Review of the ICB & VCFSE Alliance Partnership Agreement

Overview

A survey has been distributed to LSC VCFSE Alliance members containing questions regarding the ICB & VCFSE Alliance Partnership Agreement.

Please note that the text in this document is a summarised overview, reflecting the input provided by each respondent.

Respondent Roles Breakdown

Out of the **22** responses, **13 are CEO's.** There are **2** respondents each in **Business Development, Lead Positions and General Management.** Additionally, there is **1** respondent each for **Director of Health and Skills, Executive Trustee, and Partnerships Manager.**

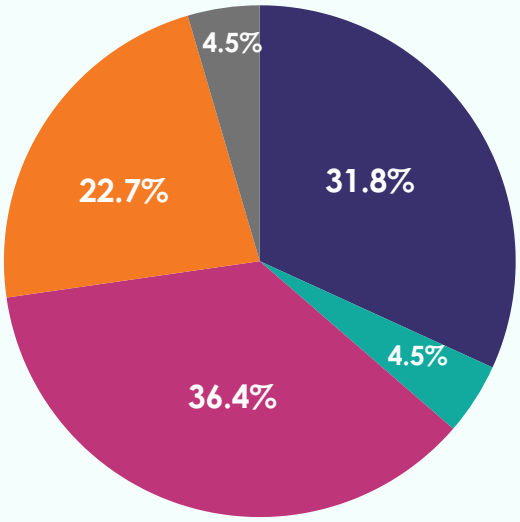
Partnership Agreement

Are you aware that the LSC ICB and VCFSE Alliance have signed a Partnership Agreement?

- 95% of respondents said "yes," whilst 5% said "no".

Have you noticed any changes as a result of the Partnership Agreement being in place?

- Yes - positive: 7
- Yes - negative: 1
- No: 8
- Maybe: 5
- Other: 1



Summary of explanations and expansions of the asked question above.

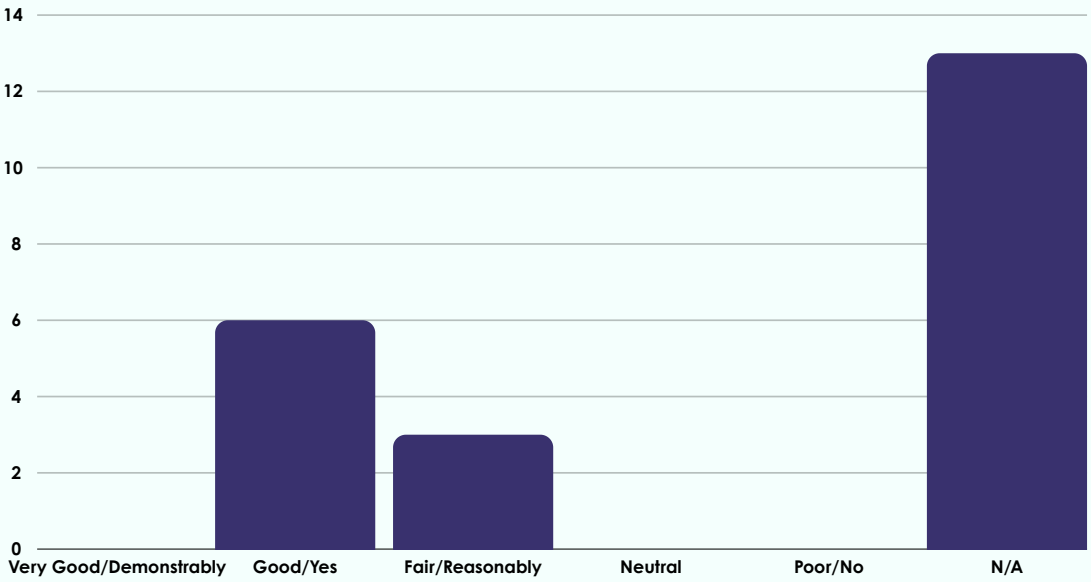
Respondents feel that while the VCFSE sector is more recognised in the ICB, there are no significant changes in contracting, commissioning, or decision-making. Investment from the ICB has decreased for 2024/25, and the administrative burden on the VCFSE is high. There's frustration over the lack of a clear plan and co-production. Despite this, there is optimism about the partnership's future, though it's recognised that this is still early stages.
Larger VCFSE groups and organisations can find sub-delivery area delivery challenging, while smaller ones mostly appreciate it. Overall, more concrete actions and better engagement from the ICB are needed. Positive changes, like increased sector involvement in meetings and the UEC ring-fenced funding, are noted, but it's unclear if these are due to the Partnership Agreement or the ICS's mandate from NHSE to work with the sector. Progress has been slow, with gaps in understanding governance and decision-making. While the partnership agreement is a positive step, more resources and faster action are needed to achieve it's goals.

