

# Health and Care Bill 2021 : the role of voluntary, community and social enterprise organisations in an ICS

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In this briefing we consider the Integrated Care System (“ICS”) “implementation guidance on partnerships with the voluntary, community and social enterprise sector” (“VCSE”) (the “Guidance”). We focus on what it means for the VCSE sector and practical considerations for the sector and the NHS as systems develop.

The Guidance recognises that VCSE organisations are key strategic partners, emphasising the value of the sector’s contribution to both the design and delivery of services. The VCSE sector will continue to play a crucial role within systems:

- With regard to population health, which as a concept requires thinking beyond clinical boundaries;
- In relation to the delivery, and support, of services and workforce;
- At “place” level where most people will access services;
- At “neighbourhood” level to provide care and support as close to people as possible; and
- As part of provider collaborative arrangements - e.g. “wider care arrangements” where community services provided by VCSE organisations are supported.

## **VCSE and system governance**

VCSE organisations (from large national organisations to small local community based groups) will be a key partner within each level of the system.

VCSE involvement will build on existing partnerships as well as forge new relationships. The Guidance sets an expectation that by April 2022, Integrated Care Boards and Integrated Care Partnerships will have developed a formal agreement for engaging with, and embedding, the VCSE sector within the system’s governance arrangements. The Guidance suggests a VCSE alliance, bringing together all relevant VCSE organisations, streamlining interactions.

There are many ways in which the VCSE sector can play a unique, and central, role in driving forward positive change in systems, especially in relation to population health. VCSE experts rise to the challenges of not only delivering health and care services directly to people but also through various other important initiatives.

The role that the VCSE sector can play in decreasing health inequalities and improving the health of the population cannot be underestimated. For example, the sector:

- Promotes volunteering preventing loneliness, supporting current systems (contributing to the level of care people experience) and improving general well-being
- Champions non-traditional interventions such as social prescribing (connecting people to non-clinical community services that are often run by VCSE to help improve their health, well-being and social welfare). A new role in Primary Care Networks is that of the “Social Prescribing Link Worker”, which bridges the gap between the health sector and the community
- Supports cutting-edge research through commissioning, funding and/or partnerships
- Provides vital support in relation to cancer related services, social care, mental health and disability support

The renewed focus on population health also presents an opportunity for VCSE organisations who might not typically align themselves to health and care, or perhaps only worked with a sub-sector of health and/or care previously, to work collaboratively with the public sector and other VCSE organisations to promote well-being and reducing health inequalities across the population of a system. Such organisations may include those who work across the fields of education, housing, employment and immigration and refugee support as well as faith-based organisations.

## **Practical considerations for systems**

The VCSE sector is as large as it is diverse, and whilst this is a strength, there are some practical considerations including:

- A mapping exercise: understanding the key VCSE organisations at different levels within the system

- Developing a practical way of engaging with a large and diverse network to benefit the population and support the triple aim
- Understanding and enhancing current arrangements - many systems will already benefit from place-based infrastructure - e.g. CVS and many public sector organisations already commission VCSE organisations
- Resourcing and supporting VCSE organisations, including understanding funding and constraints faced by the sector in the system
- Drafting the formal agreements to reflect the arrangements required by the system

Arrangements across systems will vary - there is no one size fits all approach. Inter-ICS working will also be a consideration where current patient pathways will require such collaborations.

### Practical considerations for VCSE organisations

Organisations will need to consider their own internal governance arrangements, including:

- The “purpose” and “objectives” of your organisation (if changes are required, consent from a regulator might be needed)
- Are you supporting, funding or delivering statutory services
- How are funding arrangements recorded - to protect both the public sector bodies and the VCSE organisations, formal agreements will be required
- Checking the terms on which grants have been provided to your organisation and ensuring the terms continue to be met
- Considering any regulatory requirements - e.g. charities must consider Charity Commission guidance when it works closely with, or is closely connected to, a non-charitable organisation
- If your organisation’s role develops or changes do you need to register with other regulators
- Economies of scale - could VCSE alliances/partnerships or a formal merger or acquisition be beneficial to pool resources and reach more beneficiaries

### How can we help?

- Advice for public bodies and VCSE organisations developing formal and informal relationships within systems
- Developing agreements and governance structures to facilitate economic and efficient collaboration
- Sharing our experiences of successful public-VCSE engagement
- Advice on changing purposes/objects and not-for-profit partnerships, collaborations and M&A
- Advice on funding and funding arrangements
- Board sessions on ICS developments for VCSE organisations

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