

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.**
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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.

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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