

Working together for a better future

Our strategy for partnership within the Cambridgeshire
& Peterborough Integrated Care System





Introduction

The Cambridgeshire & Peterborough Integrated Care System (ICS) brings together people and communities with partners from across the NHS, local government and voluntary, community and social enterprise (VCSE) sector. Working together in partnership is an exciting opportunity to better plan and deliver health and care services and improve health and wellbeing in our communities. This document sets out our strategy for how we will do it.

It sets out our vision and ambitions for partnership and the steps we will take to achieve our goal of embedding the VCSE sector fully as an equal and respected partner within the ICS.

The strategy was commissioned and funded by the Cambridgeshire & Peterborough ICS and is jointly owned by the Directorate of Strategy and Partnership and Cambridgeshire and Peterborough VCSE CEO Network. The strategy development process was supported by NAVCA, the national membership body for local VCSE infrastructure organisations and support facilitation partner to the NHSEI Embedding VCSE in ICS national development programme. We would like to thank all those involved in the development of this strategy, which took place over a 3 month period from April to June 2022. Further details of how we developed this strategy and who was involved are available in the annex.



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What is the voluntary, community and social enterprise (VCSE) sector?

The voluntary, community and social enterprise (VCSE) sector is as diverse as the people and communities it serves. It brings together a myriad of skills, experience, approach and specialism in different fields, with different people, and across different types of organisations.

VCSE organisations include tiny grass roots community support groups run entirely by a single volunteer, larger national charities specialising in supporting people in crisis, social enterprises that run cafes and offer training opportunities, campaigning organisations dedicated to improving the lives of refugees and migrant communities, and everything in-between.

This diversity is one of the VCSE sector's greatest strengths, but it can make it hard to recognise and describe as a whole, especially when other terms like the Third Sector, Social Sector and Non-Profit Sector are used to mean a similar thing.

In Cambridgeshire and Peterborough, we take a broad view of the VCSE sector. We define VCSE organisations to be those that are independent of the public sector and are not profit-driven. They are values-based and mission-focused organisations that exist for the good of the community, working to achieve social, economic, environmental or cultural objectives to benefit society as a whole, or particular groups within it. In the UK, [NCVO](#) estimates the VCSE sector contributed £20 billion, or 0.9%, to the economy in 2021. £3.8 billion of this was in the social services sector, £3.5 billion internationally, £2.3 billion to health and £2 billion to culture and recreation. Around 20 million people volunteer a year in the UK, and 1 million people are employed by a VCSE organisation.

In Cambridgeshire and Peterborough our VCSE sector is vibrant, flexible and innovative. Our local sector reaches hundreds of thousands of local people every year, empowering individuals, supporting families and individuals, and strengthening communities. Supported by our local Councils of Voluntary Services (CVSs) that provide infrastructure, the sector is an invaluable asset that plays a key role in supporting the health and wellbeing of residents across the ICS.

VCSE sector
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Around
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a year in the UK.

