



LEAD MEMBER FOR COMMUNITY SERVICES

DECISIONS to be made by the Lead Member for Community Services,
Councillor Chris Dowling

WEDNESDAY, 26 OCTOBER 2016 AT 10.00 AM

CC1, COUNTY HALL, LEWES

AGENDA

- 1 Decisions made by the Lead Cabinet Member on 28 September 2016 (*Pages 3 - 6*)
- 2 Disclosure of Interests
Disclosure by all Members present of personal interests in matters on the agenda, the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct.
- 3 Urgent items
Notification of any items which the Lead Member considers urgent and proposes to take at the appropriate part of the agenda.
- 4 Petition to reduce the speed limit on B2169 (Bayham Road) (*Pages 7 - 14*)
Report by the Director of Communities, Economy and Transport
- 5 Voluntary and Community Sector (VCS) infrastructure review and Speak Up contract (*Pages 15 - 28*)
Report by the Assistant Chief Executive and Director of Adult Social Care and Health
- 6 Any urgent items previously notified under agenda item 3

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent
LEWES BN7 1UE

18 October 2016

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LEAD MEMBER FOR COMMUNITY SERVICES

DECISIONS made by the Lead Member for Community Services, Councillor Chris Dowling, on 28 September 2016 at County Hall, Lewes

Councillors Barnes and Keeley spoke on item 6 (see minute 14)
Councillor Claire Dowling spoke on item 9 (see minute 16)
Councillor Galley spoke on item 7 (see minute 15)
Councillor Maynard spoke on item 5 (see minute 13)
Councillor Tidy spoke on item 4 (see minute 12)

9 DECISIONS MADE BY THE LEAD CABINET MEMBER ON 25 JULY 2016

9.1 RESOLVED to approve as a correct record the minutes of the meeting held on 25 July 2016.

10 DECLARATIONS OF INTERESTS

10.1 Councillor Maynard declared a personal interest in item 5, as Leader of Rother District Council, but he did not consider this to be prejudicial.

11 REPORTS

11.1 Reports referred to in the minutes below are contained in the minute book.

12 PETITION FOR A 20MPH LIMIT IN THE BEECHES ESTATE, CROWBOROUGH

12.1 The Lead Member considered a report by the Director of Communities, Economy and Transport.

12.2 Mr Graham Johnson, the Lead Petitioner and Councillor Martyn Garrett of Crowborough Town Council, spoke to request further consideration of the petition's aims.

DECISION

12.3 RESOLVED to advise the petitioners that a 20mph speed limit or traffic calming in North Beeches Road and East Beeches Road, Crowborough is not considered to be of sufficient priority for funding from the County Council budget.

Reasons

12.4 The proposal does not meet the key objectives provided in the Local Transport Plan as it is not within an area of economic regeneration and will offer no contribution in terms of casualty reduction. The petitioners were advised of the Wealden Safer Partnership as a potential source of support.

13 PETT ROAD, GUESTLING 30MPH SPEED LIMIT

13.1 The Lead Member considered a report by the Director of Communities, Economy and Transport.

13.2 Mrs Fran Molineux, the Lead Petitioner, and Councillor Graham McPherson of Guestling Parish Council spoke to highlight the strength of support behind the petition.

DECISION

13.3 RESOLVED to (1) advise the petitioners that a 30mph speed limit on the C23 Pett Road is not considered to be of sufficient priority for funding from the County Council budget for road safety due to its good safety record; and

(2) advise that Guestling Parish Council may consider supporting a reduced speed limit through the Community Match fund scheme.

Reasons

13.4 Due to its very good safety record, a lower 30mph speed limit on this part of the C23 Pett Road is not a priority for funding from the budget for Road Safety. However a 30mph scheme could be supported if an application for Community Match funding by Guestling Parish Council was successful and sufficient speed reducing measures were included on the part of the road near "Well House" where the average speed is higher.

13.5 The Lead Petitioner and Parish Council were advised of a revised process for applications for Community Match Funding, which would include how to prepare an outline cost estimate for a proposed scheme.

14 PETITION FOR A REVIEW OF SPEED LIMITS FOR THE VILLAGE OF DALLINGTON

14.1 The Lead Member considered a report by the Director of Communities, Economy and Transport. The Lead Member reported that he had received correspondence from the Headteacher at Dallington Primary School offering to contribute to a speed survey.

DECISION

14.2 RESOLVED to (1) Advise the petitioners that measures to reduce the speed of traffic in Dallington are not a priority for the County Council at the present time: however, the Road Safety Team will look at part of the B2096 at Carrick's Hill and South Lane to see whether any safety improvements or maintenance on this part of the road would be appropriate; and

(2) advise that Dallington Parish Council may wish to consider funding a 20mph speed limit outside Dallington C of E Primary School, village gateways or a new footway through the Community Match Fund.

Reasons

14.3 A review of the speed limits in Dallington is not a priority for the Road Safety Team at the present time. However, the B2096 Battle Road is on the list of lower speed limit requests so its safety record will be monitored in the future as part of the speed management programme. If the safety record is identified as a priority compared to other locations in the County, a more detailed assessment of the B2096 can be carried out with the Police.

15 HORSTED LANE, DANEHILL - ONE WAY SECTION

15.1 The Lead Member considered a report by the Director of Communities, Economy and Transport.

15.2 Mr Nicholas Boggis-Rolfe, the Lead Petitioner, spoke against the recommendations contained in the report.

DECISION

15.3 RESOLVED to advise the petitioners that (1) the concerns raised by the petitioners have been noted;

(2) a reduced speed limit and traffic calming are not a priority for the County Council; and

(3) the Local Traffic and Safety Team will undertake measures to address the concerns as detailed under paragraph 2.4 of the report

Reasons

15.4 The introduction of traffic calming measures along this section of Horsted Lane has been assessed using the approved scheme prioritisation process for local transport improvements. The scheme is not of sufficient priority for possible funding through the capital programme for local transport improvements.

16 PROVISION OF AN ON-STREET ADVISORY DISABLED PARKING BAY IN MANOR END, UCKFIELD - ITEM 9

16.1 The Lead Member considered a report by the Director of Communities, Economy and Transport.

DECISION

16.2 RESOLVED to (1) note the concerns raised by the objector; and

(2) approve the provision of an advisory disabled bay in Manor End, Uckfield.

Reasons

16.3 The need for the disabled bay was identified by site assessments undertaken by the Traffic and Safety Officer. This was supported by the information given in the initial application. The requirements of Policy PS 4/18 have been met in this case.

17 PROVISION OF AN ON-STREET ADVISORY DISABLED PARKING BAY AT HORNBEAM, BURWASH - ITEM 8

17.1 The Lead Member considered a report by the Director of Communities, Economy and Transport.

DECISION

17.2 RESOLVED to (1) note the concerns raised by the objector; and

(2) approve the provision of an advisory disabled bay in Hornbeam, Burwash.

Reasons

17.3 The need for the disabled bay was identified by site assessments undertaken by the Traffic Engineer. This was supported by the information given in the initial application and further correspondence with the applicant. The requirements of Policy P4/18 have been met in this case.

