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Health Board



<b>Meeting Date</b>	<b>27<sup>th</sup> May 2021</b>	<b>Agenda Item</b>	<b>3.3</b>
<b>Report Title</b>	<b>Partnership Working with the Voluntary Sector</b>		
<b>Report Author</b>	Joanne Abbott-Davies, Assistant Director of Strategy & Partnerships Patricia Jones, Senior Project Manager, Strategy		
<b>Report Sponsor</b>	Siân Harrop-Griffiths, Executive Director of Strategy		
<b>Presented by</b>	Siân Harrop-Griffiths, Executive Director of Strategy		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	<p>The Health Board has long established, constructive and mature relationships with the voluntary sector. This paper outlines how the Board plans to further develop this partnership with the voluntary sector, outlining:</p> <ul style="list-style-type: none"> <li>• the arrangements in place to ensure value for money from existing service level agreements with the sector;</li> <li>• the approach to management and performance monitoring of these contracts</li> <li>• the contribution the sector has and continues to make to delivering the Health Board's key priorities and responding to the challenges of the pandemic; and</li> <li>• the opportunities for expanding the role of the voluntary sector in the provision of services and improving population health.</li> </ul>		
<b>Key Issues</b>	<p>This paper specifically aims to:</p> <ul style="list-style-type: none"> <li>• Demonstrate the approach taken to establishing monitoring and performance management of service level agreements, and where appropriate renegotiation of these, since the voluntary sector budget was centralised in February 2019.</li> <li>• Identify further actions planned to ensure effective delivery of voluntary sector services whilst the recommissioning of services is implemented.</li> <li>• Set out the contribution of the voluntary sector to the Covid-19 pandemic response.</li> <li>• Establish a revised timescale for recommissioning voluntary sector services to ensure a more effective framework for managing services is achieved.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Set out how the voluntary sector budget will contribute to the financial stability of the Health Board, whilst the recommissioning process is implemented, and whilst retaining current levels of service delivery.</li> <li>• Set out proposals for how plans to expand the role of the voluntary sector in supporting the Health Board's delivery of priorities will be developed.</li> </ul>			
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the approach taken to performance management of voluntary sector service level agreements to ensure value for money;</li> <li>• <b>NOTE</b> the further actions planned to ensure effective delivery of voluntary sector services whilst the recommissioning of services is underway;</li> <li>• <b>NOTE</b> the significant contribution of the sector, in particular its flexibility and quick responses, to needs identified as a result of the pandemic;</li> <li>• <b>AGREE</b> the revised timescale for recommissioning voluntary sector services (April 2021 to end March 2023);</li> <li>• <b>AGREE</b> the contribution of the voluntary sector budget to the financial stability of the Health Board whilst the recommissioning process is implemented;</li> <li>• <b>AGREE</b> the application of the commissioning processes outlined above and agreed previously by the Board to all voluntary sector agreements with the Health Board going forward;</li> <li>• <b>AGREE</b> the proposals for developing plans to expand the role of the voluntary sector in supporting Health Board priorities.</li> </ul>			

## **PARTNERSHIP WORKING WITH THE VOLUNTARY SECTOR**

### **1. INTRODUCTION**

The Strategic Framework for the Voluntary Sector 2017-2020 was formally approved by the Health Board in March 2017. The framework was co-developed and coproduced with the sector. It was an ambitious programme of change based on mature working relationships between the Health Board and the sector. Bridgend Boundary Change and then the Covid pandemic have delayed implementing the recommissioning of services from the voluntary sector which is the only element of the framework outstanding.

This paper aims to set out the Health Board's objectives for building on the current mature and constructive partnership with the voluntary sector to:

- Demonstrate the approach taken to establishing monitoring and performance management of service level agreements, and where appropriate renegotiation of these, since the voluntary sector budget was centralised within the Strategy Directorate of the Health Board in February 2019. It should be noted that the exception to this is where GP Cluster monies have been used to fund some voluntary sector services, with associated grants and contracts being negotiated by the Primary and Community Services Delivery Group. However because of issues raised work is underway to ensure that going forward these arrangements will be incorporated into a single approach with the sector by the Health Board to ensure consistency and that the good practice outlined in this and previous Board papers is applied in all cases going forward.
- Identify further actions planned to ensure effective delivery of voluntary sector services whilst the recommissioning of services is implemented.
- Set out the contribution of the voluntary sector to the Covid-19 pandemic response.
- Establish a revised timescale for recommissioning voluntary sector services to ensure a more effective framework for managing services is achieved.
- Set out how the voluntary sector budget will contribute to the financial stability of the Health Board, whilst the recommissioning process is implemented, and whilst retaining current levels of service delivery.
- Set out proposals for how plans to expand the role of the voluntary sector in supporting the Health Board's delivery of priorities will be developed.