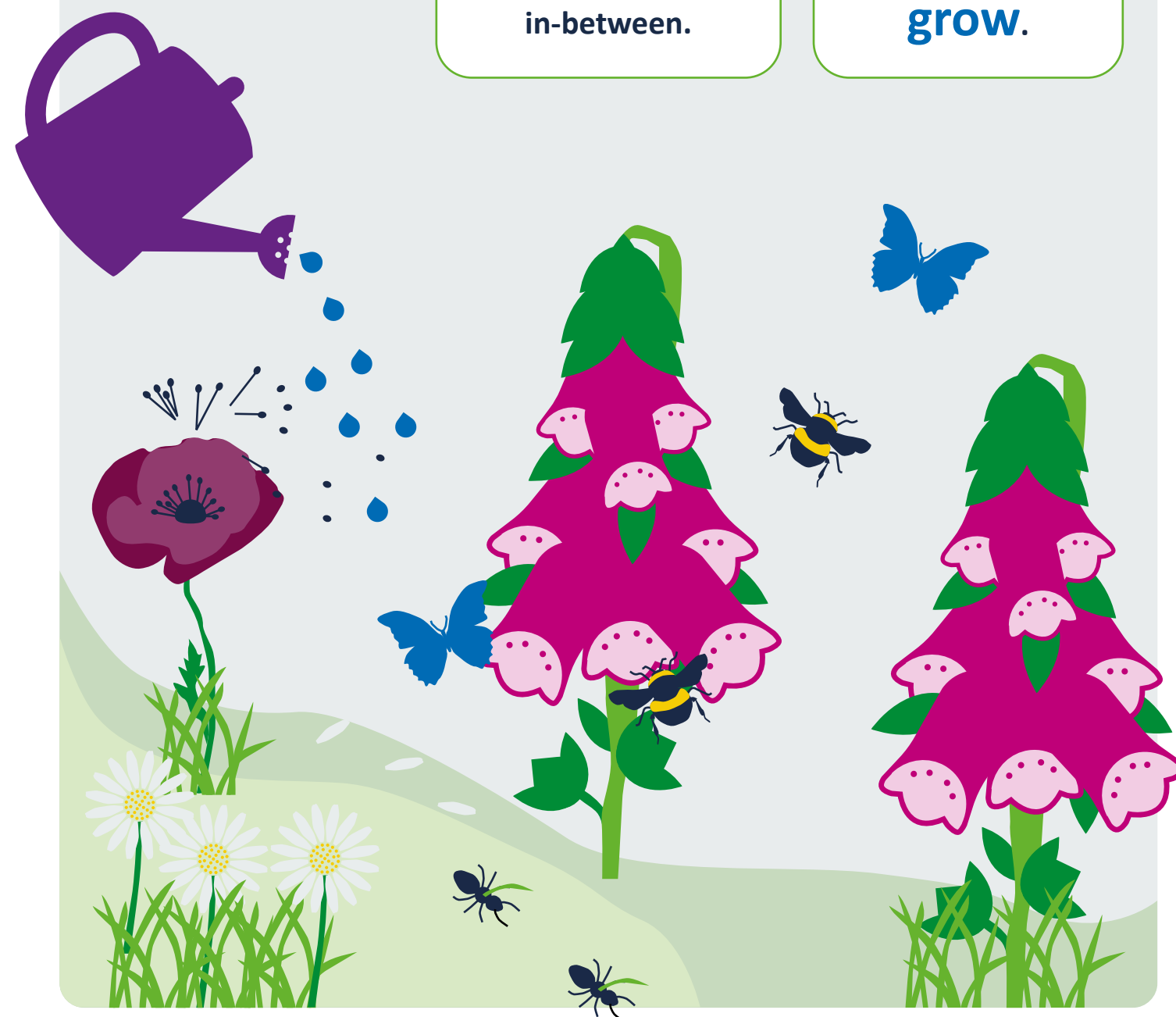
Approx
1 million
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The VCSE sector
is as **diverse**
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It includes tiny
grassroots
community groups,
large national
charities, social
enterprises,
campaigning
organisations
and everything
in-between.

Local VCSE
infrastructure
organisations,
often called
Councils of
Voluntary
Services (CVSs)
support the
sector to
grow.





Why work in partnership?

The VCSE sector brings diversity, specialism, local knowledge and reach which both complements and supports the work of the public sector. Our local VCSE sector is an invaluable asset. It has many strengths and plays an important role in health, wellbeing and care through:

- ✓ Direct delivery of information, advice, guidance, advocacy, support and services to support both condition specific and more generic health and wellbeing
- ✓ Promotion of health and wellbeing in the widest sense, recognising the role of social, economic and environmental factors to living well
- ✓ Focus on early intervention and prevention of health deteriorating
- ✓ Specialism in working with people with particular health conditions, complex needs or other life circumstances that affect their health and wellbeing
- ✓ Place within and working for communities – amplifying voice, gathering insight, bringing intelligence and information forward
- ✓ Access and trusted relationships within seldom heard groups and communities of interest
- ✓ Expertise in service redesign and delivery, co-production, impact measurement, rapid response and doing more for less
- ✓ Ability to be flexible, adaptable, creative and responsive
- ✓ Passionate staff and volunteers motivated by supporting need
- ✓ Community assets like physical spaces, equipment, vehicles etc.



The role of the VCSE sector in health and care



The VCSE sector can also be a powerful force for change and, as such, is recognised as an essential partner within Cambridgeshire and Peterborough's ICS. All of us together - including people, communities, local government, the NHS and the VCSE sector - support the health and wellbeing of our local population.

For our new ICS to become truly 'integrated', to tackle health inequalities and use our collective influence and resources to meet the future needs of the people of Cambridgeshire and Peterborough, our VCSE and statutory sectors need to work together like never before. As partners we must recognise each other's strengths and truly collaborate.



Why we need this strategy?