18 BUS STOP CLEARWAY - STATION ROAD, PLUMPTON GREEN

18.1 The Lead Member considered a report by the Director of Communities, Economy and Transport.

DECISION

18.2 RESOLVED to (1) note the objection to the proposed Bus Stop Clearway; and

(2) recommend to the Director of Communities, Economy and Transport that the Clearway be implemented as advertised

Reasons

18.3 This proposal attempts to address road safety concerns whilst being mindful of the needs of residents' parking, the local school and village shop. Parking loss has been kept to a minimum whilst ensuring road safety is not compromised.

Committee: **Lead Cabinet Member for Community Services**

Date: **26 October 2016**

Report By: **Director of Communities, Economy and Transport**

Title of Report: **Petition to Reduce the Speed Limit on the B2169 Bayham Road**

Purpose of Report: **To consider the petition for a reduced speed limit on the B2169 between Bells Yew Green and the County boundary.**

RECOMMENDATIONS: The Lead Member is recommended to advise the petitioners that:

- (1) A reduced speed limit on this part of the B2169 Bayham Road is not a priority for the County Council due to its relatively good safety record; and**
 - (2) Frant Parish Council may wish to consider funding a lower speed limit on this part of the B2169 Bayham Road through the Community Match fund scheme.**
-

1. Background Information.

1.1 At the County Council meeting on 17 July 2016 Councillor Standley presented a petition to the Chairman requesting:

“That the national speed limit on the B2169 Bayham Road be reduced as the features of the road make it unsuitable for a national speed limit and furthermore these combined with inappropriate speed, create safety issues for homeowners, their families, cyclists, pedestrians and delivery vehicles. The increasing frequency and severity of accidents on this section of road is a clear indicator that something is wrong and the risk of severe injury or death is rising”.

1.2 A copy of the petition is available in the Members’ Room. Standing Orders provide that where the Chairman considers it appropriate petitions are considered by the relevant Committee or Lead Member and a spokesperson for the petitioners is invited to address the Committee. The Chairman has referred this petition to the Lead Member for Community Services.

2. Supporting Information

2.1 The petition is requesting that the national speed limit on the B2169 Bayham Road between the existing 30mph speed limit in Bells Yew Green in the east and the County boundary at Tunbridge Wells in the west is reduced. A Location Plan indicating the length of the road where the lower speed limit is requested is included as Appendix 1.

2.2 It should be noted that if a lower speed limit was introduced along the whole route it would be necessary to extend it into Kent to meet with the existing Tunbridge Wells 40mph speed limit that starts about 150m west of the County boundary. This would require Kent County Council to support and progress a Traffic Regulation Order (TRO) to lower the speed limit on the part of the road within Kent.

2.3 The section of road in East Sussex is about 1.4km long and predominantly rural in nature. There are approximately seven residential properties and one rural business visible to drivers along the length of road where the lower speed limit is being requested.

2.4 This part of the B2169 Bayham Road is in good condition as it was resurfaced last year over most of its length. The road markings were refreshed and the catseyes were also replaced as part of this work.

2.5 Crash data provided by Sussex Police indicates that there has been one serious and one slight injury crash recorded on this part of the B2169 in the latest three years. A plan indicating the location and severity of these crashes is included as Appendix 2.

2.6 The ten year crash data provided by Sussex Police indicates that there has been one serious and three slight injury crashes on this part of the B2169 Bayham Road. There is no consistent causation factor recorded for the crashes, nor was excessive speed identified as the main factor in any of the incidents. A plan indicating the location and severity of the crashes in the latest 10 years is included as Appendix 3.

2.7 As this part of the B2169 Bayham Road has a relatively good safety record, a lower speed limit is not a priority for the County Council. However, it will be retained on our list of lower speed limit requests, so its safety record can be monitored as part of our speed management programme.

2.8 Alternatively Frant Parish Council may wish to consider making an application for a lower speed limit on this part of the B2169 Bayham Road through the Community Match fund scheme.

2.9 The Road Safety Team would have no objection, in principle, to a lower speed limit on this part of the road if a speed survey indicated that a reduced limit would be appropriate and effective. There is presently no speed data available for the B2169 between Bells Yew Green and the County boundary. If Frant Parish Council supported the principle of funding a lower speed limit, the Road Safety Team would share the cost of a speed survey, which is around £400.

2.10 It is difficult to be certain how much a lower speed limit would cost on the B2169 Bayham Road until some speed surveys have been carried out and we have agreed the most appropriate approach with the Police and Frant Parish Council. However, from experience in other locations, a lower speed limit would cost in the region of £5,000 to £10,000.

2.11 A copy of the petition has been forwarded onto the Senior Asset Engineer (Drainage) and the Highway Steward for the area to make them aware of the petitioners' concerns in respect to the surface water flooding onto the carriageway. It should also be noted that the B2169 Bayham Road is on a primary gritting route.

3. Conclusion and Reason for Recommendation

3.1 Due to its relatively good safety record a lower speed limit on the B2169 Bayham Road is not a priority for the County Council at the present time. However, the County Council would not object, in principle, to a lower speed limit if an application through the Community Match fund scheme was successful.

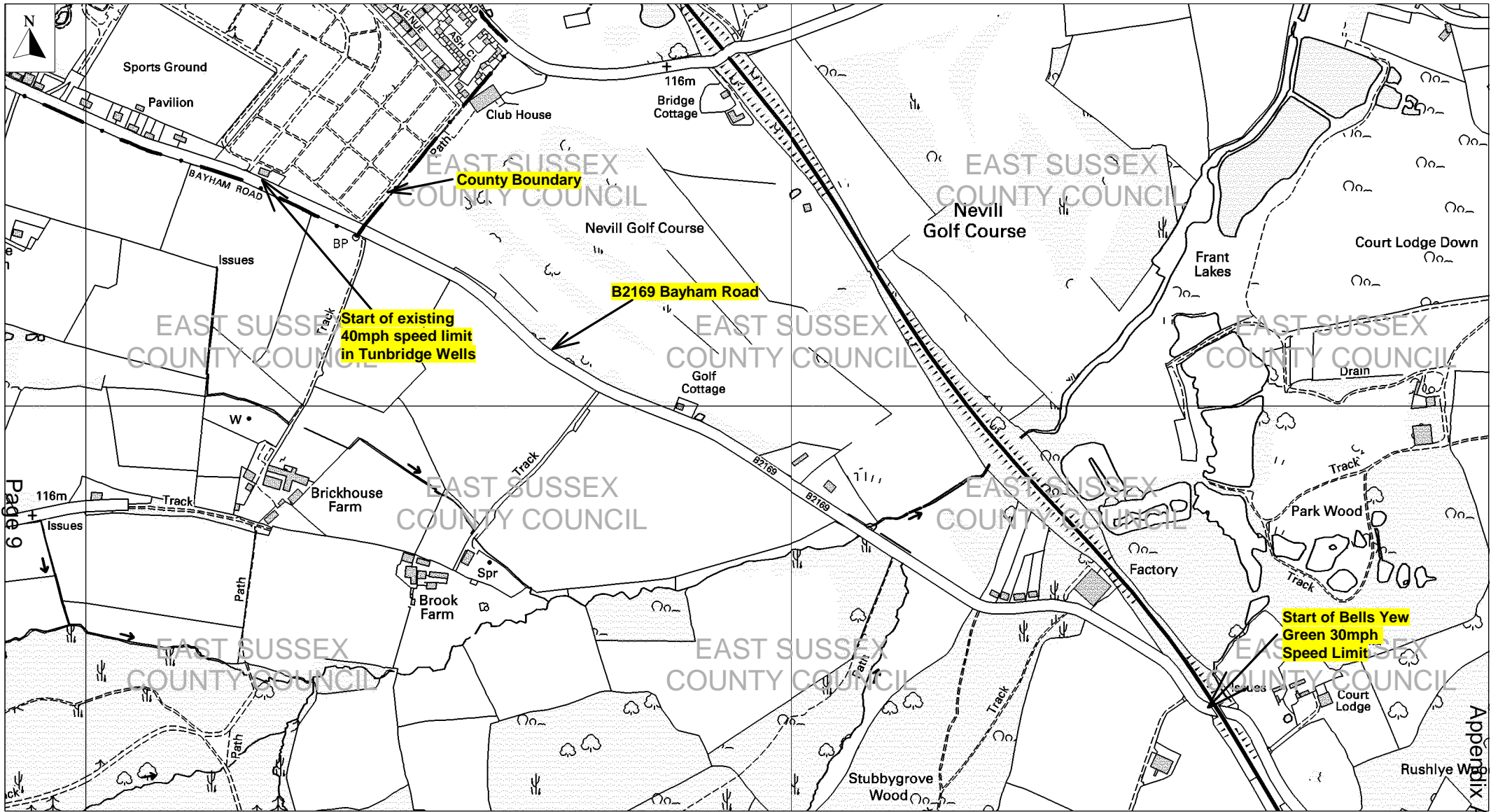
3.2 If Frant Parish Council would like to consider supporting a lower speed limit through the Community Match fund scheme it is recommended that they initially contact the Road Safety Team to arrange for some speed surveys to be carried out. The speed surveys will help us to make a more detailed assessment as to whether a lower speed limit would be effective and help to improve road safety on this part of the B2169 Bayham Road.