How do you currently work with the ICB?

Among the respondents, **2** have never worked with the ICB, and **2** have worked with the ICB in the past but no longer do. **7** are involved in the ICB's governance structure as sector representatives, while **2** are involved representing themselves. **18** respondents are members of the Alliance, and **17** are members of the Assembly. Additionally, **10** respondents have a contract to provide one or more services, and **6** have a grant to provide services. None of the respondents selected "Don't Know," whilst **7** indicated "Other" forms of involvement.

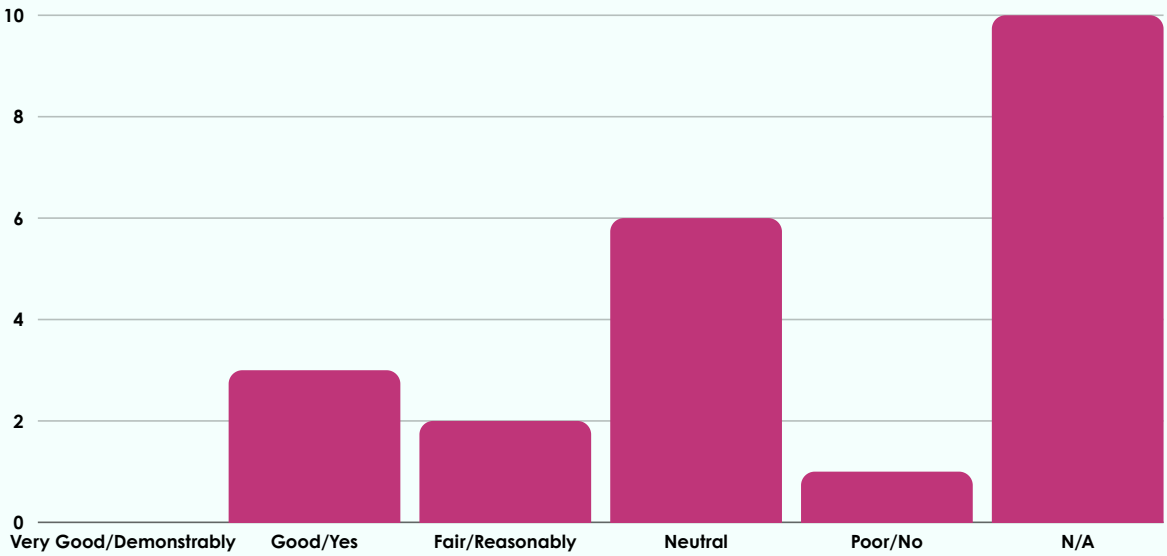
If you hold a 'representative' role on behalf of the Alliance on any Board/Committees...

What is your experience?



Has VCFSE involvement made a difference?