Our ICS is new, so the structures, governance, and ways of working within it are developing. This provides us with a unique opportunity to change and improve how statutory and VCSE organisations work together as part of the ICS to consider and improve:

1

What the benefits are of fully integrating the VCSE sector within the ICS.

2

What we want it to look like when the VCSE sector is fully embedded within our ICS alongside other partners.

3

How we will practically work together.

This strategy is the result. During the process of developing this strategy we have identified many potential benefits to people and communities from the VCSE sector and public services working together in partnership. However, in health and care, it is a relatively new way of working. Current policy reforms, as set out in the NHS Long Term Plan and subsequent guidance, aim to bring together organisations and sectors with different cultures, ways of working, and lines of accountability in a way they have not before, and over bigger geographic areas than the VCSE sector usually operates.

The pace and scale of the transformation proposed, whilst welcome, should not be underestimated. There are challenges to overcome.

- Moving on from the existing structures of silos and specialisms in health and care is a significant reform
- The enduring impacts of austerity, which saw significant and sweeping funding cuts to the VCSE sector, compounded by the more recent impact of the pandemic, place continued pressure on the capacity of the VCSE sector
- Over a decade of competitive commissioning practices has created an environment of competition within the VCSE sector. This affects the ability of organisations to cooperate and collaborate between and within communities, often with poorer results as a consequence
- NHS contracting and procurement rules, and related technical agreements to do with employee terms and conditions, can create barriers to cross-sector partnership working as they fail to recognise the different ways of working for organisations outside of the public sector
- Capacity for longer term strategic change is constrained by the ever-increasing and high demand on health and care services from our ageing population and ongoing impacts of Covid at a time of financial and workforce pressure.



Understandably, in this context, it can be hard to shift attention from short-term pressures and move on from the systems and processes of the status-quo. In this sense we are not starting from scratch, but we are also not starting from a level-playing-field. There are behaviours embedded in the system that are focused around one partner's objectives and ways of working.

Currently there is inconsistency in representation of the VCSE sector around decision making tables in health and care. Having representation and equality of access matters, especially in complex systems like health and care. Without it, it is difficult to understand the basics of how things work let alone how to raise issues and develop solutions together to bring about change. And it's not just about having a seat at the table. Culture and ways of working, even language, are often so different across sectors that if systems are dominated by one part then the other feels unable to contribute and participate fully. We have to be honest with ourselves that power imbalances exist between the statutory and VCSE sectors and history means there are often transactional rather than collaborative relationships in place. This lack of representation, equality, power and voice of the VCSE sector in our ICS is what we want to change.

To bring about this change requires **discussion, thought** and **buy in** from all partners within the system. It is not something that will happen overnight nor without considered intervention and action.

Setting out a roadmap for how we move towards our goal is the purpose of this strategy.





How will this strategy used?

This strategy is not a standalone piece. We are looking to build on existing good partnership working in Cambridgeshire and Peterborough, the work underway within the VCSE sector to consider and develop its own structures for working in partnership, other strategies developed by the ICS and wider relevant activity. This strategy builds on our journey so far and looks to accelerate it and go further now our ICS is established.

This strategy is not set in stone. While we have set out our current thinking on the tangible goals we want to achieve - in the short, medium and long term - we will revisit these after 12 months to reflect changes as the ICS develops, or before if the need to do so has been identified. The goals we have set are interdependent and require collaborative working. We will assess risk and monitor progress against these goals. In implementation we will develop accessible communications materials about the strategy.

This strategy is a live document that will be reviewed and updated regularly by the Cambridgeshire and Peterborough VCSE CEO Network in partnership with the ICS Directorate of Strategy and Partnership. The Director for Strategy and Partnership will identify a named lead within the directorate with co-responsibility for delivering this strategy in partnership with the nominated VCSE lead of the VCSE CEO Network. The Integrated Care Board will hold them to account and measure the progress of this strategy against the goals we have set. We will establish a process for escalating and sharing both good and bad practice and resolving issues that arise in our partnership.

Our Vision and Principles

We want to bring about culture change within the Cambridgeshire and Peterborough health and care system. Our vision is of a vibrant and thriving VCSE sector, embedded within the ICS, that drives health and wellbeing in our communities in a way that is inclusive and empowering.

What this means in practice is that we need a new shared culture that enables a rebalancing of power and changes to the way decisions are made in health and care. We want to move away from seeing statutory and VCSE sectors as completely separate groups that do not overlap, and talk instead about how 'we' are 'all' the ICS with common goals and ambition.

