

## 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><b>1. Development</b> – 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 <b>Identification of needs</b> – as a result of activity, local VCOs are more knowledgeable about needs in their community.</p> <p>1.2 <b>Reviewing and adapting activities</b> – 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 <b>Influencing policy and funding</b> – 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"> <li>• 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>)</li> <li>• IPs make available, and promote the use of, information on needs and assets, e.g. as contained in the JSNAA</li> <li>• IPs identify potential trends, gaps and assets in the provision of health and wellbeing outcomes through engagement with the sector</li> <li>• IPs provide feedback to and from VCOs to shape policy and inform the redesign of services to deliver health and wellbeing outcomes</li> <li>• 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</li> <li>• IPs provide a programme of support to VCOs to routinely consider how they embed, strengthen or sustain asset based approaches in their work</li> <li>• IPs share learning, best practice and innovation within and between the sectors</li> </ul>	<ol style="list-style-type: none"> <li>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</li> <li>2. Focused interventions and outreach to support priority groups that deliver key health and wellbeing outcomes, i.e.:             <ol style="list-style-type: none"> <li>a. Reducing people’s experience of social isolation, e.g. through establishing and proactively supporting Good Neighbour Schemes</li> <li>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</li> <li>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</li> <li>d. Supporting children, young people and families around emotional wellbeing, parenting, domestic violence, e.g. through open access youth work</li> <li>e. Reducing people’s experience of hate crime</li> </ol> </li> <li>3. Development and delivery of training to support the following:             <ol style="list-style-type: none"> <li>a. Asset-based approaches</li> <li>b. Delivery of support to people in the community with Increasing health and social care needs</li> <li>c. Reshaping services in response to emerging needs and assets</li> <li>d. Embedding primary prevention, self-care and self-management into core activity</li> <li>e. Measuring outcomes and impact</li> <li>f. Volunteer recruitment and retention</li> <li>g. Safeguarding, specific to paid and voluntary staff working with children, young people and vulnerable adults</li> </ol> </li> <li>4. Facilitate two-way exchange of information between VCOs &amp; external bodies (Public and Private Sector), to include:             <ol style="list-style-type: none"> <li>a. Identifying gaps</li> <li>b. Identifying assets</li> <li>c. Service innovation &amp; redesign</li> </ol> </li> </ol>
<p><b>2. Support</b> – Activities that enable local VCOs to fulfil their missions more effectively. Specifically focusing on:</p> <p>2.1 <b>Diagnosing development needs</b> – 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 <b>Performance improvement</b> – 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 <b>Learning</b> – 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 <b>Leadership and governance</b> – as a result of activity, local VCOs benefit from opportunities to develop high quality leadership and governance in their organisation.</p> <p>2.5 <b>Income generation</b> – as a result of activity, local</p>	<ul style="list-style-type: none"> <li>• IPs proactively, and in consultation with commissioners, identify workforce /volunteer development and training needs across VCOs, including asset based approaches</li> <li>• IPs promote and support VCOs to access, training and development opportunities that underpin the delivery of health and wellbeing outcomes</li> <li>• IPs support VCOs to raise awareness of their services to the public sector</li> <li>• 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</li> <li>• 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</li> <li>• 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>)</li> <li>• IPs actively support and engage VCOs to enable them to deliver key</li> </ul>	<ol style="list-style-type: none"> <li>1. XX organisations receiving signposting/information/referral support (0-30mins) per year</li> <li>2. XX organisations receiving advice (30mins – 5hrs)</li> <li>3. XX VCOs receiving guidance (5hrs – 10hrs)</li> <li>4. XX VCOs receiving Intensive support of &gt;21 hours</li> <li>5. XX VCOs receiving project management support</li> <li>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</li> <li>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.</li> </ol>

<p>VCOs are able to identify and access a variety of sources and types of income.</p> <p>2.6 <b>Volunteering</b> – 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"> <li>• 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</li> </ul>	
<p><b>3. Collaboration</b> – The facilitation of effective communication and collaboration amongst local VCOs and between different sectors.</p> <p>Specifically focusing on:</p> <p>3.1 <b>Networking</b> – as a result of activity, local VCOs benefit from networking with each other.</p> <p>3.2 <b>Collaborative working</b> – as a result of activity, local VCOs deliver their missions more effectively by working collaboratively through formal partnerships and consortia.</p> <p>3.3 <b>Sharing resources</b> – 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"> <li>• IPs champion and support partnerships and opportunities for collaboration, both intra-sector and between the sectors, to support identified health and wellbeing outcomes</li> <li>• IPs support the most effective deployment of investment made in the VCS across the county, to support identified health and wellbeing outcomes</li> <li>• IPs support the sector to resolve difficulties from a position of neutrality</li> <li>• 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.</li> <li>• IPs provide a streamlined point of access to help the public sector access and navigate VCS expertise</li> <li>• 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.</li> <li>• 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</li> </ul>	<ol style="list-style-type: none"> <li>1. Bi-weekly/monthly e-newsletters to XX contacts</li> <li>2. Quarterly hardcopy newsletters to XX contacts</li> <li>3. XX visits a month to IP websites</li> <li>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"> <li>a. Peer support and self-help groups</li> <li>b. Social isolation, befriending and good neighbour support</li> <li>c. Projects delivering improved outcomes for children, young people and parents through engagement in parenting programmes.</li> <li>d. Projects supporting children, young people and families to improve their emotional wellbeing</li> <li>e. Open access youth provision</li> </ol> </li> <li>5. IP membership is consistently categorised across IPs into communities of interest and made available through the IP website</li> <li>6. IP s provide meeting/networking space for local VCOs</li> <li>7. Dissemination of funding news and bidding opportunities to membership and forums</li> </ol>
<p><b>4. Influence</b> - 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 <b>Foresight</b> – 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 <b>Consultation</b> - 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 <b>Accountable representatives</b> - 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"> <li>• 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.</li> <li>• IPs organise and co-ordinate input from relevant VCOs and act as accountable representatives in policy development</li> <li>• 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>)</li> <li>• IPs act as a key point of contact, knowledge, and co-producer of asset-based approaches in communities</li> </ul>	<ol style="list-style-type: none"> <li>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.</li> <li>2. IPs bring the views of local VCOs at key partnership and co-design fora, e.g.: Community Resilience Steering &amp; Deliver Groups</li> <li>3. IPs support public sector consultations aimed at VCOs</li> <li>4. IPs work to enable VCOs to contribute to strategic or policy making bodies</li> <li>5. IPs enable VCOs to participate in community networks</li> <li>6. Regular health, social care and wellbeing policy briefings are issued to membership and forums</li> <li>7. Regular system leadership forums/networks facilitated by IPs in conjunction with public sector colleagues</li> </ol>