



ARCBITE



Brokering Innovation Through Evidence

The role of the Voluntary, Community, Faith and Social Enterprise sector within an Integrated Care System

Background

Integrated care systems (ICS') have been established to better meet local health needs and address inequalities, through the improved coordination and planning of services. (1)

Within this context, the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector is increasingly viewed as an essential partner alongside statutory organisations in the planning and delivery of integrated approaches. (2,3) Rationales for embedding VCFSE organisations more systematically within partnership arrangements are wide ranging; but include the sector's longstanding relationships with and reach into local communities, as well as existing skills and experience in designing and delivering services. (4)

In recent months, the pandemic response has also illuminated how VCFSE organisations were able to respond rapidly to local needs as part of cross-sector partnerships. (5)

Finally, demands on services coupled with reduced public funding has resulted in an anticipation that integrated approaches, more generally, offer a more efficient way of meeting service pressures.

To understand how local health and care partnerships are working towards a more integrated approach with the VCFSE sector, the ARC North West Coast funded a short-term developmental project in one ICS, which had established a new Alliance to facilitate engagement with the VCFSE sector



How did we involve people?

Representatives from VCFSE organisations and the NHS were involved in designing the research and advising on the implications for practice. A working group involving public advisers, VCFSE and public sector organisations, and researchers from ARC NWC is now being established to oversee the next phase of the research.

Between 2018 and 2020, representatives of the VCFSE sector, working with colleagues from local government, the NHS, and the ICS, developed a system for VCFSE engagement in a regional ICS.

The structure places representatives of VCFSE leadership and/or engagement groups from five integrated care partnerships (ICP) as well as other VCFSE representatives, in a formal ICS level Alliance, which, through an independent (and ICS funded) chair has a direct relationship with the ICS board.

In addition, members of the Alliance serve as VCFSE representatives on each ICP board.

What did we do?

The project explored the extent and nature of joint working between the VCFSE sector, the ICS and statutory partners through the Alliance, as well as early changes being brought about through the newly formed structure.

Between October and December 2020, interviews (n 15) were conducted with: members of the VCFSE Alliance and others with a detailed understanding of the VCFSE sector and its relationship with statutory organisations and the ICS (including Integrated Care Programme Directors).

Additionally, two interviews were carried out with the chief executives of voluntary organisations responding to COVID-19. We had originally planned to interview strategic level representatives from the ICS board but this was not possible due to the pandemic. Ethical approval was gained from Lancaster University's Faculty of Health and Medicine's Ethics Committee.



What did we find out?

Although working relationships between VCFSE organisations pre-dated the creation of the Alliance in local areas, the new structure and associated formalisation of relationships was found to be contributing to the development of positive relationships between VCFSE organisations represented on the Alliance. VCFSE representatives referred to relationships between themselves (and in turn their organisations) as being improved as a consequence. Examples were given of greater willingness to work together on bids or tenders, better understanding of different stakeholders' roles and increased instances of informal communication occurring outside of formalised structures.

Alongside the formation of the Alliance, those interviewed also discussed the COVID-19 pandemic as having amplified instances of joint working between VCFSE organisations. Stakeholders described an impetus to shift relationships and cultures between VCFSE organisations in the longer term as a consequence of revealing the benefits of working together.

The creation of the VCFSE Alliance not only affected relationships within the VCFSE sector, but has also led to entirely new relationships, a notable example of which are those with the ICP Programme Directors individuals responsible for designing and delivering the structures of the ICPs in the region, and for establishing partnership working.

In some areas, it was evident that ICP Programme Directors have played a key role in ensuring the representation of the VCFSE sector within the ICP structures.

This was evidenced, for example, through ensuring VCFSE representatives have had opportunities to contribute to the ICP board (for instance by placing items on the agenda), as well as facilitating opportunities to inform broader ICP developments.



The project found (from the perspective of VCFSE stakeholders) less evidence of joint working occurring between statutory organisations and the VCFSE sector as a result of the Alliance at the time of the research. Where examples were cited, these were typically in relation to the pandemic response in the community. Joint working tended to occur where there was already ongoing individual, contractual and existing relationships between the statutory and VCFSE sectors within local areas.

One factor which may have influenced this finding is that the Alliance has only been formed relatively recently and partnership working remains at an early stage of development. During interviews, stakeholders also highlighted issues for consideration (discussed below) seen as necessary to enable the sector to play a more significant role in the design and delivery of health and social care.

- **Dedicated funding for VCFSE representatives within ICS structures:** This was described as an issue affecting whether meaningful partnership working could emerge. Absence of funding also had practical implications, for example, limiting the time that representatives could spend preparing for meetings.
- **Ensuring parity of esteem within decision making processes:** There was a sense that some VCFSE representatives felt they needed to prove their relevance in a way that other partners or professional members (e.g. clinical staff) do not need to.
- **Building capabilities for joint working:** It could be challenging to fully engage in strategic meetings where these were heavily focused on clinical and NHS driven priorities rather than a broader agenda. This could make it difficult for VCFSE organisations to demonstrate/utilise their own expertise.
- **Sustainability of VCFSE sector:** A final issue concerned the wider funding environment for the sector and its long-term sustainability. This issue was by far the most significant concern among stakeholders interviewed.



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- There is also limited evidence about economic costs associated with integrated models and cost effectiveness



What can we learn?

- VCFSE organisations deliver an essential role in responding to local health and care needs and in addressing health inequalities.

- Existing UK and international evidence on integrated approaches to health and care more generally shows that this can contribute to improvements in perceived quality of care and improved access to services. (6)

- Despite a growing evidence base for integrated approaches, few studies have specifically considered the contribution of the VCFSE sector towards achieving shared outcomes for health and care.

This initial phase of research forms part of a longer-term programme of research aiming to build evidence on integrated models delivered in partnership between VCFSE and statutory organisations.

During the next phase of the research, ARC NWC's Equitable Place-based Health and Care (EPHC) and Implementation and Capacity building (IMPACT) teams will be working with local stakeholders and public advisers in a second phase of research.

This aims to support local implementation of integrated approaches involving the VCFSE sector, and will identify options for future evaluation of integrated models.



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References

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What is NIHR ARC North West Coast?

The Applied Research Collaboration North West Coast (ARC NWC) superseded CLAHRC NWC in September 2019. It is a partnership between universities, NHS, public, local authorities, third sector, etc.

Its mission is to undertake applied research to improve public health, wellbeing, quality of care & reduce health inequalities across the North West Coast region.

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