Part of this requires a reframing of the conversation so that we talk about health and wellbeing in the broadest sense, including public health and prevention, social care and social determinants, alongside clinical interventions. It also requires us to be inclusive of the VCSE in the broadest sense too.

We need to develop a common understanding of good working practice and how we should conduct ourselves in partnership.





Our 10 principles for partnership working



There is **transparency** about processes/ structures / decision making as it is developed across all partners in the ICS.



We use plain English in all our **communication** and consider potential accessibility issues.



We seek to **understand** and experience each others' worlds and perspectives - learning about our different cultures, skills and expertise; our ways of operating and how we collect data and produce evidence.



We **adapt** to ensure that all partners can participate, taking into account different working patterns, existing organisational commitments and capacity etc.



We will **listen** to understand and respond appropriately so there is diversity of view, voice and informed decision making.



There is adequate **time** for planning, preparation and contribution to meetings.



During times of pressure or crisis we **work together** to determine the best approach for all partners.



We are open to **multiple forms of communication**, including different technology, digital platforms, online messaging and other options that best suits the majority.



We seek to build trust and treat each other with respect



We leave our **organisational hierarchy**, job titles, and corporate objectives aside.

Our starting point

Local context

Cambridgeshire and Peterborough, in the East of England, has a population of just under a million people. It is a diverse area, including the cities of Cambridge and Peterborough, alongside more rural areas in Fenland, Huntingdonshire, and East and South Cambridgeshire. Our latest [Joint Strategic Needs Assessment](#) highlights our growing population, with people coming to the area from many parts of the world attracted by the opportunities in our cities and the agricultural economy. Many new housing developments and neighbourhoods are under construction.

Our health outcomes are comparatively very good overall, but the can mask significant variation across the population. This is linked to deprivation and variations in incomes within our area. Recent research by [Support Fenland](#) shows that men and women living in Fenland, for example, have lower life expectancy than the national average and spend more years living in ill health. Social and economic inequality are real features of the differences between places in our system and are reflected in health. For example, life expectancy in Fenland and challenges facing some communities in Peterborough. In addition to inequality between places, it also exists within some of those places as well. For examples significant variations within the City of Cambridge.

Our health and care system

We have a world renowned institutions who serve our own communities and beyond, but national funding models do not always enable us to service our own communities as we would wish.

We have set out our [ambitions as an ICS](#) to reduce health inequalities, create opportunities for all, give people more control over their health and wellbeing, deliver world class services, minimise our impact on the environment, and create a sustainable and resilient workforce. We will work towards achieving our ambitions through our place-based partnerships in the North and South of Cambridgeshire and Peterborough, our strategic commissioning team, our collaboratives on mental health and learning disabilities and children and young people, and a range of other committees and working groups.





Our VCSE sector

According to the [Charity Commission](#), Cambridgeshire and Peterborough has over 3,500 registered charities with a combined income of £2.7 billion. The majority, around 80%, are small organisations with income of less than £100,000 a year. There are also many more even smaller un-constituted community groups. Cambridgeshire and Peterborough's VCSE organisations reflect the communities of identity, interest and geography they serve. In Peterborough the VCSE sector is dominated by community groups representing the 100s of different nationalities that exist in the city.

3500 registered charities **£2.7 billion** income
80% are small organisations **100s** of different nationalities



Partnerships in place

Across Cambridgeshire and Peterborough there are already lots of examples of positive partnership working and collaboration to build on. These include:

- Our VCSE [CEO Network](#) managed by Support Cambridgeshire
- Place-based health networks in the South and North of our ICS
- Cross-sector involvement in the NHSEI Population Health Management development programme
- Mental health collaborative [Fullscope](#)
- Covid vaccination roll out
- Peterborough [Health Exchange](#) project
- Cambridgeshire and Peterborough local assistance scheme for people experiencing hardship
- Effective community-building social prescribing in Fenland
- Collaborative hospital discharge support from Addenbrookes, Hinchingsbrooke and Peterborough by [Age UK Cambridgeshire and Peterborough](#), British Red Cross, Care Network and Caring Together
- Partnership with South Cambridgeshire health visitors
- GP social prescribers and community development officers in Trumpington based in a shared building, the Clay Farm Centre
- Partnership with GP Practices in Wisbech to try and improve the journey for people suffering from Mental Health.