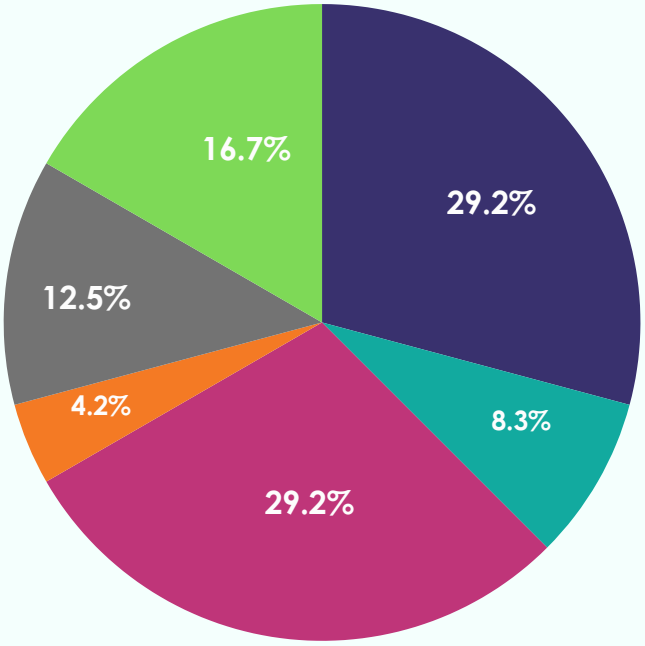
Summary of explanations and expansions of the asked questions above.



The discussion environment has improved, with feedback being considered. Engagement is positive, but changes are slow. VCFSE's inclusion sometimes feels tokenistic, though it collaborates well with statutory partners. The sector now has recognised representation and is being listened to more. The Alliance struggles to find common work areas and develop ICS-wide proposals, with many individual proposals rejected. There appears to be little NHS resource support at the LSC ICS level, and VCFSE involvement seems limited to ICB invitations. Despite the VCFSE's significant impact, it is felt this is despite the ICS, not because of it.

If your organisation is commissioned/grant funded to deliver services by the ICB...

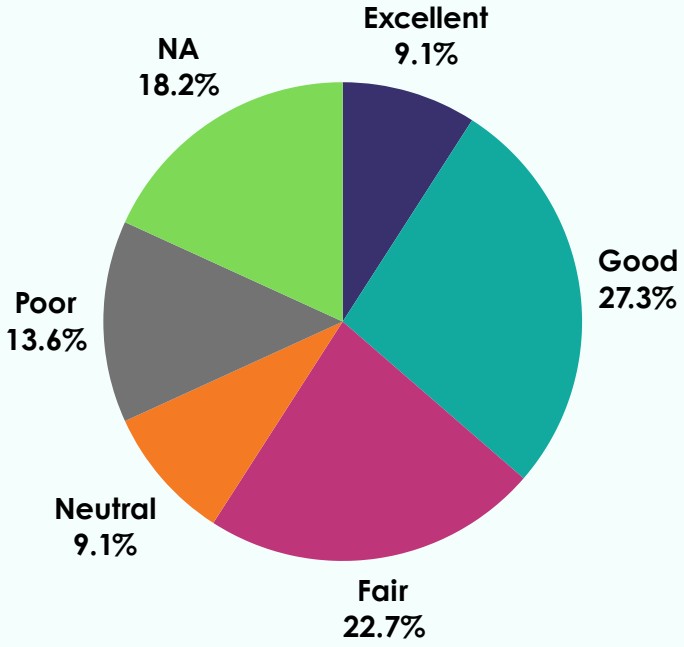
What is your experience?



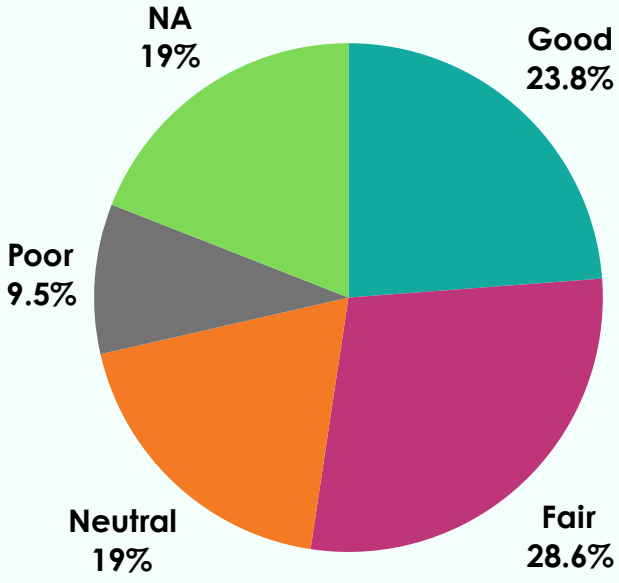
- Very Good: 7
- Good: 2
- Fair: 7
- Neutral: 1
- Poor: 3
- NA: 4

If your organisation is commissioned/grant-funded to deliver services by the ICB, how would you rate...

