

MEMORANDUM OF UNDERSTANDING

between

The Voluntary Community and Social Enterprise (VCSE) Sector in Gloucestershire and the public sector partner organisations in One Gloucestershire





BY WORKING TOGETHER WE WANT GLOUCESTERSHIRE TO BE A BETTER AND HEALTHIER PLACE TO LIVE AND WORK.

Gloucestershire is an ambitious county with a rich tapestry of assets and resources. We also have some challenges! To achieve our vision and address our wicked problems, such as prevailing health inequalities, we need to work together, in equal partnership, between the ICS public sector and the VCSE sector. We have a positive history of partnership working to build on, but the establishment of a new Integrated Care Board and Integrated Care System, opens opportunities for more dynamic relationships between the sectors.

The VCSE sector brings specialist expertise and fresh perspectives to public service delivery and is particularly well placed to support people with complex and multiple needs. It has a long track record in promoting engagement and finding creative ways to improve outcomes for groups with the poorest health, making it an essential partner in combating the inverse care law¹ and addressing health inequalities.

1 https://www.kingsfund.org.uk/publications/articles/inverse-care-law

STATEMENT OF INTENT

The purpose of this MoU is to commit to new ways of working between the sectors. It establishes the framework for the culture within which we will work, by centring on our shared vision and values and putting people in our communities at the heart of everything we do. It builds on our partnership working and dynamic relationships, committing resources, energy and passion to integrated working to achieve our collective aims and objectives as equal partners. This is an adaptable and flexible framework that nurtures integration through living our values and promotes a culture that responds to learning.

WHERE WE ARE NOW

The VCSE and Public Sector in Gloucestershire both have valuable assets and strengths that will help us achieve our shared goals in the county. Importantly, we agree on shared values that underpin our commitments to the way in which we behave and work, stated below. This work has been supported by a process that remains ongoing, whereby the sectors have facilitated conversations to understand our similarities and differences. Building relationships remains key to recognising shared goals, having difficult conversations when required and taking opportunities when they arise.

This agreement has been developed through a programme of engagement events held with members of the VCSE sector and the ICS. Events have been held separately and jointly and have demonstrated a high degree of synergy in our values, principles and purpose. On this basis we have committed to developing a closer cross-sector approach to working as strategic partners in health and social care.

SCOPE

This MoU is signed by One Gloucestershire Integrated Care System Executives that include:

- Gloucestershire Clinical Commissioning Group (to become Gloucestershire Integrated Care Board)
- Gloucestershire Hospitals NHS Foundation Trust
- Gloucestershire Health and Care NHS Foundation Trust
- Gloucestershire County Council

When we talk about the VCSE in Gloucestershire, we mean voluntary organisations, community groups, the community work of faith groups, and those social enterprises where profits will be reinvested in their social purpose. This MoU is signed on behalf of the VCSE sector by Gloucestershire VCS Alliance.

This is a live document and the scope could evolve over time to include other organisations with an interest, such as District Councils.

OUR SHARED VALUES AND PRINCIPLES

WORKING TOGETHER

The values and principles that underpin the relationship between the Voluntary, Community and Social Enterprise sector and the Integrated Care System Public Sector partners are:

Collaboration

We will take a whole system approach to addressing the health and care needs of the population of Gloucestershire. This includes building a mutual understanding of our different approaches and ways of working, co-designing services where appropriate, tackling problems together and sharing responsibility, risk and resources.

Equity

We recognise that we approach our shared purpose from different organisational starting points and are committed to developing a new model of shared strategic decision making, planning and evaluating, in which everyone's expertise is valued. We will work together to remove barriers to inclusion.

Integrity

We will build trust and act with honesty and transparency. We will be solution-focused in our approach to difficult conversations; we will listen to and respect each other's views; we will be fair in how we share opportunities and recompense organisations.

WORKING WITH INDIVIDUALS AND COMMUNITIES

As partners, we are committed to working together to address health inequalities and enable local people to live healthier, more independent lives by delivering services that are:

Impactful

We will develop and deliver services that make a measurable, lasting, positive difference to individuals and communities.

Community-focused

We will work with local groups and communities of interest to design services that are informed by diverse voices and perspectives, built on the assets of communities and meet their needs.

Person-centred

We will take a person-centred approach to service delivery, that builds on people's strengths, including their diversity, enables them to exercise choice and control and promotes self-care and independence.

Creative

We will encourage innovation and learn from our experiences to inform continuous improvement.

JOINT COMMITMENTS





For the next 12 months we commit to the undertakings described in this document. We will hold each other to account, live our values and regularly review our working relationship.

We will collaborate to maximise on the opportunities and share the risks to achieve the best possible outcomes for individuals, communities and our organisations.