Spreading good practice

Our challenge is how to spread pockets of good partnership practice across our system, places and neighbourhoods. Currently in Cambridgeshire and Peterborough, like in many other ICSs, collaborative working is patchy, not consistent, systematic or widely understood. There is a common challenge in spreading collaborative working system-wide and down to place and neighbourhood level. There is also often another challenge in moving from strategic commitments to practical action, and developing understanding of collaborative system working from strategic senior leaders to middle managers and frontline staff

In Cambridgeshire and Peterborough we have many factors in place to enable this change to happen.

There is:

- Senior ICS and VCSE leadership buy-in and an opportunity with the development of the ICS to change things and mainstream collaboration, placing the VCSE as an equal partner throughout
- [NHSEI Guidance](#) setting out clear expectations about the VCSE role in ICSs
- Access to learning from other ICSs - including [Suffolk](#), [Humber and North Yorkshire](#), [Gloucestershire](#) and [West Yorkshire](#) about how to embed partnership working across the system
- Work already underway through the NHS England Embedding VCSE in ICS programme to develop VCSE partnership structures across Cambridgeshire and Peterborough that enable connections across the sector and within the ICS.

There is also other relevant and related work in the ICS. This includes the People and Communities strategy, which focuses on public engagement. The VCSE has a clear role in this to represent the voice of people and communities.

There will be other ICS strategies, for example on Ageing Well, Health Inequalities, Learning Disabilities and specific health conditions. The VCSE sector has a role to play in all these pieces of work, bringing in its specialism, expertise, insights and connections on specific issues and health conditions. The VCSE sector will also continue to bring its voice and influence across Cambridgeshire and Peterborough, including with the Police and Crime Commissioner and as part of the Health and Wellbeing Boards.

But this strategy is about how we bring all the value of all the VCSE sector into our ambitions to improve health and wellbeing. This includes the added value the whole VCSE sector can bring alongside commissioned services.





Our Roadmap

Our vision is of a vibrant and thriving VCSE sector, embedded within the ICS, that drives health and wellbeing in our communities in a way that is inclusive and empowering.

To achieve our vision we need to:

1

Support and enable a thriving VCSE sector to play its part.

2

Embed the VCSE sector as an equal partner within the ICS governance.

3

Work to drive change and create tangible impact on people and communities and tackle health inequalities.

4

Build strong, inclusive and empowering relationships throughout our partnership.

These are our overarching goals within this strategy. Overleaf we detail what these goals mean in practice and how we will know if we have achieved them.



Goal 1: Support and enable a vibrant and thriving VCSE sector to play its part

What this means is that:

- There is investment in the VCSE sector to create resilience and capacity to meet increased demand
- VCSE partnership models enable access from across the sector, in the way that is appropriate for different parts of the sector

How this is achieved - indicators of success:

	Short term - quick wins / simple actions in next 12-18 months	Medium term - requires longer term collaboration over 3-5 years	Long term - systemic shift within 10 years
Investment creates resilience and capacity to meet increased demand			
Investing in the VCSE sector	We understand what is being funded by the system in the VCSE sector and whether it is meeting current needs	We identify where there are gaps in funding to the VCSE sector, and potential sources of filling them, to support prevention / early intervention / health inequalities and where other needs are identified	- Commissioning reform and new practice is co-produced by system partners, taking into account the nature of collaborative working, moving away from short term competitive contracts and recognising broader opportunities for the system from a sustainable VCSE sector including smaller groups - A framework / mechanism is in place and understood by all partners around grants vs commissioning, related to size and complexity of activity - The impact on the VCSE sector is considered in all the system's financial decisions