### **2. BACKGROUND**

The Health Board approved a revised timetable for recommissioning voluntary sector service level agreements (SLAs) in January 2020, but unfortunately the pandemic has meant that this work has been suspended since shortly after that time.

In February 2019, Third Sector funding, previously scattered across individual Delivery Units, was transferred to a central budget, to standardise and streamline performance management, invoicing and commissioning processes. New arrangements for contract monitoring and performance management were introduced for 2019-20. Some flexibility has been applied in 2020-21 to reflect the sector's efforts in supporting the Covid-19 pandemic as outlined later in this paper.

### **3. MONITORING AND PERFORMANCE MANAGEMENT OF CURRENT SERVICE LEVEL AGREEMENTS**

Voluntary sector organisations have a governance framework and scrutiny process to which they have to adhere, which, while different to that of statutory organisations, is designed to hold them accountable as organisations in their own right. The Charity Commission for England and Wales registers and regulates charities to ensure charities can thrive and inspire trust so that people can improve lives and strengthen society. It does this by holding charities to account, dealing with wrongdoing and harm and giving charities the understanding and tools they need to succeed. All voluntary organisations are required to have a Board of Trustees who are accountable for their operations and the Councils of Voluntary Services work with individual organisations to support them in achieving good governance by providing advice, support and training for voluntary sector staff, volunteers and trustees.

Each voluntary sector provider is required to submit monitoring reports to the Health Board's Strategy Department against each service level agreement on a 6 monthly basis. The monitoring report requires details on the extent to which each service has met the deliverables set out in the appropriate specification and to justify any variance. The monitoring format also asks for any risks relating to the services to be identified and mitigations proposed and also asks for a prospective view of any issues expected in the next 6-month reporting period. Where there are any variances from agreed SLAs or risks identified these are reviewed and where required contract meetings arranged with the providers to discuss these and agree an action plan for improvement. Where services are directly aligned to clinical or other services, then feedback from clinicians as well as service users and carers on relevant planning groups are triangulated against these reports.

A process is currently underway to review, with each voluntary sector provider, how their services will be provided in 2021-23, taking account of the likely continued impacts of Covid-19 and their plans for reinstituting services. This will inform arrangements in line with the "new normal" post Covid and will be reflected into the recommissioning process as well as enabling more dynamic performance monitoring to be established for 2021-22 agreements.

### **4. RECOMMISSIONING PROCESS**

The Health Board's ring-fenced budget for voluntary sector funding currently amounts to £2,264,702. Recommissioning of all voluntary sector services across the Health Board will ensure that:

- Best value is delivered for public monies;
- Service users, carers and the voluntary sector with clinicians developing specifications for a new pattern of services to meet our residents' needs in the most effective way possible;
- Learning, new approaches developed through the pandemic and best practice can be applied to the new pattern of services;
- Opportunities are taken to expand the range of services offered by the voluntary sector;
- The SLAs clearly support the Health Board in developing its IMTP/Annual Plan.

The proposed revised timeline is outlined in **Appendix 1** for the recommissioning process and will run from April 2021 to 31<sup>st</sup> March 2023.

A Steering Group for the recommissioning programme will be established, with representation from the Delivery Groups and relevant clinical leads, and will focus on how this process can address the Health Board's priorities from its Annual Plan / IMTP and in particular address opportunities to reduce pressure on statutory services and develop self-reliance in communities and individuals / carers.

Over the past few months, the Health Board has worked collaboratively with the procurement team to work through a revised timeline (attached as **Appendix 1**). In addition, we have further considered the relative benefits and disadvantages of a framework agreement vs a Dynamic Purchasing System (DPS). The opportunity has also been taken to discuss the potential for including GP Cluster monies for voluntary sector organisations and whether these could be included in the process so that they will be able to commission activities through the voluntary sector without going through a separate full procurement exercise each time, so speeding up implementation. It has been agreed that this is possible and discussions with the GP Cluster Leads over their involvement have commenced.

In considering the relative benefits of a framework agreement and the DPS, the advice of the procurement team is that the DPS would be a more appropriate procurement approach to adopt. This is based on the fact that it allows more flexibility for both the provider sector and the Health Board in the context of changing requirements over the life of the contract and the ability to add new organisations to the framework during the period it is in operation, which was a concern for the sector in the market engagement events held in 2019.

A framework agreement would also mean that any suppliers that are either unsuccessful in applying at the contract award stage, miss the opportunity to apply or are new entrants to the market will be in effect 'locked out' of bidding for any of our opportunities until we re-procure the framework in 3-4 years after the recommissioning has been completed in 2023.

