater resilience within the whole community that makes "stay well" easier to achieve. The key to staying well, is starting well, reductions in early provision result in massive long-term effects and short-term superficial fixes.*

*Holistic care and greater awareness of "self" through education for all, people need to be taught how to listen to their bodies/minds more and practitioners need to change behaviours.*

*We need long-term 20-30 year ambitions separate to short-term political goals.*

*Long-term investment instead of short-term funding for innovative projects.*

*Use prevention through nature and physical activity small providers.*

*Invest in prevention.*

*Invite a broad range of providers into the conversation.*

*Be less risk averse and assess rather than assume what people can do for themselves.*

*Be more person centred.*

*Co-leadership by peers.*

*Community mentoring.*

*Coordination and communication at Derbyshire level through social prescribing.*

## Next Steps

To be agreed; leads for this key area of focus were at the event and the intention will be to pull VCSE organisations together that have expressed an interest, to shape the development of this theme alongside other partners.

# Age Well and Die Well

This session explored the Strategy's third Key Area of Focus: Age Well and Die Well which aims to help people as they get older to thrive and to live healthy, independent lives, where they normally live, for as long as possible; through prioritising health and wellbeing enabling people to remain independent and active, remain at home even in a crisis, and to return home and regain their independence after care or treatment; as well as having a personalised, comfortable, and supported end of life.

Participants highlighted the ability of the VCSE to innovate, often at low cost, that it already provides a range of services, activities and support (formal and informal) to support people as they age and approach end of life. There is also potential to use the networks and relationships with the VCSE to make sure people have the information they need and to promote messages about living/ageing/ dying well. The importance of information sharing, relationships, networks, collaboration and working together within and between sectors were also emphasised. Particular needs around support for carers, social isolation, and end of life were raised, as was the need for greater emphasis and capacity for prevention and early intervention.

## Challenges

*Health literacy, navigating the system and pathways. 'You don't ask for what you don't know would help' - people need help to navigate and understand what could help.*

*Inequalities, with some communities experiencing shorter life expectancy and poorer health*

*Reluctance to have difficult conversations about ageing and end of life; lack of information, choice and control about end of life*

*Medicalisation of death*

*Rising demand and limited resource for social care*

*Funding for VCSE tends to be short term, which stunts growth, learning and collaboration and long-term planning; lack of proper investment and the assumption that VCSE can and will do things for free; unrealistic expectations of volunteers.*

*Lack of investment in prevention; 'age well' response tends to kick in when something has gone wrong.*

*Issues in volunteer recruitment, perhaps due to people having limited capacity due to work or caring responsibilities,*

*Social isolation makes older people vulnerable. It is a hidden need; as health deteriorates, voice and visibility decline.*

*Relationships really matter – people who know people. Staff turnover is an issue as so much is lost.*

*Need to link ageing well to staying well (and starting well) – it is about living well throughout a person's life.*

*Communication – 'digital by default' excludes (particularly older) people who aren't digitally connected,*

*Inequity of provision and gaps in support. E.g. Rurality (paucity of support and services in rural areas); end of life care and virtual wards not equitable across ICS area; lack of support and respite for carers*

## VCSE Contribution and possible actions

*Shifting resource to prevention, which keeps people well. VCSE can be innovative and low cost, and provide a range of personalised services, but real and sustained investment in prevention is needed, not short-term/new projects or the assumption that VCSE can always provide / sustain support for free. Realism about what it is appropriate to expect volunteers to provide/do. Collaborative networks: Commission collaboratively in a strengths-based way*

*Social isolation is a hidden need; as health deteriorates, voice and visibility decline. Early intervention is crucial to prevent this leading to more serious problems. E.g. Friendship and social groups; activities – older people need to be involved in the wider community to stay well; peer support groups for people with specific conditions; befriending/home visits for those who are housebound or most frail – more costly but they are at much greater risk of isolation. Increased support for carers including respite care.*