RUPERT CLUBB
Director of Communities, Economy and Transport

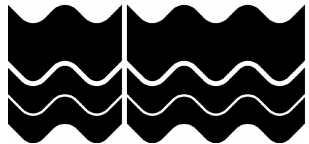
Contract Officer: Michael Higgs
Tel. No. 01273 482106
Email: Michael.Higgs@eastsussex.gov.uk

LOCAL MEMBER
Councillor Standley

BACKGROUND DOCUMENTS
None



East Sussex
County Council

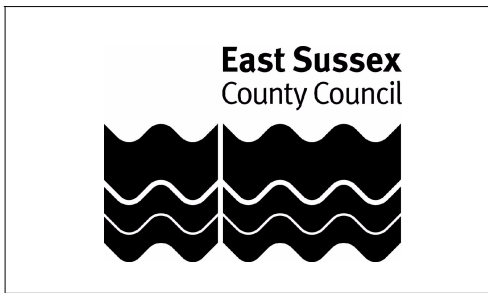
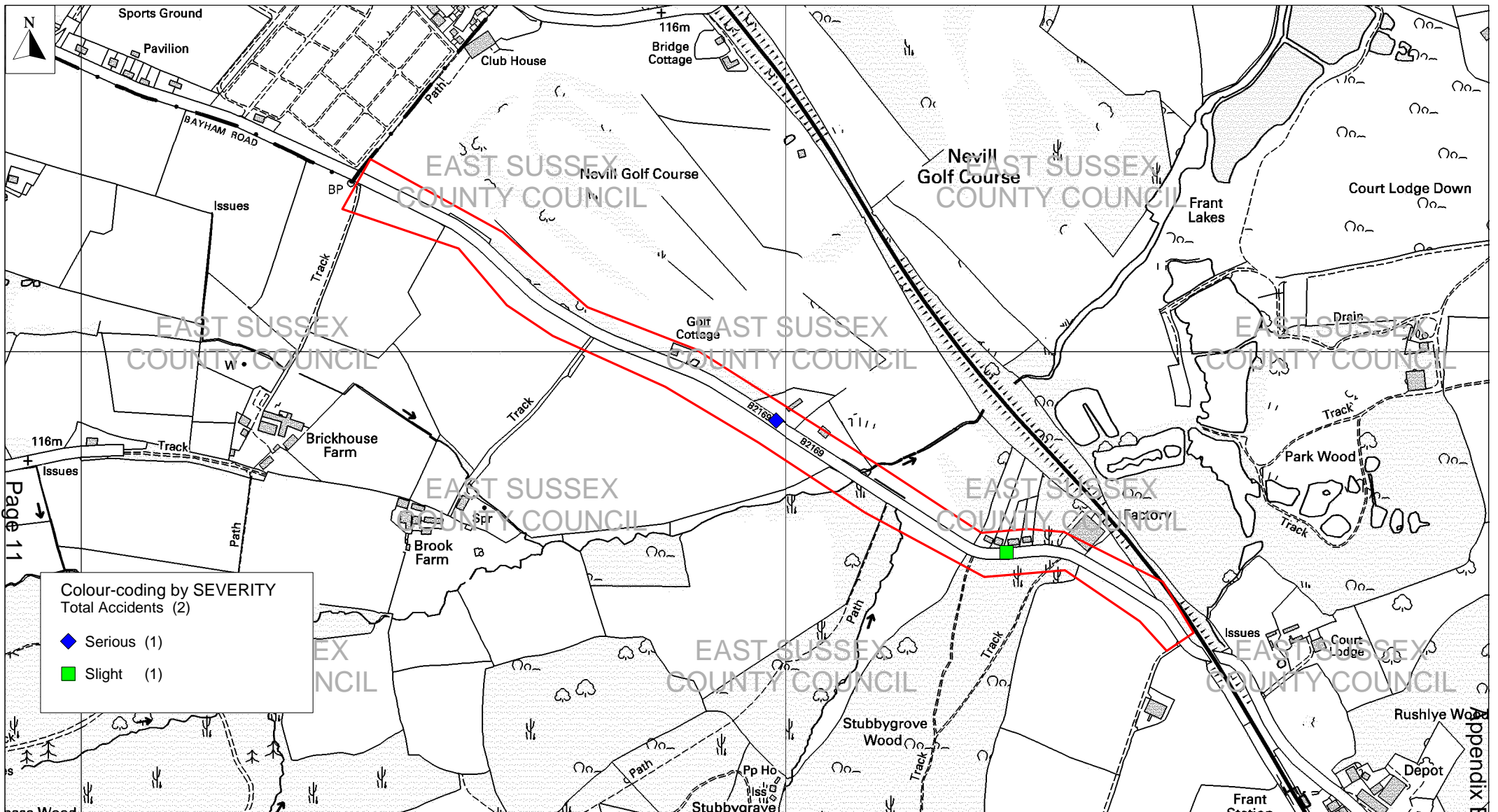


Location Plan
B2169 Bayham Road

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SCALE	1 : 7500
DATE	27/09/2016
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B2169 - Bayham Road