The use of a DPS will ensure that any providers' applications to join the contract are considered at any time during the contract period and we will be able to award contracts via mini competition exercises at any point should additional funding be made available, particularly at short notice, as often is the case from Welsh Government or other external funding routes.

It should be noted that the UK government has recently published a Green paper on proposed reform to the UK public procurement regime. There is specific provision within the proposals for a new 'DPS+' which will further enhance the existing regulations and will potentially allow for even more flexibility for the Health Board and providers. Any implications and opportunities from resulting legislation will be taken into account as the re-procurement progresses.

## **5. VOLUNTARY SECTOR CONTRIBUTION TO COVID**

During 2020 the voluntary sector has continued to operate, in spite of Covid restrictions, to support our work in the NHS and our communities more broadly.

Contract monitoring has continued, with flexibility given for organisations to demonstrate that they are continuing to deliver services, albeit sometimes in different ways and sometimes to respond to new challenges posed by Covid to ensure that the Health Board is still receiving services for its population in line with financial allocations. Renegotiation of one contract has occurred in 2020-21 to ensure that the offer is more financially appropriate and more closely aligned to the needs of the clinical service it supports.

The strengths of the sector have been fully demonstrated during the Covid-19 pandemic, for example organisations quickly supporting communities and individuals, for example providing food and medicines deliveries, befriending and support for those who are isolated and expanding food banks. The voluntary sector has, and continues to, work with individuals and communities to mobilise and coordinate practical and emotional support as required, setting up new, bespoke services and expanding other existing ones to meet the particular challenges the public has and continued to face.

## **6. ENSURING FINANCIAL STABILITY**

As agreed by the Health Board in the Strategic Framework the voluntary sector budget post Bridgend Boundary change has been ring-fenced since 1<sup>st</sup> April 2019 at a level of £2,264,702. In reality, because of some changes in funding arrangements and allocations from Welsh Government the total funding in this budget is currently £2,330,214 - £65,512 over the ring-fenced amount.

The Health Board needs to ensure its financial stability going forward. As a result, a 3% cost saving is being applied to all budgets across the organisation. Because of the benefits of the services being delivered by the voluntary sector across Swansea Bay, the risks of destabilisation of these services and in particular their efforts in response to the pandemic, it is proposed that in 2021-22 the 3% cost saving should be applied to the voluntary sector budget as a whole rather than to individual voluntary sector organisations, which has been agreed with the Finance Department. The additional saving will be taken from the Strategy Department's CIP, reflecting the equivalent of an additional 1% saving on the SLAs.

This would mean that the £65,512 currently within the voluntary sector budget, but over the ring-fenced amount will be reallocated to support the Health Board's work to regain financial sustainability and would allow the voluntary sector SLAs for 2021-22 to be allocated on a steady state basis, with no uplift and no cost improvement for all existing voluntary sector SLAs, which has been agreed with the Finance Department. The exception being where there are examples where services are not being delivered in line with service specifications, in which case individual contract negotiations will be held to agree funding in line with the service being delivered, as outlined in section 3 above.

The funding basis for the voluntary sector for 2022-23 will need to be considered later in 2021-22 when the Health Board's financial position is clearer.

## **7. EXPANDING THE ROLE OF THE VOLUNTARY SECTOR IN SUPPORTING DELIVERY OF HEALTH BOARD PRIORITIES**

Our Organisational Strategy describes our ambition for the Health Board over the next 10 years to deliver Better Health, Better Care, Better Lives for our population. It further says "Everything we do, we do better when we work together with our patients and partners".

Our Clinical Services Plan also highlights the importance of the Health Board focusing on population health, stating that “our ambition is to deliver care that has a much greater focus on wellbeing, self-care, prevention and access to care closer to home, delivering outcomes that matter to our patients and communities.”

These factors are particularly true when we work effectively with the voluntary sector. Their focus and close relationships with communities and their clients means that they are trusted voices which the Health Board benefits from in spreading key messages, hearing about peoples’ experiences so we can improve services and support available, and a focus on the wider public health agenda and issues which contribute to peoples’ health and wellbeing, but which are not about health services but underlying factors such as poverty and the resilience of communities. The voluntary sector consistently focuses on an asset based approach to their work, rather than a deficit based approach as is the case in most statutory organisations, meaning that they work with people to build on the positives in their lives and communities rather than focusing on what is missing or is negative. The sector brings a different and more effective perspective to how we can work with people and communities to make best use of scarce resources, which we need to learn from and apply in our transformational work.

This is not about a competition between the NHS and the voluntary sector to provide services or support to people. There is more than enough work for all of us to do to ensure our population has the best opportunities to thrive, and have the best health and wellbeing possible.