*Good care planning, personalised/anticipatory care.*

*Improved communication, sharing information about what is out there, and more joined up working between and within VCSE, local authorities and health e.g. care coordinators/social prescribers, public health. Knowing the full range of services both voluntary and statutory across for end of life care. Time to build local knowledge and networks as well as sharing information about services and volunteer opportunities (can the ICP invest in the 'plumbing' of a countywide database?)*

*Raising aspirations and engaging with people, particularly in communities with poorest health outcomes. Increase information, choice and control. Ask older people what they want!*

*Better and more targeted messaging – e.g. clarity about what an 'older person' is (50+ is too young); public health messages tailored to local population.*

*VCSE can also give voice to gaps in provision.*

*Utilise grassroots community groups and existing VCSE provision e.g. Home From Hospital, transport, social groups, befriending.*

*VCSE can contribute to health and wellbeing messaging, which is best done informally via trusted relationships and responding to communities The VCSE workforce is also substantial – potential to reach older employees.*

*IT – more shared systems (GP/social care/social providers/VCSE) that are easier to navigate.*

*'Compassionate Communities' approach: Increasing awareness to help people think about end of life and plan better; increasing confidence to talk about death and support dying/bereaved people; destigmatising conversations; making end of life support less medicalised and institutionalised; making people aware that being prepared for the eventuality beforehand helps understanding of the process. Community support e.g. death doula.*

*We are the Voluntary, Community, Faith and Social Enterprise Sector (VCSFE) – faith is an important factor in ageing and dying well.*

## Next Steps

The VCSE Alliance will pull together those who have expressed an interest in the Age Well theme to explore how we might best relate to the work happening in the system. We have an invitation to engage both with the development of Age Well (very closely linked to the TeamUp initiative that aims to keep people within their own homes) and the End of Life Care Board.

"Great to see so many people there and such high level of engagement"

"Relaxed structure Flipcharts + post its allowed all a Voice"

# Appendix: More information and links

## Event Programme

### Moving Forward Together: The VCSE in the Integrated Care System

Sharing on social media? Please use **#MovingForwardsTogether2023**

**Monday 26 June 2023** 10:30 am – 3.30pm

The Post Mill Centre, Market Street, South Normanton, DE55 2EJ

| | | |
|---|---|---|
| 09:45 | **Arrivals and registration** | EngageSpace stall holders please arrive by 9.30 to set up |
| 10.30 | **Plenary 1:**<br>**Welcome and Purpose of Day**<br>**The VCSE Alliance and the Memorandum of Understanding**<br>What it is, the journey and what next. | <br>John MacDonald, ICB Chair<br>Wynne Garnett, Programme Lead, Engaging the VCSE sector in the Derbyshire Integrated Care System |
| 11.15 | **Share and Contribute Session 1:**<br>The three discussion topics are:-<br>**A. Community engagement: Insight & influence** (Birchwood Room)<br>**B. Procurement, Commissioning, Funding** (Carnfield Suite)<br>**C. Workforce Development** (Rangewood Room) | Information about the Share and Contribute sessions, discussion topics and questions can be found in a separate briefing document. |
| 12.15 | **Lunch and EngageSpace** | Enjoy a buffet lunch, visit the different stalls, and engage with other delegates. |
| 1.30 | **Plenary 2:**<br>**The Integrated Care Strategy**<br>Overview of strategy & VCSE contribution<br>The three key areas of focus:<br>• Start Well<br>• Stay Well<br>• Age Well and Die Well<br>VCSE Case study<br>Q & A | <br><br>Chris Clayton, CEO and Kate Brown, Director of Joint Commissioning and Community Development, Joined Up Care Derbyshire<br><br>Barbara-Anne Walker, Ashgate Hospice |
| 2.30 | **Share and Contribute 2: The ICS Strategy**<br>**A. Start Well** (Rangewood Room)<br>**B. Stay Well** (Carnfield Suite)<br>**C. Age Well and Die Well** (Birchwood Room) | Information about the Share and Contribute sessions, discussion topics and questions can be found in a separate briefing document. |
| 3.30 | **Close and networking space** | |