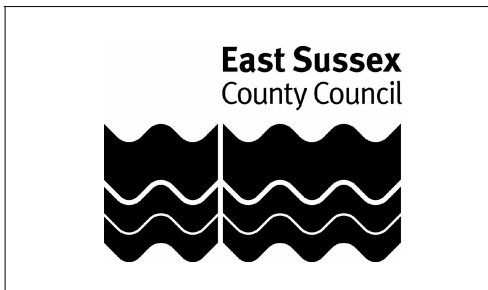
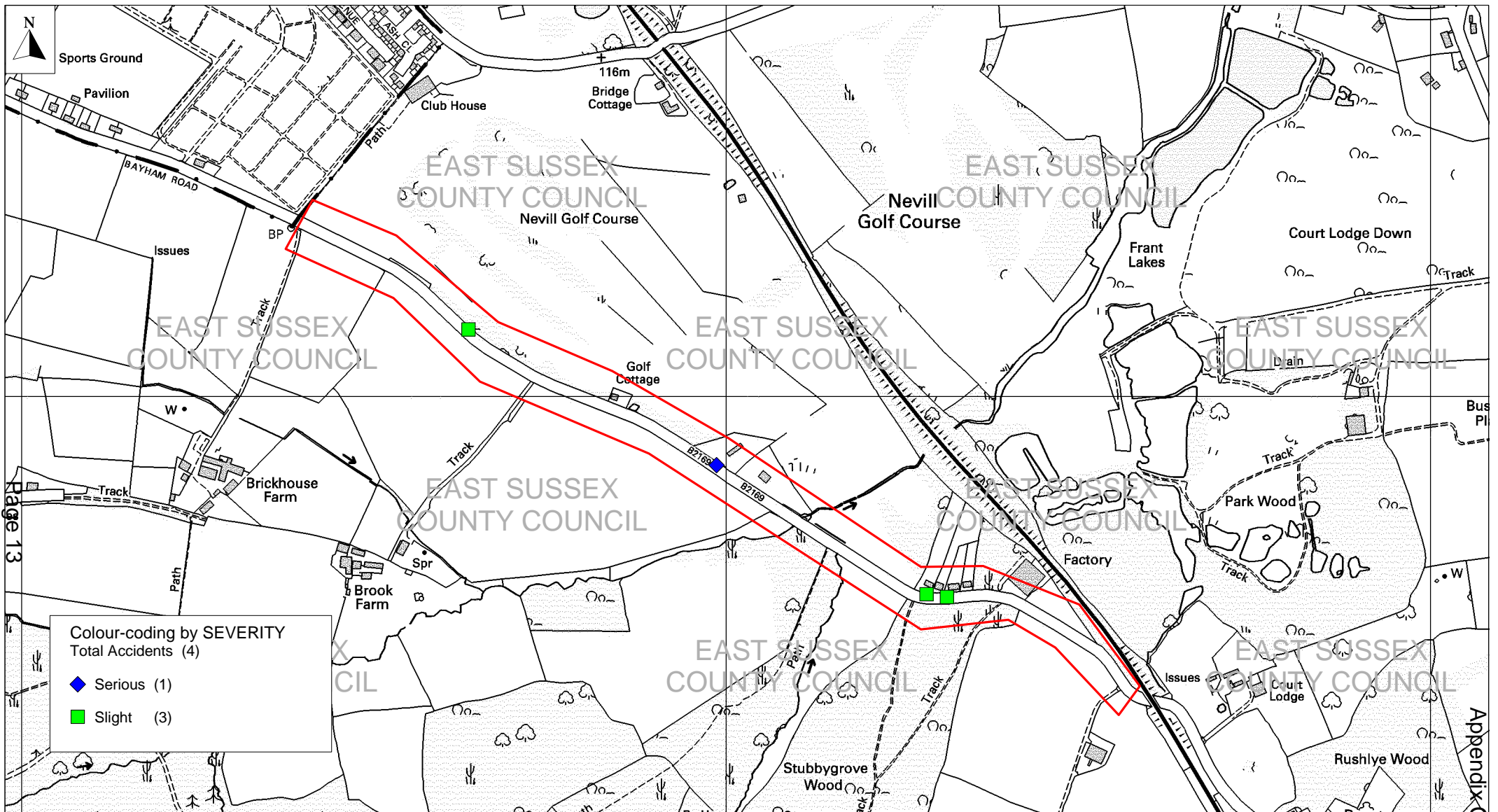
Crashes between 01/07/2013 and 30/06/2016

Type of Crashes: Injury Only

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SCALE	1 : 7500
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B2169 Bayham Road

Crashes between 01/07/2006 and 30/06/2016

Type of Crashes: Injury Only

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SCALE	1 : 7500
DATE	26/09/2016
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Report to: Lead Member for Community Services

Date of meeting: 26 October 2016

By: Assistant Chief Executive and
Director of Adult Social Care & Health

Title: Voluntary & Community Sector (VCS) Generic Infrastructure Review

Purpose: To provide the Lead Member for Community Services with an update on progress and to ask for consideration of, and agreement to, the proposed next steps in relation to the VCS generic infrastructure services & SpeakUp

RECOMMENDATIONS

Lead Member is recommended to:

- 1) Note progress made towards establishing health and wellbeing commissioning outcomes for generic infrastructure services, and associated joint strategic work plan; and**
 - 2) Agree proposals to waive the requirement for a procurement process to establish a 1 year contract from April 2017, thus providing the required capacity to deliver change in the provider landscape and inform the subsequent tender and full market engagement.**
-

1 Background

1.1 As we move towards test phase Accountable Care in April 2017, there are a number of important East Sussex Better Together (ESBT) programme milestones to meet including the consolidation of a single planning and commissioning process across the ESBT health and social care economy, the redesign of the commissioning process to take in locality planning, and the required realignment of our partnerships and governance arrangements. The commissioning landscape is going to change significantly over the next two years and providers from all sectors will need to be supported to adapt. The VCS is one of our key stakeholders being a potential provider of services, a provider of infrastructure support and a 'voice' for communities.

1.2 In East Sussex the County Council, Clinical Commissioning Groups (CCGs) and Districts and Boroughs contribute annually towards the delivery of generic VCS infrastructure services, provided through the local Councils for Voluntary Services (CVSs) – 3VA, HVA and RVA. The main aim is to enable community groups and voluntary organisations to build greater resilience, self-sustaining capacity and capabilities to deliver activities and services that benefit the users of their services and communities. They are also commissioned to provide strategic representation, liaison and partnership working across sectors.

1.3 Generic infrastructure services are commissioned corporately on behalf of all East Sussex County Council Departments, and the CCGs. This model ensures that Council Departments and the CCGs have access to the intelligence gathered and services delivered, and enables the development of collaborative relationships with the wider voluntary and community sector. ESBT has been identified as the main focus for developing generic infrastructure services at this time with an emphasis on setting outcomes that will assist in achieving improved health and wellbeing for people living in East Sussex.

1.4 The CVSs and VCS organisations are represented on a number of key strategic partnerships, ESBT steering groups and work streams; however feedback through the VCS Liaison Group indicated that the sector did not feel engaged or informed about the ESBT programme. This indicated that our current approach to VCS engagement and infrastructure arrangements was not delivering the required outcomes in relation to health and wellbeing.

1.5 As such, at this critical point in ESBT programme delivery, and to support the early stages of implementation of the Connecting 4 You (C4Y) programme in High Weald Lewes Havens, a Task & Finish Group was convened in April 2016/17 to review the current configuration of commissioned VCS infrastructure support services and strategic representation in East Sussex.

2 Supporting information

2.1 The purpose of the review was to develop a better and shared understanding of the challenges faced by both sectors in the current climate, and to look at the strengths and opportunities for better engagement and collaborative working that could be supported by the commissioned infrastructure organisations. The Terms of Reference for the Group, including the membership, is attached at Appendix 1 for further information.