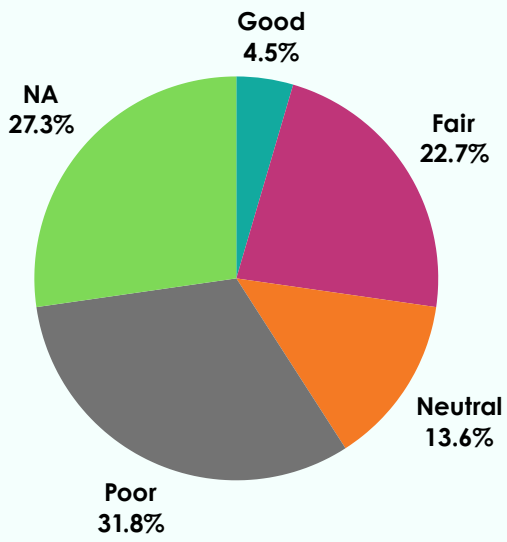
Communication/negotiation before agreement



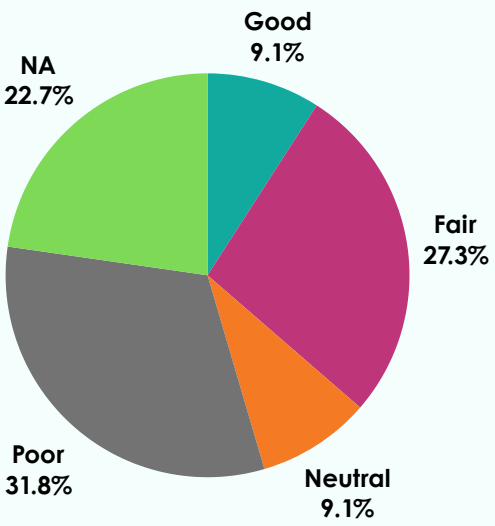
Communication during agreement



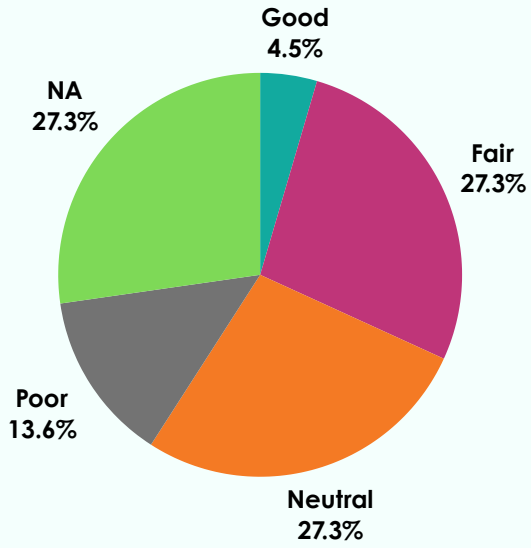
Agreement length



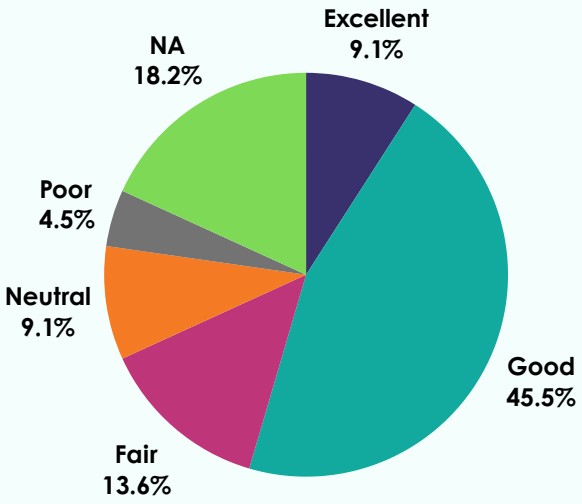
Agreement value



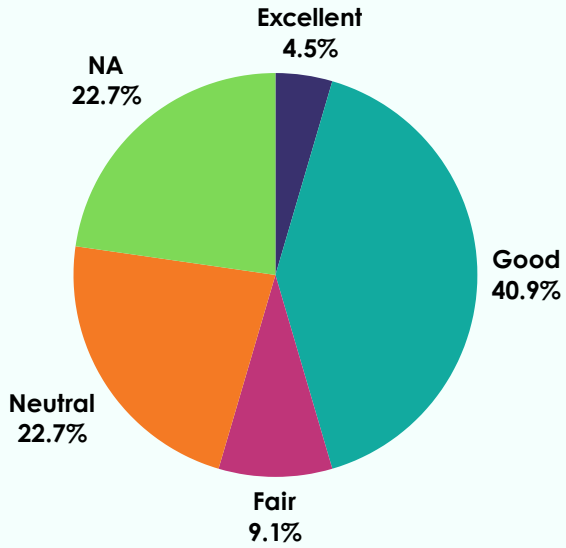