	Short term - quick wins / simple actions in next 12-18 months	Medium term - requires longer term collaboration over 3-5 years	Long term - systemic shift within 10 years
VCSE partnership models enable the sector to play its part			
Putting partnership infrastructure in place	Proposed VCSE partnership structure is put in place, recognising the role of VCSE infrastructure in enabling partnership to happen	- We review the impact and effectiveness of the VCSE partnership structure and make changes to ensure it stays fit for purpose - We develop a set of principles on collaboration/consultation with VCSE	There is a consistent system-wide approach for collaboration and engagement with the VCSE sector
Developing skills, confidence and respect of VCSE in partnership roles	VCSE reps have the skills, confidence and respect to participate fully and play its role. i.e. there is generous leadership / mentoring / capacity building within VCSE partnership structures	There are opportunities open to all partners in the ICS to learn about the VCSE sector	
	A consistent approach to engaging with the VCSE is included in the ICS organisational development programme	Joint training opportunities are made available across the sectors	
	Training is given to VCSE leads on how to represent the whole sector	The correct infrastructure is in place to support engagement/representation in person	There is cultural change in the VCSE sector around active engagement - reps show transparency and VCSE organisations proactively engage with reps
Enabling diversity of VCSE sector to get involved, in appropriate ways	- We understand where there are gaps in existing network communications to smaller or other groups in the VCSE sector - VCSE sector partnership model and leadership seeks to reflect diversity of the population from the outset - VCSE partnership model commits to making language and communications as accessible as possible, including for people with ESL and visual or hearing impairments.	The VCSE sector partnership structure fills gaps in existing sector communications to enable smaller groups and others to be represented in ways appropriate to them	A process in place to refresh VCSE representation for more diversity



Goal 2: Embed the VCSE sector as a respected and equal partner in the ICS

What this means is that:

- The VCSE sector is proportionately embedded in governance and decision making across the whole ICS – at system, place and neighbourhood level and different thematic priorities - so it can play its part and drive health and wellbeing
- The work, impact and role of the VCSE sector is valued and understood and the VCSE sector is recognised for the assets it brings to the table, including its community connections that increase access and inclusion
- There is system-wide buy-in to strategic partnership and collaboration – from senior leaders, to middle managers and frontline staff – at system/place/neighbourhood level and within the VCSE
- The partnership reflects good practice and our principles for joint working
- VCSE sector is looked to within the system to help spread understanding about what is happening on the ground – from people, in communities, and across communities of interest – and vice versa, sharing data, insight, intelligence and responsibility for communicating about the new system.

How this is achieved - indicators of success:

	Short term - quick wins / simple actions in next 12-18 months	Medium term - requires longer term collaboration over 3-5 years	Long term - systemic shift within 10 years
Embedded in governance			
Representation	- Multiple VCSE reps on the ICP and 2 VCSE seats at least offered on all ICS Boards / ABUs / Sub-committees - The ICB is preparing for the VCSE to join	VCSE sector rep is a full voting member on the ICB.	Success of embedding VCSE approach is reviewed, with option to discuss longer term option of VCSE as an Accountable Business Unit if existing arrangements not producing desired outcome
Investment in partnership structures in VCSE, including strategic and thematic provider alliances and costs of participation	- Commitment of 12 month investment into building partnership structures within the VCSE - System-wide agreement on funding for participation / rep time, at a rate agreed that covers time and other expenses of participating as an equal partner, like GPs	- Longer term sustainable funding for VCSE partnership structures is explored and secured together for up to 3 years - Business model showcases system incorporating VCSE sector to achieve cost savings, reduce time-frames, achieve objectives and deliver goals.	- VCSE sector has the capacity and resources to be able to contribute fully in its role as a partner. - Resources for VCSE partnership structures are committed on an ongoing basis – i.e. not time-limited



	Short term - quick wins / simple actions in next 12-18 months	Medium term - requires longer term collaboration over 3-5 years	Long term - systemic shift within 10 years
VCSE sector value and role			
Priority within ICS	- There are named leads across the ICS that VCSE sector can approach - There is a named ICS employee with responsibility in their role for oversight of the relationship with the VCSE as a partner	A co-managed full time VCSE lead exists within the ICS – at director or other senior management level	- VCSE sector reps are Chairs or Co-Chairs of ICS boards / committees / Accountable Business Units / groups etc - VCSE sector links with other partners in e.g. education / housing / crime to drive system change with a collaborative approach as a respected and equal partner
System leadership	We create training opportunities that demonstrate the VCSE offer in order that the sector and its value can be understood and utilised within the system	System leadership training is embedded within system organisational design	
Sharing assets	VCSE organisations are involved as system partners in estates / training / back office developments and offered equal access to existing assets like training, digital and tech platforms	- There are ongoing partnership sessions to discuss key learning points to regarding current issues, opportunities, what's coming up etc - System-wide agreements and processes are in place that include VCSE.	Spaces are truly shared and the places where VCSE and primary care are situated become community hubs
System-wide buy-in to strategic partnership and collaboration			
Principles of joint working	- System structures, processes and ways of working take into account a range of different working patterns and lines of accountability and follow the principles of good partnership working / code of conduct - Principles of good partnership working are developed and adopted by all ICS boards, committees, business units, working groups, programmes	All Terms of Reference (TOR) for all ICS boards, groups, teams are co-produced with the VCSE as partners	There is consistent good collaborative working across the ICS with equal access and offer in both North and South places and at neighbourhood level.