2.2 A number of issues were identified by the Task & Finish Group in relation to the current configuration of commissioned infrastructure services and their ability to engage with the ESBT transformation programme - this included the need for greater clarity regarding the strategic direction of ESBT and the associated health and wellbeing outcomes being sought by the commissioning organisations; a required recalibration of the opportunities for the sector and their representatives to engage in strategic and locality planning processes, and; an inconsistency in acknowledgement of the infrastructure organisations contributing to wider system leadership as part of their infrastructure role.

2.3 Further, a number of interdependencies were identified that will need to be reconfigured and/or developed moving forward to support the whole system change envisaged. These are as follows: SpeakUp and the VCS Liaison Group, the Commissioning Grants Prospectus, and Strategic and Locality Planning and Partnership requirements.

2.4 To address the challenges identified, the following has been developed and co-designed:

- Health and wellbeing commissioning outcomes and key outputs – building on the existing NAVCA quality standards and commissioned outputs – to support consistent delivery through the generic infrastructure contract to meet current identified priorities across ESBT and C4Y, underpinned by a set of key principles (attached at Appendix 2);
- A draft joint strategic work plan to provide a framework for development over the next 18 months to ensure infrastructure organisations, and the sector they represent, are engaged in preparations to interact with the future strategic and locality planning objectives, and implementation of the ESBT accountable care model (attached at Appendix 3);
- Agreement to commission system leadership training workshops to support delivery of the above (currently in development).

2.5 In light of the significant changes in the commissioning landscape for both ESBT and C4Y, and considering the potential impact of the incoming ESBT accountable care model, agreement is being sought to waive the need for a procurement process to establish a 1 year contract (plus the option to extend for a year) from April 2017 with the incumbent generic infrastructure providers, to provide the required capacity to deliver change in the provider landscape (as per the draft joint strategic work plan) and to inform the subsequent tender process and full engagement with the market. It is proposed that the same approach is taken for SpeakUp, following the forthcoming review of its current functions.

2.6 It is proposed that current funding levels are maintained; the table below indicates the current and proposed funding for a 1 year contract (plus the option to extend for a year):

	Current contract value per annum	Potential total contract value (1+1)	Overall procurement value (1+1)
3VA	£152,500	£305,000	£560,000
RVA	£49,500	£99,000	
HVA	£78,000	£156,000	

It is proposed that the contract value for SpeakUp is also maintained at the current level: £50,000 per annum. The proposed amounts would not breach the thresholds under procurement regulations that would require competitive tender (£587,000).

2.7 From a legal and procurement perspective there could be a potential risk of challenge to the direct award for generic infrastructure services but given the lack of a local market, and on the basis that the extension is to allow service development and tendering to take place; it is considered that the risk of challenge is acceptable.

2.8 For additional targeted infrastructure activity, which may be provided by wider infrastructure organisations, the proposal is to establish a framework contract to optimise access to funding opportunities as they arise through the transformation programmes.

3. Conclusion and reasons for recommendations

3.1 Considerable work has been undertaken with the CVSs to achieve greater clarity regarding the role and purpose of commissioned generic infrastructure services in relation to strategic health and social care objectives and to deliver better outcomes in 2017/18, and regarding the wider role of infrastructure providers as system leaders.

3.2 Significant change is anticipated over the next 12-24 months across both ESBT and C4Y transformation programmes, and as the ESBT accountable care model takes shape. The Lead Member is asked to agree to the draft joint strategic work plan and proposed waiver to running a procurement process for 2017/18 to enable the required developmental work to take place and to inform the subsequent tender process and full engagement with the market.

Philip Baker
Assistant Chief Executive

Keith Hinkley
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APPENDICES

Appendix 1: Task & Finish Group Terms of Reference

Appendix 2: Health & Wellbeing Commissioning Outcomes

Appendix 3: Draft Joint Strategic Work Plan

Background Documents: None

Local Members: All

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Voluntary & Community Sector Infrastructure Services Review

Task & Finish Group Terms of Reference

1.0 Context

- 1.1 The relationship between the voluntary and the public sectors is changing - and at considerable speed. Recent years have witnessed complex public funding challenges, changing geographies in terms of partnership structures, new models of governance and delivery in the health/social care arena and widespread changes in the priorities and delivery mechanisms for regeneration and economic development.
- 1.2 The VCS provides a range of vital services, works with those most at risk of social exclusion and enables individuals to contribute to public life and the development of their communities – it also attracts funding not available to public agencies. This can provide significant opportunities for co-design, community engagement, capacity building and policy development and planning, but this relationship is complex and may also contain tensions about roles, relationships and in some cases, perceived conflicts of interest. The voluntary sector currently operates in a complex and challenging environment which will have implications for work-load, sustainability, future development and the management of risk.
- 1.3 The VCS in East Sussex, like the business community is also a micro-sector consisting of large numbers of very small organisations with limited internal infrastructure to meet the demands of compliance with a range of legal technical and contractual issues. As a consequence local organisations rely on the existence and activity of the main infrastructure organisations for support on a range of operational and strategic issues.
- 1.5 Nationally, the significance of VCS infrastructure has been the subject of some discussion and the recent publication of the Independent Commission on the Future of Local Infrastructure: Making Change for Good (NAVCA website February 2016) provides useful context and connection into a wider national debate.
- 1.6 In East Sussex the County Council, Boroughs and Districts and Clinical Commissioning Groups (CCGs) contribute annually towards the delivery of infrastructure services for the wider VCS. The main aim of VCS infrastructure services are to enable community groups and voluntary organisations to build greater resilience, self-sustaining capacity and capabilities to deliver activities and services that benefit their service users and communities. They are also commissioned to provide strategic representation, liaison and partnership working across sectors.
- 1.7 A number of challenges have been identified recently by the VCS in respect of the level of engagement experienced with key transformational agendas. These include a lack of clarity regarding roles and responsibilities (both in the public and voluntary sector), and expectations regarding participation through existing commissioned provision. As such, a task and finish group has been convened with representation from both the public and voluntary sectors to work through identified issues and co-design proposed resolutions.

2.0 Purpose of the Group

- 2.1 The purpose of the task and finish group is to:
- Define the roles, responsibilities and categories of voluntary and community sector provision (i.e. advocacy, infrastructure services, frontline services, etc.), and how the statutory sector does and could engage with these different activities
 - Develop a shared understanding of what is currently provided through commissioned VCS infrastructure services, and the expectations of both sectors about the level of communication, engagement and participation this provides
 - Identify the key strengths and challenges in current provision,
 - Understand future demand, what this could mean for VCS delivery and support locally – identifying scope for further development as required

- Design a proposed future commissioning and funding model of VCS infrastructure services to ensure the sector is able to engage with and respond to developing commissioning intentions, service developments and pathway design at both a strategic and locality level – this may include consideration of other related services that are currently commissioned through infrastructure organisations, e.g. Voluntary Centre East Sussex (VCES), SpeakUp, etc.