## Delegate Pack

**A copy of the delegate pack can be downloaded from: https://tinyurl.com/MFT2023DelegatePack**

1. Event Programme (see p19)
2. Memorandum of Understanding
3. What is the ICS?
4. Briefing: Share & Contribute Sessions
5. Insight Tool (draft)
6. VCSE Case Studies

**Derby & Derbyshire Integrated Care Strategy:**
https://joinedupcarederbyshire.co.uk/about-us/derbyshire-integrated-care-partnership/our-strategy/

## Speaker Presentations

**Recordings** of the five speakers can be viewed on our YouTube channel:
**www.youtube.com/@MFTDerbys2023**

**Slides** can be downloaded from: **tinyurl.com/MFT2023Speakers**

## Acronyms

| | |
|---|---|
| EbE | Expert(s) by Experience |
| EOI | Expression of Interest |
| ICB | Integrated Care Board |
| ICP | Integrated Care Partnership |
| ICS | Integrated Care System |
| JUCD | Joined Up Care Derbyshire |
| MOU | Memorandum of Understanding |
| VCSE | Voluntary, Community and Social Enterprise. |

# Who attended?*

*not everyone gave permission for their details to be shared

| | |
|---|---|
| Lynn Allison | Amber Valley CVS |
| Lara Angus | Alzheimer's Society |
| Ben Armstrong | OPUS Music CIC |
| Sally Austin | Disability Direct |
| Sara Bains | Erewash PCN |
| Roseanne Baker | Sheffield Hallam University |
| Laura Baldwin | P3 Charity |
| Irshad Baqui | Children First Derby |
| Stuart Batchelor | Active Derbyshire |
| Michelle Bateman | Derbyshire Community Health Services NHS Foundation Trust |
| Amanda Battey | NHS England |
| Susie Bennett | High Peak Arts |
| Fay Benskin | Chesterfield and Dronfield PCN |
| Hollie Benton | South Derbyshire CVS |
| Georgie Bestwick | P3 Charity |
| Anna Betts | Rebuild East Midlands |
| Lucy Billington | Derbyshire County Council |
| Marie Billyeald | Derbyshire County Council |
| Andria Birch | Bassetlaw CVS |
| Debbie Bostock | NHS Derby and Derbyshire ICB |
| Jude Boyle | Derbyshire County Council |
| Kim Broadhurst | NHS Derby and Derbyshire ICB |
| James Bromley | High Peak CVS |
| David Brough | Amber Valley CVS |
| Alex Brown | Sport England/Active Partners Trust |
| Kate Brown | NHS Derby and Derbyshire ICB |
| Rowena Brown | Derbyshire County Council |
| Nicola Bruce | Derbyshire County Council |
| Clare Burgess | NHS Derby and Derbyshire ICB |
| Ross Burnage | Derbyshire Alcohol Advice Service |
| Bren Butler | Home-Start Erewash |
| Jackie Carpenter | Derventio Housing Trust |
| Paul Clarke | Amber Valley CVS |
| Sarah Clarke | StreetGames |
| Lucy Cocker | Derbyshire Community Health Services NHS Foundation Trust |
| James Cook | Active Partners Trust |
| Jodie Cook | Erewash Voluntary Action |