	Short term - quick wins / simple actions in next 12-18 months	Medium term - requires longer term collaboration over 3-5 years	Long term - systemic shift within 10 years
System-wide buy-in to strategic partnership and collaboration continued...			
Overcoming technical barriers to partnership working	We understand the technical barriers to working in partnership	A new approach to VCSE procurement and contracting is co-produced	
Shared data and communications			
Language and communications	Communications and language are developed in partnership – different routes and formats for communication are used – the VCSE plays a role in translation between health and people and communities	A system-wide mechanism exists so that public sector colleagues can access VCSE organisations more easily	Strong, open communication channels exist with all ICS partners including key organisations such as the County, District, Town and Parish Councils and we share best practice and have equal access to information
Data collection	- Everyone understands the data we collect and considers what data we need - Guidance on data collection is appropriate to the size of organisation	There is a common yet proportional approach to data collection and shared access to data / insight which is utilised for continual development and improvement	There is system-wide funded way for collecting information and data from a wide range of sources and formats to enhance the outcomes for organisations, individuals who can in turn use this to inform NHS
Data and information sharing	There is understanding that community gained data is as relevant as Randomised Control Trial data and other system outcome measures	- Together we explore the challenges and solutions for data sharing as a system, ensuring that our work is presented in a way that is easily understood by all - We identify priorities for data sharing and develop an action plan - We find easier and more equal ways of accessing IT systems and data which supports improved health and wellbeing	- System-wide mechanisms and processes in line with GDPR are developed for sharing data and insight – including soft data and outcomes from VCSE - and can be adapted at system and community level - There is a shared digital patient record that all ICS partners can access where appropriate and beneficial to health and wellbeing



Goal 3: Drive change and create tangible impact on people and communities and tackle health inequalities

What this means:

- Together we focus on shared priorities, including early intervention and prevention alongside the treatment of ill health, and targeting of health (and other) inequalities
- Co-production and learning culture embedded throughout
- We work together to identify and achieve shared outcomes and see who is best placed to solve an issue
- Collaborative community-based delivery, like social prescribing, demonstrates best practice in partnership working and community-centred approaches to health



How this is achieved - indicators of success:

	Short term - quick wins / simple actions in next 12-18 months	Medium term - requires longer term collaboration over 3-5 years	Long term - systemic shift within 10 years
Our priorities	The system understands demand by building a shared picture across partners	We agree solutions to reduce demand, including identifying and establishing shared funding pots to meet priorities like prevention/early intervention and health inequalities	
Mainstreaming co-production throughout the system	- We agree a system-wide approach to what good co-production looks like - We commit that all proposals and papers submitted to ICS boards, ABUs, sub-committees etc have to demonstrate and evidence the use of good production - no co-production, no submission	We make a budget available to support co-production during the design and development phase of all ICS work	Co-production and learning culture is embedded throughout the system
Shared outcomes	We develop a shared outcomes framework, led by people and communities and the VCSE sector	There is investment in measurement of impact and outcomes across the system	
Personalised care	- We build a cross-sector group to steer implementation of social prescribing and other personalised care roles that works to first understand good practice in C&P and where there are barriers and challenges to overcome. - Social prescribers or other personalised care roles do not refer or direct people to VCSE organisations without a conversation first. - VCSE organisations engage in the process to roll out the 'Joy platform' for referrals and case management	We build community capacity, devise solutions and fill funding of gaps in provision identified by social prescribing link workers and VCSE	We have a consistent system-wide social prescribing offer



Goal 4: Build strong, inclusive and empowering relationships

What this means:

- Learning and experience shows us that effective partnerships are built on strong relationships.
- Relationships help to build shared understanding of different cultures and ways of working, forging a new culture with common language and approach, trust and openness, that enables inclusivity and diversity in our partnership.
- But relationships do not develop on their own, it requires consistent and constant effort. There is commitment from all partners to go beyond organisational boundaries, being open to learning and understanding from different perspectives.
- Therefore ensuring there is space and time to build relationships is at the heart of our strategy and a shared commitment to work to understand each other.