3.0 Scope

3.1 The scope of the review will incorporate commissioned VCS infrastructure services across the following public sector organisations:

- East Sussex County Council (ESCC)
- Hastings & Rother (H&R) and Eastbourne, Hailsham & Seaford (EHS) CCGs
- High Weald, Lewes & Havens (HWLH) CCG
- Eastbourne Borough Council (EBC)
- Hastings Borough Council (HBC)
- Lewes District Council (LDC)
- Rother District Council (RDC)
- Wealden District Council (WDC)

4.0 Authority

4.1 The task and finish group is responsible for co-designing recommendations to be brought back to the VCS Liaison meeting for discussion.

5.0 Membership

5.1 Membership of the group will be:

- Martin Hayles, Assistant Director – Strategy & Commissioning, ASC&H, ESCC (Chair)
- Bianca Byrne, Acting Head of Policy & Strategic Development, ASC&H, ESCC
- Anita Counsell, Head of Specialist Health Improvement, Public Health, ESCC
- Paul Rideout, Third Sector Policy Manager, Governance Services, ESCC
- Martin Fisher, Chief Executive, Rother Voluntary Action
- Steve Manwaring, Chief Executive, Hastings Voluntary Action
- Adam Chugg, Chief Executive, 3VA
- Peter Lister, Integrated Commissioning Manager – Localities, ASC&H, ESCC
- Colin Edgely, Operations Manager - Targeted Youth Support, Children's Services, ESCC
- Julia Cutty, Service Development Manager – Third Sector Commissioning, ASC&H
- Fiona Streeter, Deputy Director of Organisational Development and Corporate Affairs, EHS & HR CCGs
- Sue Pumphrey, Head of Corporate Services, HWLH CCG
- Jo Harper, Head of Business Strategy & Performance, Lewes District Council
- Pranesh Datta, Neighbourhood Manager, Hastings Borough Council

6.0 Accountability and Reporting Arrangements

6.1 The minutes of the meetings will be formally recorded, and the outputs of the task and finish group will be reported to the VCS Liaison Group and ESBT & C4Y Programme Boards.

7.0 Administration

7.1 ESCC ASC&H will be responsible for and co-ordinate meetings and associated support.

8.0 Frequency

8.1 The task and finish group will meet on a monthly basis from April to June 2016.

Voluntary & Community Sector Infrastructure Support Services

Introduction and context:

The relationship between the voluntary and the public sectors is changing - and at considerable speed. Recent years have witnessed complex public funding challenges, changing geographies in terms of partnership structures, new models of governance and delivery in the health/social care arena and widespread changes in the priorities and delivery mechanisms for regeneration and economic development. In addition, the voluntary and community sector (VCS) currently operates in a complex and challenging environment which will have implications for work-load, sustainability, future development and the management of risk.

The VCS provides a range of vital services, works with those most at risk of social exclusion and enables individuals to contribute to public life and the development of their communities – it also attracts funding not available to public agencies. This can provide significant opportunities for co-design, community engagement, capacity building and policy development and planning, but this relationship is complex and may also contain tensions about roles, relationships and in some cases, perceived conflicts of interest. The VCS in East Sussex, like the business community, is also a micro-sector consisting of large numbers of very small organisations with limited internal infrastructure to meet the demands of compliance with a range of legal technical and contractual issues. As a consequence local organisations rely on the existence and activity of the main infrastructure organisations for support on a range of operational and strategic issues.

In East Sussex, the County Council, Clinical Commissioning Groups (CCGs) and Districts & Boroughs (Ds&Bs) contribute annually towards the delivery of generic infrastructure services for the wider VCS, provided through the local Councils for Voluntary Services – 3VA, HVA & RVA. The main aim of the generic infrastructure services is to enable community groups and voluntary organisations to build greater resilience, self-sustaining capacity and capabilities to deliver activities and services that benefit the users of their services and communities. They are also commissioned to provide strategic representation, liaison and partnership working across sectors.

In this document we have outlined the key health and wellbeing outcomes that we are working towards with the infrastructure organisations, how we see this relationship working, and how all parties will contribute to delivering the defined outcomes. We recognise this does not encompass everything that infrastructure organisations do, but are the outcomes we are seeking to work towards with the funding currently provided by the County Council & CCGs. We also recognise that through the identification of needs, assets and trends in local communities, the outcomes and measures described may need to change. This will be done by agreement with all parties, whenever the analysis of such information evidences it.

Vision:

Our shared vision is of thriving communities whose role and contribution as strategic partners in the delivery of key health and wellbeing outcomes for our community is recognised and valued for its economic, social and environmental contribution. The County Council, CCGs, Ds&Bs and infrastructure organisations all have a role to play in supporting the delivery of this vision.

Key principles:

There are a number of key principles that underpin the delivery of the vision and the outcomes described in this document:

- **Leadership:** infrastructure organisations provide strategic leadership for the sector, and promote its successful evolution. Together with the County Council, CCGs and the Ds&Bs, the infrastructure organisations also provide collective leadership across the whole system, taking responsibility for the success of the agreed objectives of the systems in which they work, with a focus on learning and improving the quality of service delivery. Leadership is the responsibility of teams, not individuals, and is needed at all levels. Collective leadership enables organisations to develop cultures in which they work collaboratively for the greater good of the populations they serve.
- **Partnership working and collaboration:** the County Council, CCGs, Ds&Bs and infrastructure organisations are committed to building and strengthening relationships both within the sector and between sectors. Infrastructure providers are well placed to champion, identify and convene partnerships and opportunities for collaboration and co-design, both intra-sector and between the sectors, to support identified outcomes and by utilising collective resources. The County Council, CCG's and Ds&Bs are committed to the principles of co-design in relation to planning for shared strategic objectives. This needs to be underpinned by open and effective communication, and using a shared language.
- **Information sharing:** the sharing of information relating to trends, needs and assets is a fundamental part of the strategic planning process and as such two-way sharing of information supports all partners to deliver better outcomes and make best use of our collective resource. Infrastructure organisations can offer a unique contribution to their communities and to the health and care system – drawing on their knowledge and connections across the VCS. They are well-placed as a repository of data and information about the community they serve, a point of access to VCS networks, and to offer views on how the 'market' as a whole is functioning.
- **Building community capacity:** encouraging people to participate in community and neighbourhood activity and to engage with statutory sector agencies and decision making processes helps to build skills and confidence, shape public services and contribute to social, economic, and environmental development. Infrastructure organisations play a key role in providing the foundation for the growth of more formal VCOs providing different types of services, and by building the confidence and leadership skills which equip people for a variety of governance and representation roles. The County Council, CCGs and Ds&Bs recognise that this is long term investment, and will seek opportunities for longer-term resourcing where possible.
- **Outcomes focused:** the County Council, CCGs, Ds&Bs and infrastructure organisations are focussed on delivering positive outcomes for our shared populations, based on an analysis of need, and on developing outcomes-focussed cultures where staff are attuned to the impact of their work on organisations and communities. We will do this by developing and co-designing an outcomes focused approach to planning and performance improvement and by developing robust mechanisms for measuring and monitoring impacts.
- **Asset or strengths-based approach:** asset based approaches facilitate people and communities coming together to achieve positive change using their own knowledge, skills and lived experience of the issues they encounter in their own lives. The County Council, CCGs, Ds&Bs and infrastructure organisations recognise that positive health and wellbeing outcomes will not be achieved by maintaining a 'doing to' culture and that meaningful social change will only occur when people and communities have the opportunities and facility to control and manage their own futures. Asset based approaches recognise and build on a combination of the human, social and physical capital that exists within local communities.
- **Collective use of resources:** by sharing intelligence and ensuring two-way involvement in strategic and locality planning processes, recognition of the collective resources available within our communities will enable both sectors to target their activities and interventions where most appropriate. This will support appropriate allocation of scarce resources, and ensure recognition of the contribution of volunteering and community activity to ensuring that formal care and support services are focussed on those most in need.