Data Sharing



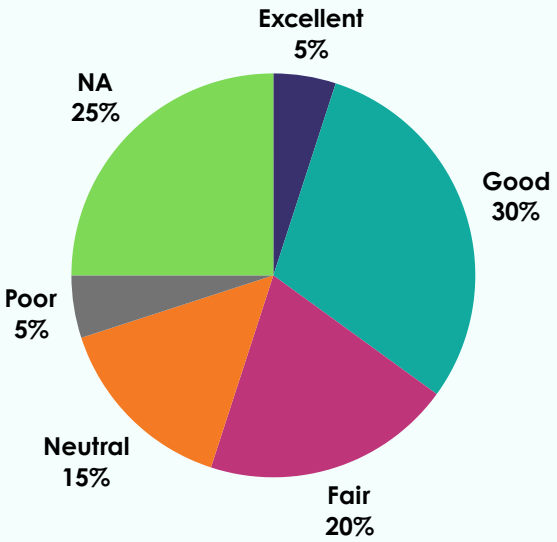
Delivery expectations



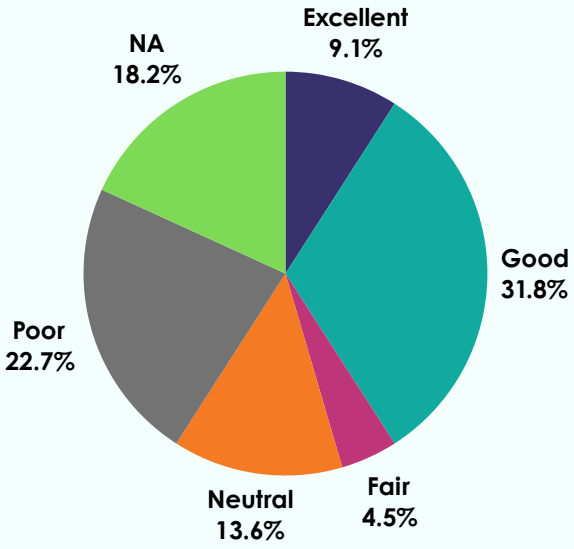
Reporting/monitoring



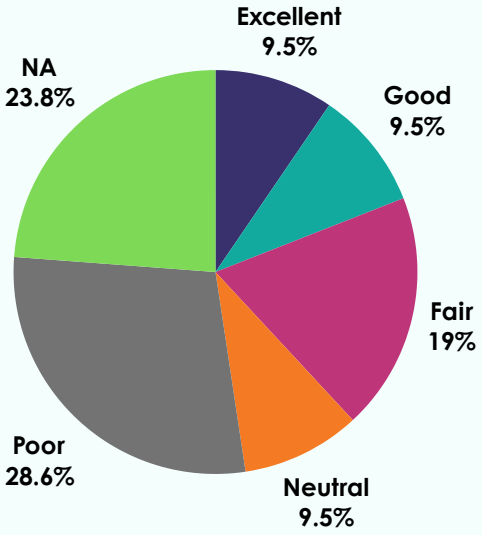
Flexibility



Timeliness of payments



Equal partnership with ICB



What further opportunities would you like to take forward with the ICB?