How this is achieved - indicators of success:

	Short term - quick wins / simple ac-tions in next 12-18 months	Medium term - requires longer term collaboration over 3-5 years	Long term - systemic shift within 10 years
Placing relationships at the heart	A key part of all new ICS job descriptions and appraisals includes relationship building with partners in the VCSE sector	Relationship building across and within partners in the ICS is recognised and rewarded as essential for career progression of ICS leaders and staff	
Building understanding	Partners are encouraged and enabled to attend each other’s meetings where possible – with VCSE time funded to enable participation		
	Building shared experience and understanding at leadership level – e.g. A Day in the Life leadership exchange and learning		
Using tools to connect	ICS directories and contacts are open for partners to access - like file sharing spaces, Teams channels, meeting spaces etc		
Championing partnership	Identifying and funding champions for partnership at all levels of the system		
Making an impact	Developing an online programme of discussion, development and learning around common interests in health and care		



Annex: Process

In late March 2022, the Cambridgeshire and Peterborough ICS commissioned the National Association for Voluntary and Community Action (NAVCA) to support the development of a strategy for ensuring the local VCSE sector can play its part as a key partner within the ICS.

Building on the work of the NHS England Embedding VCSE in ICS programme, NAVCA worked in partnership with its local members in Hunts Forum, Cambridge CVS and Peterborough CVS and the wider local VCSE CEO network to develop the strategy.

The process for strategy development was collaborative and iterative. It involved:

- Desk research and interviews to build on work already underway
- 2 cross-sector co-design workshops
- 3 half-day workshops with the VCSE CEO Network
- 5 engagement events for organisations and groups, held in Peterborough, Fenland, Huntingdon, Cambridge city and Cambridgeshire county.
- A questionnaire
- Establishing a working group to develop and finalise the draft.



Annex: Process Continued

The organisations involved in the process included:

- Abbey People
- ABC Life Support CIC
- Adult Mental Health and Learning Disabilities Cambridgeshire and Peterborough
- Age UK C&P
- All In Sound
- Allia
- Arthur Rank Hospice
- Barnardos
- Cam Sight
- Cambridge CVS
- Cambridge University Hospitals NHS Foundation Trust
- Cambridgeshire and Peterborough Public Health
- Cambridgeshire and Peterborough VCSE CEO Network
- Cambridgeshire Community Reuse and Recycling Network (CCORN)
- Cambridgeshire County Council
- Cambridgeshire Deaf Association
- Cambridgeshire Older People's Enterprise (COPE)
- Cambs Hearing Help
- Care Network
- CARESCO
- Caring Together
- Chinese Community Peterborough
- CHOICES
- Citizens Advice Cambridgeshire
- Citizens Advice Peterborough
- Community Timebank
- CP Learning Trust
- Deafblind UK
- DISH
- Family Voice
- Fascinating Fens
- Fenland Care Network
- Fenland network
- Fibromites
- Forever Active
- Groundwork East
- Grow Places
- Hampton Tiddlers
- Headway Cambridgeshire
- Healthwatch C&P



- Hemingford Hub
- High Heritage
- Home-Start Cambridgeshire
- Home-Start Royston, Buntingford and S Cambridgeshire
- Huntingdon Area Money Advice
- Hunts Forum
- ICS Directorate of Strategy and Planning
- Illuminate Charity
- Lifecraft
- Living Sport
- Mind C&P
- North Place – ICS
- People and Animals UK CIC
- PECT
- Peterborough Bangladesh Association
- Peterborough City Council
- Peterborough CVS
- Peterborough Environment City Trust
- Peterborough Judo
- Peterborough Mums
- Peterborough United Foundation
- Pinpoint
- PosAbility
- Ramsey Neighbourhood's Trust
- Realife Trust
- REMO Charitable Trust
- Rethink Mental Illness
- Rural Cambs Citizens Advice Bureau
- Social Enterprise East of England (SEEE)
- Shining Stars Children's Charity
- South Cambridgeshire District Council
- South Place – ICS
- Sports Connections Foundation
- St Ives Care / St Ives Town Council
- St. George's Community Hydrotherapy Pool
- Sun Network
- Teens2Thrive
- The Happy Weald CIC
- The Kings Hedges Family Support Project
- The Kite Trust
- The Manderson Trust for the Disabled
- This Week Media
- Timor Sport
- Warboys & District Day Centre
- Wisbech Community Development Trust
- YMCA

Contact us



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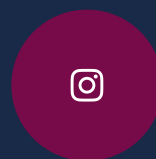
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