Commissioning Outcomes, Outputs & Key Messages

NAVCA Quality Standards & Outcome Statements	Health & Wellbeing Outcomes	Proposed Outputs
<p>1. Development – Activities that support the identification of needs in local communities and the facilitation of innovation and improvements in service provision to meet those needs. Specifically focusing on:</p> <p>1.1 Identification of needs – as a result of activity, local VCOs are more knowledgeable about needs in their community.</p> <p>1.2 Reviewing and adapting activities – as a result of activity, local VCOs review and adapt their own activities in response to emerging needs and priorities in their community.</p> <p>1.3 Influencing policy and funding – as a result of activity, relevant local public bodies and funders are informed about emerging needs and priorities in their community.</p>	<ul style="list-style-type: none"> • IPs collect and make available intelligence on community activity and organisations in their localities (<i>n.b. this needs further discussion to agree the information sharing protocols under the new contract</i>) • IPs make available, and promote the use of, information on needs and assets, e.g. as contained in the JSNAA • IPs identify potential trends, gaps and assets in the provision of health and wellbeing outcomes through engagement with the sector • IPs provide feedback to and from VCOs to shape policy and inform the redesign of services to deliver health and wellbeing outcomes • IPs provide a programme of support to VCOs to help them consider reshaping their services in response to emerging need and assets, or redesign service delivery with new organisations where appropriate • IPs provide a programme of support to VCOs to routinely consider how they embed, strengthen or sustain asset based approaches in their work • IPs share learning, best practice and innovation within and between the sectors 	<ol style="list-style-type: none"> 1. Annual assessment of needs and assets of local communities, through either engaging with communities or through the local VCOs that operate within that community , and the identification of emerging trends, gaps and opportunities as a result 2. Focused interventions and outreach to support priority groups that deliver key health and wellbeing outcomes, i.e.: <ol style="list-style-type: none"> a. Reducing people’s experience of social isolation, e.g. through establishing and proactively supporting Good Neighbour Schemes b. Improving people’s ability to manage their health conditions independently, e.g. through establishing and proactively supporting peer-to-peer support in the form of self-help groups, for example c. Improving parents / carers ability to parent their children e.g. through the delivery of parenting programmes and the identification and referral of families needing additional support in this area d. Supporting children, young people and families around emotional wellbeing, parenting, domestic violence, e.g. through open access youth work e. Reducing people’s experience of hate crime 3. Development and delivery of training to support the following: <ol style="list-style-type: none"> a. Asset-based approaches b. Delivery of support to people in the community with Increasing health and social care needs c. Reshaping services in response to emerging needs and assets d. Embedding primary prevention, self-care and self-management into core activity e. Measuring outcomes and impact f. Volunteer recruitment and retention g. Safeguarding, specific to paid and voluntary staff working with children, young people and vulnerable adults 4. Facilitate two-way exchange of information between VCOs & external bodies (Public and Private Sector), to include: <ol style="list-style-type: none"> a. Identifying gaps b. Identifying assets c. Service innovation & redesign
<p>2. Support – Activities that enable local VCOs to fulfil their missions more effectively. Specifically focusing on:</p> <p>2.1 Diagnosing development needs – as a result of activity local VCOs are more confident in using tools and techniques that assess their performance and identify development needs.</p> <p>2.2 Performance improvement – as a result of activity, local VCOs are able to access high quality support, advice and facilitation to help improve their performance.</p> <p>2.3 Learning – as a result of activity, local VCOs benefit from learning opportunities that support the personal and professional development of their workforce.</p> <p>2.4 Leadership and governance – as a result of activity, local VCOs benefit from opportunities to develop high quality leadership and governance in their organisation.</p> <p>2.5 Income generation – as a result of activity, local</p>	<ul style="list-style-type: none"> • IPs proactively, and in consultation with commissioners, identify workforce /volunteer development and training needs across VCOs, including asset based approaches • IPs promote and support VCOs to access, training and development opportunities that underpin the delivery of health and wellbeing outcomes • IPs support VCOs to raise awareness of their services to the public sector • IPs support VCOs to understand new and appropriate models of care and support, e.g. brokerage in relation to social prescribing, and for people with health and social care needs • IPs support VCOs to access funding opportunities from the public sector, recognising how this role needs to be clearly delineated from their own organisational bidding activity • IPs support VCOs to respond to developing Active Communities in line with the aspirations identified in the East Sussex community resilience programme e.g. ensuring that small community organisations are able to access available funding (<i>n.b. in 2016/17 this will be facilitated through additional PH funding</i>) • IPs actively support and engage VCOs to enable them to deliver key 	<ol style="list-style-type: none"> 1. XX organisations receiving signposting/information/referral support (0-30mins) per year 2. XX organisations receiving advice (30mins – 5hrs) 3. XX VCOs receiving guidance (5hrs – 10hrs) 4. XX VCOs receiving Intensive support of >21 hours 5. XX VCOs receiving project management support 6. Tools and resources are made available on the IP’s website to address common support needs, e.g. Governance, Finance, Project Development Measuring Performance, acting as centres of expertise for the sector 7. Seminars/workshops hosted by IPs with public sector involvement to share strategic commissioning intentions and development opportunities with local VCOs, and best practice examples in service delivery to meet emerging needs informed by analysis of needs and assets as described above.