GP Clusters have recognised the effectiveness of working with the voluntary sector on addressing needs within their populations with the wide range of services they have commissioned from them. The Health Board has the opportunity to build on the particular skills of the voluntary sector to enhance the health and wellbeing of its population, but to do so it needs to recognise that the sector has a different style and focus to the NHS, but one which is no less effective.

This is not just about providing additional services, it is also about being open about who is best to provide different support and services and who our population would prefer to receive this from, which could lead to lower level support and other services being carried out by voluntary organisations, as happens widely in cancer and palliative care for example, instead of by the Health Board directly. This could assist also to ensure that scarce NHS staff resources are utilised to carry out tasks and roles only they can fulfil.

However, one of the barriers to developing further voluntary sector services which support the Health Board’s objectives is the availability of funding. There is an opportunity to develop a framework across the Health Board which explicitly encourages consideration of outsourcing work to the voluntary sector where their particular skills and expertise would be beneficial to the patients involved.

To take this forward it is proposed that a workshop be organised in June 2021 between the Health Board, working with the Councils of Voluntary Services and the sector to focus on the priorities within the Health Board’s Annual Plan and identify areas where the sector could be commissioned to provide services in a different way to provide better value and flexibility, both in relation to health service provision, other related care (for example domiciliary care) and improving population health. This could include

avoidance of hospital admissions, mental health support, support to primary care, discharge support, carers support for example. The report from this workshop will then be taken to Management Board in July and incorporated into the Health Board's IMTP process. In addition, and in line with the Health Board's normal practice, voluntary sector organisations will be elected by the Regional Network to sit on Health Board programme boards to ensure these opportunities are considered as part of the work on implementing changes to services in line with the Clinical Services Plan.

This would then form the basis for the development of a new Strategic Framework between the Health Board and the voluntary sector for 2021-24 which will be co-developed and co-produced with the sector setting out relevant actions.

## 8. RECOMMENDATIONS

Members are asked to:

- **NOTE** the approach taken by the Strategy Department to performance management of voluntary sector service level agreements to ensure value for money;
- **NOTE** the further actions planned to ensure effective delivery of voluntary sector services whilst the recommissioning of services is underway;
- **NOTE** the significant contribution of the sector, in particular its flexibility and quick responses, to needs identified as a result of the pandemic;
- **AGREE** the revised timescale for recommissioning voluntary sector services (April 2021 to end March 2023);
- **AGREE** the contribution of the voluntary sector budget to the financial stability of the Health Board whilst the recommissioning process is implemented;
- **AGREE** the application of the commissioning processes outlined above and agreed previously by the Board to all voluntary sector agreements with the Health Board going forward;
- **AGREE** the proposals for developing plans to expand the role of the voluntary sector in supporting Health Board priorities which will be considered by the Management Board in July 2021.



Governance and Assurance		
<b>Link to Enabling Objectives</b> (please choose)	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
This procurement process and implementation of the Strategic Framework will ensure that services are provided to a high quality, are safe and patient experience is monitored.		
Financial Implications		
Utilising existing funding allocated to the third sector to commission services which will meet the needs of the residents of Neath Port Talbot and Swansea.		
Legal Implications (including equality and diversity assessment)		
Legal guidance on procurement will be followed		
Staffing Implications		
There are no staffing implications associated with this report or the plans outlined within it.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The actions outlined in the report support the five ways of working outlined in the Act. Swansea Bay UHB is working collaboratively with partner organisations to identify improved ways of working to support the longer term strategic vision of the organisations involved. Changes to services should reflect the needs of the local population and so should have positive impacts for future generations.		
<b>Report History</b>	This Board considered a previous report in January 2020 and in September 2020	
<b>Appendices</b>	<b>Appendix 1 Proposed Voluntary Sector Framework Procurement Process Timeline</b>	

## Appendix 1

### *Proposed Timetable - 3rd Sector framework*

Activity	Start Date	End Date
Publish Prior Indication Notice (PIN)		
Internal stakeholder engagement	01/03/2021	31/09/2021
External (market) engagement	01/07/2021	31/10/2021
Drafting of tender documentation	01/11/2021	31/12/2021
HB and WG approval to proceed	01/01/2022	31/01/2022
Issue Tender and tender return	01/02/2022	15/03/2022
Tender evaluation	25/03/2022	25/04/2022
HB and WG approval to award	01/05/2022	31/05/2022
Issue award letters to suppliers and standstill	01/06/2022	30/06/2022
Acceptance of suppliers on to DPS	01/07/2022	31/07/2022
Mini competition against framework lots	01/08/2022	31/08/2022
Mini competition evaluation	10/09/2022	24/09/2022
Contract awards against lots	02/10/2022	31/10/2022
Negotiation of handover arrangements as required (including 3 months' notice period for affected staff)	01/11/2022	31/03/2022
Contract (service) start date	01/04/2023	