| Alison Corbett | Stand To |
| Emma Costello | Chesterfield Royal Hospital NHS Foundation Trust |
| Tracey Croasdale | Derbyshire Alcohol Advice Service |
| Katie Crockett | Active Partners Trust |
| Nick Cutts | OPUS Music CIC |
| Sharon Dale | Derby County Community Trust |
| Phil De St Croix | Derbyshire Dementia Support Service - Alzheimer's Society |
| Angela Deakin | NHS Derby and Derbyshire ICB |
| Samantha Dennis | Derby City Council |
| Helen Dillistone | NHS Derby and Derbyshire ICB |
| Mitch Duggins | Derbyshire County Council |
| Liz Eate | University of Derby |
| Rebecca Edwards | Community Action Derby |
| Natalie Evans | Derbyshire Time Swap |
| Sarah Finch | Scouts |
| Michelle Fisher | Derbyshire Community Health Services NHS Foundation Trust |
| Ellie Fletcher | St James Centre |
| Kerrie Fletcher | VCSE Alliance |
| Gillian Forrester | National Forest Company |
| Joanne Foster | Hearing Help UK |
| Sarah Franklin | GamCare |
| Liza Freeman | SV2 |
| Louise Frensham | Derbyshire County Council |
| Linda Garnett | NHS Derby and Derbyshire ICB |
| Wynne Garnett | VCSE Alliance |
| Alistair Garrett | Healthwatch Derbyshire |
| Ruth Gartland | SAIL(Sexual Abuse & Incest Line) |
| Gill Geddes | Connex Community Support |
| Alison Gibson | Derbyshire Voluntary Action |
| Tracy Gilbert | Derbyshire Community Health Services NHS Foundation Trust |
| Caroline Gill | Direct Help & Advice |
| Hana Gill | Derbyshire Healthcare NHS Foundation Trust |
| Lesley Gladwell | Rebuild East Midlands |
| Niki Glazier | Mental Health Together |
| Juliet Grace | Derbyshire Voluntary Action |
| Rachel Graham | Sight Support Derbyshire |
| Anne Graves | Alzheimer's Society |
| James Green | Derbyshire County Council |
| Ailya Habib | Community Action Derby |
| Velma Hamilton | Stroke Association |
| Emma Handley | Derbyshire Carers Association |
| Melanie Hani | Derbyshire County Council |
| Julie Hayreh | PCCO PCN Lister House Surgery |
| Sam Hilton | space4u |
| Tamsin Hooton | Joined Up Care Derbyshire Provider Collaborative |
| Jenny Hotchkiss | Derbyshire Mind |
| Julie Houlder | Derbyshire Community Health Services NHS Foundation Trust |
| Will Hughes | Active Derbyshire |
| Asrar Hussain | Health United |
| Yoon Irons | University of Derby |
| Emma Johnson | P3 Charity |
| Kat Johnson | Derbyshire Voluntary Action |
| Andrea Kemp | NHS Derby and Derbyshire ICB |
| Emma Kemp | space4u |
| Richard Kensington | OPUS Music CIC |
| Claire Kinnell | Joined Up Care Derbyshire |
| Karen Kitchen | Derbyshire Community Health Services NHS Foundation Trust |
| James Lee | Links CVS |