We see each other as critical friends. We will invest time in learning about each other's sector, developing mutual understanding and assimilating our learning into our behaviours and practice.

We will hold spaces to have difficult conversations when required, committed to being open to ideas, debate, challenge and discussion, through formal and informal channels.

To ensure we work in a trusting relationship we commit to being as transparent as we can be, whilst recognising that there are times this is constrained. Transparency by the ICS about where and how decisions are made is key for the VCSE sector to have equality, equity and parity of power in influencing decision making. Transparency by VCSE sector organisations about their characteristics, successes and challenges is key to citizens gaining the greatest possible benefit from services.

We will develop engagement structures that enable VCSE organisations to have a voice on issues that matter to them and the communities they work with. This will be done in a way that is proportionate, impactful, and fair.

VCSE SECTOR COMMITMENTS



We will prioritise areas of our strategic engagement with the ICS based on VCSE capacity and a mutual agreement concerning where we add most value.

We will appoint representatives who have a mandate to be a voice for the VCSE sector. They will be appointed on the basis of a commitment to maintaining their impartiality, reflecting a diversity of perspectives, clearly articulating our collective messages and being transparent about the limitations of their reach. They will openly share information and opportunities with the VCSE sector.

We will work collectively to take a strategic lead and define our priorities based on local intelligence.

We will collaborate within the VCSE sector to work strategically with the ICS; this includes building relationships and cohesion within the sector, exploring opportunities for joint working and sharing information and resources.

We will participate in service design, strategic planning and prioritisation including undertaking commissioned work to support the ICS to involve local communities and communities of interest in the planning and design of services.

We will create volunteering opportunities, strengthening community cohesion and resilience by enabling local people to contribute their skills and time.



ICS COMMITMENTS

When a need for representation is identified (by either party), we will recognise, respect, and work with the pathways that will be established for engagement with the VCSE.

We recognise the difference between VCSE representation and VCSE participation and will recruit to boards and working groups with this difference in mind.

We will welcome input from the VCSE sector to ensure senior ICS system leaders are informed about what is important to the sector and communities. We are committed to an ongoing dialogue with the VCSE sector and respect them as an equal strategic partner.

We value infrastructure for the VCSE sector and support this where we can, including funding it where relevant and appropriate, with agreements that are meaningful to both sectors.

We commit to appropriate and proportionate commissioning processes for the VCSE sector. This includes frameworks and grant funding and consideration for length of contracts/grants. We understand the need for timely payment of invoices. We also recognise the importance of full cost recovery and are committed to commission on this basis.

We will work to understand how we can better utilise the intelligence and data that the VCSE sector holds to inform decision making and we will share data with the sector where we can.

We recognise that the VCSE is an equal partner that sometimes has a different perspective. We respect the sector's right to challenge and campaign without this impacting on the funding relationship with the ICS.

HOW WE WILL ACHIEVE THIS OVER THE NEXT 12 MONTHS:

- A model for VCSE engagement will be designed and developed and we commit to co-designing a policy of reimbursement that will support this model.
- A social value policy will be co-developed, with a framework for how to effectively implement this across the ICS. Alongside this there will be a review of commissioning processes to ensure we are utilising the most appropriate and effective practices at our disposal.
- It is critical that large numbers of staff and volunteers, at all levels of accountability and responsibility, understand our commitments, what that means for them and why it is important we are working in this way. We also want to gather further ideas and hear from more people to inform our first review of this MoU. To achieve this spread and scale of knowledge exchange we will run a virtual roadshow. This will begin with senior leaders and continue as a rolling programme. A toolkit will also be developed by both sectors alongside this work that will bring this MoU to life.
- We will create new opportunities for cross sector thinking and interactions. This includes opening up existing training opportunities for both sectors where possible and hosting Open Space and World Café style events. This should help build relationships, as well as share perspectives that will include opportunities for shared decision making.
- As the board and governance structures of both the VCSE and ICS are developed and embedded over the coming 12 months, we will work together to identify the most effective ways to provide strategic influence.
- We will continue to promote, support and engage with Know Your Patch events.

DIRECTION OF TRAVEL

It is important we hold a strategic and longer-term direction of travel based on the values and commitments specified in this agreement. We will review this MoU in 12 months' time, utilising case studies of where it has and has not been a success. It will then be reviewed on a regular basis to ensure it is still relevant for both sectors and supports partnership working.

INTERDEPENDENCIES

It is important to note this MoU does not stand alone and has interdependencies with other work being carried out, such as:

- The ICS strategy on working with people and communities
- Terms of Reference for individual Boards within the ICS and VCSE sector

Signed on behalf of the VCSE Sector by Matt Lennard, Chief Officer of the VCS Alliance.





Signed on behalf of the ICS by Dame Gill Morgan, Chair of NHS Gloucestershire Integrated Care Board.