Key points taken from narrative

- Proper resourcing and recognition of the VCFSE
- Joint development of future initiatives should be a priority
- Collaborate on external funding opportunities
- Use the UEC program as a blueprint for future partnerships
- Adopt full cost recovery and ensure pay parity
- Address health inequalities for racially minority communities
- Implement substance misuse and mental health interventions
- Show how hospices can reduce hospital use and cost while providing better end-of-life care

Is there anything stopping you from progressing these?

Engagement with ICB colleagues is inconsistent, hindering long-term initiatives.
Efforts to secure support, such as for talking therapies, often go unheard.
The NHS focuses on short-term interventions focussed on Acute Trust targets with minimal impact over many years, suggesting now is the time for long-term strategies.
Silo working and duplication within the ICB make it hard to know who does what, and funding decisions are unclear.
Capacity issues in ICB staff and small VCFSE organisations, lack of equal representation, and transparency in decision-making are major barriers.
The ICB's complex structure and focus on NHS needs over VCFSE contributions further complicate collaboration and effective partnership development.

Biggest challenges to working in partnership with the ICB?

- The Acute Sector faces financial challenges.
- The ICB lacks consistency, especially with staffing changes, and doesn't recognize VCFSE costs.
- VCFSE is expected to meet NHS targets without fair payment.
- Financial constraints and winter pressures add strain.
- The ICB has many priorities, making it hard to focus on medium to long-term benefits.
- There's a lack of senior commitment to the VCFSE sector.
- Prevention funding is often overlooked in favor of acute services.
- Engagement is short-term, with frequent restructures.
- The ICB's remote nature and inequality in power and finance between regions add to the challenges.
- Understanding and collaboration between the ICB and VCFSE are limited.
- Time, funding, and prioritization issues persist, especially in areas with significant deprivation.
- The ICS's deficit and lack of funding for true infrastructure support are ongoing issues.
- Effective delivery needs broader buy-in and support.

Anything that would strengthen further collaboration between ICB & VCFSE sector?

- Align goals to benefit the population.
- Joint commissioning with Public Health.
- Identify region-wide solutions to improve ICB priorities.
- Agree on a smaller number of collaborative priorities.
- ICB to demonstrate how they value outcomes and foster partnerships.
- More touch points between ICB and VCFSE for better understanding / Serious engagement by the ICB.
- Resources to improve engagement and simplify language for better collaboration.
- Sustainable funding and better communication.
- Longer contract lengths and proper payment for VCFSE services.
- Improved communication from VCFSE representatives.
- More voices in the VCFSE Alliance to represent the sector and enable dialogue with ICB structures.
- Funding for VCFSE Local Infrastructure Organisations to establish a functional governance model.
- Place Based Partnerships for true locality-based collaboration.

What more could be done to ensure the VCFSE is an equal partner in Lancashire & South Cumbria?

What more could be done to build a more financially resilient VCFSE sector in Lancashire & South Cumbria?

To create a sustainable and effective partnership with the ICB, we need to develop leadership skills and improve collaboration, match VCFSE investment with funds from medicines for early intervention, and ensure payment for referrals, longer-term contracts, annual uplifts, and compensation for work plans.

A long-term strategy or timeline with the VCFSE is crucial, along with joint funding and a centralised database of grants and opportunities. Appropriate management fees should cover core costs, and support for corporate functions can save money.

Funding VCFSE infrastructure with a full cost recovery model, timely management of small grants through the Alliance and CVS system, and increased collaboration between the VCFSE and the NHS are essential.

Actively seeking funding for VCFSE/NHS/social care projects, committing to longer-term commissioned services, and improving salaries and conditions are important steps.

Linking to NHS workforce development, shared CPD, hiring community spaces for clinics, recognising the value of VCFSE infrastructure, and supporting volunteers are also key.

Maximising external funding opportunities, shifting funding to prevention, recognizing the role of smaller organizations with core funding, early and transparent communication of intentions, and understanding the real costs of delivering services, including inflationary increases, are all necessary for success.