<p>VCOs are able to identify and access a variety of sources and types of income.</p> <p>2.6 Volunteering – as a result of activity, local VCOs have effective practices to recruit and support volunteers.</p>	<p>public sector commissioning requirements, e.g. as identified in the East Sussex Community Resilience programme (<i>n.b. in 2016/17 this will be facilitated through additional PH funding</i>)</p> <ul style="list-style-type: none"> • IPs support VCOs to identify and access a range of funding streams using a range of medium (e.g. e-bulletins), supporting and facilitating collaboration where this approach is deemed most appropriate 	
<p>3. Collaboration – The facilitation of effective communication and collaboration amongst local VCOs and between different sectors.</p> <p>Specifically focusing on:</p> <p>3.1 Networking – as a result of activity, local VCOs benefit from networking with each other.</p> <p>3.2 Collaborative working – as a result of activity, local VCOs deliver their missions more effectively by working collaboratively through formal partnerships and consortia.</p> <p>3.3 Sharing resources – as a result of activity, local VCOs work more efficiently through sharing resources and good practice with each other.</p>	<ul style="list-style-type: none"> • IPs champion and support partnerships and opportunities for collaboration, both intra-sector and between the sectors, to support identified health and wellbeing outcomes • IPs support the most effective deployment of investment made in the VCS across the county, to support identified health and wellbeing outcomes • IPs support the sector to resolve difficulties from a position of neutrality • IPs recognise the assets of local communities and community organisations, and help them to be used in the most efficient ways, e.g. training volunteers, sharing back office functions, accommodation, distribution of funding, etc. • IPs provide a streamlined point of access to help the public sector access and navigate VCS expertise • IPs facilitate collaboration between the VCS and public sector to explore alternative models that best support public service delivery, e.g. alliance contracting, multi-speciality provider approaches, co-production etc. • IP support the sector to develop asset/strength based approaches to meet the assessed needs of individuals, as well as supporting those people who are not in contact with statutory services 	<ol style="list-style-type: none"> 1. Bi-weekly/monthly e-newsletters to XX contacts 2. Quarterly hardcopy newsletters to XX contacts 3. XX visits a month to IP websites 4. Facilitation of 5 special interest networks to include facilitation of online community space (i.e. online forums) and workshops, to support key health, social care and wellbeing outcomes, e.g. <ol style="list-style-type: none"> a. Peer support and self-help groups b. Social isolation, befriending and good neighbour support c. Projects delivering improved outcomes for children, young people and parents through engagement in parenting programmes. d. Projects supporting children, young people and families to improve their emotional wellbeing e. Open access youth provision 5. IP membership is consistently categorised across IPs into communities of interest and made available through the IP website 6. IP s provide meeting/networking space for local VCOs 7. Dissemination of funding news and bidding opportunities to membership and forums
<p>4. Influence - Local VCOs are supported in developing their ability to influence policies, plans and practices that have an impact on their organisations and beneficiaries.</p> <p>Specifically focusing on:</p> <p>4.1 Foresight – as a result of activity, local VCOs are better informed about the potential impact of emerging policies, plans and practices on their organisations and beneficiaries.</p> <p>4.2 Consultation - as a result of activity, local VCOs have their views sought by statutory bodies in the development and implementation of relevant policies, plans and practices.</p> <p>4.3 Accountable representatives - as a result of activity, local VCOs have genuinely accountable representatives who are participating on behalf of the sector in policy and decision-making structures and processes.</p>	<ul style="list-style-type: none"> • IPs ensure that information about health and social care policy and strategic direction is made available to VCOs. For example through regular briefings to VCOs, dedicated forums, etc. • IPs organise and co-ordinate input from relevant VCOs and act as accountable representatives in policy development • IPs support VCOs to take part in and work with ESBT and C4U priority programmes, e.g. community and personal resilience, proactive care, ILTs (including informing the development of) (<i>n.b. need to discuss this further in relation to SpeakUp etc.</i>) • IPs act as a key point of contact, knowledge, and co-producer of asset-based approaches in communities 	<ol style="list-style-type: none"> 1. Support and jointly develop a programme of service planning forums which facilitates VCOs maximising their contribution to shaping how needs are identified and met in locality settings across the County. This will include joint work on developing asset based approaches, joint learning and networking – for both adults and children. 2. IPs bring the views of local VCOs at key partnership and co-design fora, e.g.: Community Resilience Steering & Deliver Groups 3. IPs support public sector consultations aimed at VCOs 4. IPs work to enable VCOs to contribute to strategic or policy making bodies 5. IPs enable VCOs to participate in community networks 6. Regular health, social care and wellbeing policy briefings are issued to membership and forums 7. Regular system leadership forums/networks facilitated by IPs in conjunction with public sector colleagues

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DRAFT VCS Infrastructure Joint Strategic Work Plan 2016 – 2017

Priority: Explore the role of system leadership, and how to embed the principles and practice in East Sussex across the statutory and voluntary sectors				
Objective	Proposed Action	Timeframe	Leads	Notes/progress
Explore concept of system leadership, and develop local capacity and capabilities to embed principles and practice	<ul style="list-style-type: none"> • Commission and deliver local facilitation/workshops/action learning sets • Develop local principles and practice to support implementation, e.g. partnership and governance arrangements 	August 2016 – December 2016	ASCH Third Sector Service Development Manager CVS CEOs x3	
Priority: Refresh and redesign the partnership and governance arrangements for involving the VCS in strategic and locality planning processes				
Objective	Proposed Action	Timeframe	Leads	Notes/progress
Review the role, purpose and membership of current ASCH / ESBT partnership arrangements with the VCS, and co-design new arrangements to support engagement with and contribution to the strategic and locality planning processes, including identification of appropriate opportunities for co-design	<ul style="list-style-type: none"> • Engagement with the VCS through existing forums (e.g. SpeakUp, local network meetings, etc.) to review what currently works well, and areas for development • Engagement with strategic and locality planners to identify future options and opportunities for co-design • Development and implementation of revised governance arrangements and support requirements 	September 2016 - March 2017	ASCH Policy Development Manager	Need to map VCS existing forums and meeting dates Links to review of Partnership Boards

Priority: Review and design VCS funding mechanisms to support strategic and locality planning, and in recognition of the contribution that the VCS make to the delivery of health and wellbeing outcomes				
Objective	Proposed Action	Timeframe	Leads	Notes/progress
Review and learn from existing funding mechanisms, and develop future arrangements to support strategic and locality planning and ensure the sector is able to respond	<ul style="list-style-type: none"> Review existing local funding mechanisms, e.g. Commissioning Grants Prospectus, Healthy Hastings Small Grants Programme, etc. Agree evaluation criteria and conduct options appraisal of funding mechanisms to support strategic and locality planning processes Development of appropriate funding mechanisms 	August 2016 – January 2017	ASCH Third Sector Service Development Manager	<p>Options to consider include:</p> <ul style="list-style-type: none"> Grant funding Formal tendering (block contracts/frameworks (DPS)) Personal Budgets/spot purchasing Alliance contracting Payment by Results
Priority: Explore possible VCS operating and service delivery models to support potential interaction with an accountable care model				
Objective	Proposed Action	Timeframe	Leads	Notes/progress
Consider emerging VCS operating and service delivery models in vanguard/early adopter sites and develop options for consideration	<ul style="list-style-type: none"> Explore possible options to support engagement with delivering outcomes Collate lessons learnt from vanguard/early adopter sites Understand options for moving towards new models 	September 2016 – December 2017	ASCH Third Sector Service Development Manager	<p>Options to consider include:</p> <ul style="list-style-type: none"> Hackney Mid-Notts <p>Need to develop OBC best practice</p>

Priority: Develop joint External Funding Strategy to maximise inward investment to support health and wellbeing objectives				
Objective	Proposed Action	Timeframe	Leads	Notes/progress
Develop collaborative approach to maximising inward investment to support wellbeing objectives from external funding streams	<ul style="list-style-type: none"> Review existing levels and sources of inward investment and benchmark Develop comprehensive profiling of potential sources and eligibility requirements Develop strategy for maximising inward investment to support wellbeing, including an understanding of the partnership arrangements to support successful bids Support initiation of bidding activity 	September 2016 – March 2017	ASCH Third Sector Service Development Manager	Need to consider opportunities and sources in relation to programme objectives (e.g. research grants, innovation awards etc.), and wider wellbeing objectives (e.g. philanthropy, Big Lottery etc.)
Priority: Develop whole system intelligence requirements and information sharing protocols to support cross-sector strategic and locality planning and investment				
Objective	Proposed Action	Timeframe	Leads	Notes/progress
Develop core intelligence requirements to inform integrated whole system outcomes framework, and cross sector strategic and locality planning and investment	<ul style="list-style-type: none"> Understand local needs and the appropriate level of intervention (i.e. locality vs strategic) Develop core intelligence requirements and collection methodology and timescales Agree and deliver information sharing protocols 	September 2016 – February 2017	Service Development Manager (Choice, Market Development & Engagement)	

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