**Brief background and context to the programme.**

* Since late 2021, Lancashire and South Cumbria ICS has been part of NHS England’s “Embedding the VCSE in ICSs” Programme-Cohort 3. A national programme developed and led by the Voluntary Sector Partnerships ([VSP](https://www.england.nhs.uk/integratedcare/what-is-integrated-care/voluntary-community-and-social-enterprise-sector-partnerships/)) team at NHS England, facilitated by NCVO and NAVCA – two national VCS support organisations.
* The programme’s intention is to ensure, as far as possible, that the new Integrated Care Systems work effectively with organisations in the sector, both individually and as a collective. NHSE’s VSP Team developed and shared [principles](https://www.england.nhs.uk/wp-content/uploads/2018/11/09-pb-28-11-2018-third-progress-report-from-the-empowering-people-communities-taskforce.pdf#page=15) of how to do this, made suggestions on how to begin, and issued official [guidance](https://www.england.nhs.uk/wp-content/uploads/2021/06/B0905-vcse-and-ics-partnerships.pdf) to ICSs on how to go about it.
* Part of this NHSE Guidance is a checklist, on pages 11 – 13; “Core requirements and good practice for building VCSE partnerships in ICSs”. We unofficially **RAG**-rated our ICS on this as a system (recognising that while pockets of good practise exist, little is systemic), and most of the result was **R**ed or **A**mber, with only a few **G**reens.
* One of the features of Lancashire and Cumbria, according to the recent Lancashire and Cumbria Health Equity Commission report, is that we lack systemic tools for effective partnerships to flourish:

**“Reducing health inequalities requires robust partnerships between sectors and organisations that have an impact on health. These have not been established in the region and silo working is firmly entrenched”.** Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Owen Callaghan (2022) [*A hopeful future: equity and the social determinants of health in Lancashire and Cumbria*. London: Institute of Health Equity](https://www.instituteofhealthequity.org/resources-reports/a-hopeful-future-equity-and-the-social-determinants-of-health-in-lancashire-and-cumbria). *Full report, section 4C, pg. 122.*

**Quick tour of the road map for LSC journey (slide 3 in the briefing pack), concentrating on this year.**

* Over the last year a small group of volunteers, known as the [Lancashire and South Cumbria VCFSE Alliance](https://www.healthierlsc.co.uk/VCFSE), and including Angela Allen, Tracy Hopkins, Greg Mitten, Yak Patel, Stephen Jones, Christine Blythe, David Allen and Colin Ranshaw and Joe Hannett, have identified some of the fundamentals of partnership missing from the VCFSE “side”: poor understanding of the sector, lack of effective VCFSE infrastructure at system level, intermittent / inconsistent communication, few opportunities to meet and work together, lack of transparency (“Who speaks for me and how are they contactable / accountable?).
* Three of us, Angela, Tracy and Joe, along with Dr Vicky Ellarby and Neil Greaves for the ICS, have been working to prepare the ground for the VCFSE programme in LSC, which would bring us in line with many other ICS areas in England.

**Outcomes of NHSE and NAVCA supported workshops in Jan and May.**

* Across two workshops in January and May over 75 VCFSE organisations were involved in co-producing a Vision for why and how the VCFSE would want to work in partnership with the Integrated Care System (ICS), and the Values such a partnership should be built on (see slide deck)***.***
* The Vision describes a VCFSE Programme which is **Connected**, **Influential** and **Supported** and this periodic Assembly will be the foundation of it and driving force behind it.
* **Connected**. We aim to create opportunities for information and insight to flow, for specialist, thematic and place-based VCFSE groups to form and pursue actions with impact for system change, to facilitate significant resources into the VCFSE and ensure that relevant VCFSE people are in the right conversations at the right time.
* **Influential**. We aim to provide the Assembly with a clear and direct link via the steering group and a programme lead, to those making health and care decisions around us. Opportunities to form networks, groups, partnerships and collaborations which will make substantial proposals for activity helping address some of the most significant challenges our system faces which, with appropriate support, the VCFSE working together and in partnerships can positively affect.
* **Supported**. The intention is for the Assembly and programme team to become part of the ICS’s structure to ensure our system is a genuine partnership enabling and empowering the strength, skill, insight and versatility of the VCFSE to be fully part of the way we do health and care in Lancashire & South Cumbria. It’s important to note that we are not there yet however, the appointment of the ICS Place Directors of Health and Care and the ICB’s Director of Partnerships and Collaboration are key for this to progress.
* **Values.**
* Person and Community Focussed.
* Honest and Transparent.
* Equitable and Inclusive.
* Collaborative.

**Where we are now.**

**So, we’ve talked about where we’ve com from. Now onto the present and future.**

* A participant place on the Integrated Care Board, Tracy will discuss this shortly among other things.
* The deputy chair of the Integrated Care Partnership, plus an additional “seat”, and Lancashire BME Network and LSC Hospices Together. Angela (and Vicky Ellarby) will also discuss this.
* Representative opportunities for the ICB People Board, The ICB Quality Committee and the Patient Involvement and Engagement Advisory Committee.
	+ Tracy, Angela and I currently splitting these between us as in interim measure until;
		- the a process is developed for nominations, selection (and de-selection).
		- And until, with partners, we are able provide training and support required to be an effective and communicative sector reps.
	+ Roles for the Assembly – nominate, select and support reps. Originate papers to go to boards e.g. workforce plans, quality and safety. Contribute to sector reps priorities within those meetings.
* ICB Director of Partnerships and Collaboration – within who’s portfolio will
* Recognition from ICB that LSC’s Embedding the VCFSE in the ICS Programme will focus on the following to March 2023:

1). Establishing the LSC VCFSE Assembly. Something which has worked well in other ICS areas.

2). Reshaping the current Alliance into the Assembly’s programme advisory group.

3). Establishing 3-4 groups to work together on costed proposals for VCFSE approaches to system issues (hospital discharge, admission avoidance, care pathways)

4). Develop a Communications and Engagement Plan with one of the first items being a clear identity for VCFSE communications in LSC.

**Forming the Assembly, it’s purpose and connectivity.**

The first thing to say is that trying to bootstrap an ICS-wide VCFSE network, while in a developing NHS/LA partnership landscape is complex, as well as complicated, massive and often exhausting.

We’re concentrating on function, not form however having a model helps visualise what we’re thinking.

We are learning, as is everyone in the whole ICS from the top on down; this is a transition year where the why, how, what we’re trying to achieve together will begin to be answered. What is crystal clear is that we need to influence it’s development and system partners really want to work with us but aren’t yet clear how to do that effectively and systemically.

We have tried to co-produce as best we can and this session and proposals are the continuation of that intention, we aim to build on this layer by layer, making sure we have people listening within system partners and building on existing and successful groups, forums, networks etc.

We have many supportive people in our system, from chief execs on down, what we’re trying to provide the VCFSE is a way to engage, interact and participate together and facilitate partnership in a way that isn’t cumbersome and recognises that such involvement should not be taken for granted.

We are not intending to get in the anyone’s way while promoting partnership principles and ways of working based on our values.

So. None of this is set in stone and, if it’s not working we can change any of it.