| | |
|---|---|
| Tracy Litchfield | P3 Charity |
| Karen Lloyd | Joined Up Care Derbyshire |
| Sally Longley | NHS Derby and Derbyshire ICB |
| Lauren Lupton | Derbyshire Voluntary Action |
| John MacDonald | NHS Derby and Derbyshire ICB |
| Caroline Mackie | Derbyshire County Council |
| Sukhi Mahil | NHS Derby and Derbyshire ICB |
| Justyna Majer | Bolsover District Council |
| Ben Marshall | South Derbyshire CVS |
| Stuart Martin | Derbyshire Time Swap |
| Jade Maskell | Lister House Pear Tree |
| Oli Matthews | OPUS Music CIC |
| Shelley Mcbride | Connected Perinatal Support |
| Jess McFall | High Peak CVS |
| Gemma McGarrigle | Derbyshire Community Health Services NHS Foundation Trust |
| Anne Melbourne | North East Derbyshire and Bolsover Place Alliance |
| Rachel Metcalfe | Derbyshire Dales CVS |
| Catherine Miles | SARAC |
| Ann Monk | BrightLife/Age Concern Chesterfield |
| Neil Moulden | Derbyshire Dales CVS |
| Nicky Mount | Derbyshire County Council |
| Lorna Muggleton | SV2 |
| Richard Murrell | NHS Derby and Derbyshire ICB |
| Rajeev Nath | Derby City Council |
| Maryam Naz | St James Centre |
| Jayne Needham | Derbyshire Community Health Services NHS Foundation Trust |
| Michelle Nelson | British Red Cross |
| Gurmail Nizzer | Derby City Council |
| Alison Noble | Derbyshire County Council |
| Aaron Northmore | StreetGames |
| Susan O'Malley | Alzheimer's Society |
| Kirsty Osborn | DHU Healthcare CIC |
| Sarah Paine | NASP Midlands Regional Lead |
| Maggie Pape | Derbyshire County Council Adult Social Care |
| Ellen Parr | NHS Derby and Derbyshire ICB |
| Rebecca Patrick | Infinite Wellbeing CIC |
| Ben Pearson | Derbyshire Community Health Services NHS Foundation Trust |
| Olivia Pickles | space4u |
| Christopher Pienaar | Derbyshire Autism Services |
| Sue Pierce | Derbyshire Autism Services |
| Alice Porkess | Alzheimer's Society |
| Katy Pugh | Age UK Derby and Derbyshire |
| Peter Purnell | Senate Member |
| Ismaa Ramzan | Derbyshire Community Health Services NHS Foundation Trust |
| Jenny Raschbauer | Derbyshire Voluntary Action |
| James Reilly | Derbyshire Community Healthcare NHS Foundation Trust |
| Nat Rhodes | The Bureau |
| Leni Robson | NHS Derby and Derbyshire ICB |
| Leian Rogers | South Hardwick PCN |
| Sara Rose | Inspirative Arts |
| Fiona Ross | SEN-fit CIC |
| Ann Rowlands | Umbrella |
| Annalise Sadler | Chesterfield Royal Hospital NHS Foundation Trust |
| Louise Scott | South Derbyshire CVS |
| Stella Scott | Erewash Voluntary Action |
| Clare Sedgwick | Erewash Voluntary Action |
| Brett Sentance | Community Action Derby |
| Rachel Shaw | Deaf-initely Women |
| Helen Sillandy | Derbyshire Healthcare NHS Foundation Trust |
| Lauren Slater | Everyone Active - Moorways Sports Village |
| Nicola Smith | NHS Derby and Derbyshire ICB |
| Stacey Smith | Derbyshire Carers Association |
| Martin Stanier | Joined Up Care Derbyshire |
| Paul Stears | Release Financial Charity |
| Caroline Stodart | Action for Children |
| Jennie Street | Rhubarb Farm |
| Dayna Stubbs | The National Lottery Community Fund |
| Lesley Surman | High Peak Place Alliance |
| Louise Swain | Joined Up Care Derbyshire |
| James Swift | Derbyshire Community Health Services NHS Foundation Trust |
| Amanda Taylor | Action for Children |
| Gina Taylor | Derbyshire Voluntary Action |
| Claire Teeling | Grow Outside CIC |
| Claire Thornber | Community Action Derby |
| Leigh Timmis | Community Action Derby |
| Janet Tristram | St James Centre |
| Sarah Wainwright | Natural England |
| Phil Wall | Derbyshire County Council |
| Jane Warder | Derbyshire Community Health Services NHS Foundation Trust |
| Steve Webster | FND Dimensions |
| Chris Weiner | NHS Derby and Derbyshire ICB |
| Christopher Wheeldon | East Midlands Later Life Forum |
| Karen Wheeler | Derbyshire Healthcare NHS Foundation Trust |
| Marie Widerman | Chesterfield Borough Council |
| Sal Wigginton | Home-Start Erewash |
| Sharon Williams | Derbyshire Federation for Mental Health |
| Jacqui Willis | Derbyshire Voluntary Action |
| Gene Wilson | Elephant Rooms CIC |
| Claire Winfield | Sight Support Derbyshire |
| Lisa Witham | Green Spring Network / Derbyshire Wildlife Trust |
| Emma Wood | Sheffield Hallam University |
| Kirstie Woolley | Lunar Mind Ltd |
| Elle Wyke | Blue Box Belper |
| Alison Wynn | Derby City Council |


The Derbyshire VCSE sector Alliance

## More information

To join the VCSE Alliance, access the VCSE Alliance Virtual Platform, or get involved / be kept up to date with any of the workstreams in this report, contact:

Wynne Garnett, Programme Lead,
Engaging the VCSE sector in the ICS

wynnegarnett@googlemail.com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