SUMMARY OF REPORT:

This paper sets out progress and impact of the Memorandum of Understanding (MoU) between Greater Manchester Health and Social Care Partnership (GMHSCP) and the Voluntary, Community and Social Enterprise (VCSE) sector and steps strengthen future partnership working.

KEY MESSAGES:

The now well established VCSE Reference group identified 4 priority areas each with a sponsor, and can demonstrate progress against each: Equality, Mental Health, Homelessness and Carers.

VCSE members are now represented on all key GM strategic boards and are actively involved in governance and decision making.

There has been a significant shift in commissioning the sector at locality level, though variation exists. The VCSE have set out and are leading on, in partnership with GMHSCP, an approach to commissioning which moves beyond short term grants towards a sustainable and viable sector.

PURPOSE OF REPORT:

Firstly this paper provides an update on progress since the MoU and secondly, highlights the emerging factors that facilitate truly effective partnership arrangements between statutory and VCSE sectors. Seven key elements emerge which when addressed enable the most productive partnership working for the sectors going forward.
RECOMMENDATIONS:

The Greater Manchester Health & Care Board is asked to:

- Note the report and progress made, and to thank the GM VCSE Reference Group for its work with the GMHSCP.

- Encourage all ten localities to develop a local memorandum of understanding or equivalent with the local VCSE sector, securing equivalent commitments to those in the GM MoU.

- Encourage all localities to assess their local progress in implementing the 7 key elements in section 4.2 to strengthen partnership working and invest resource to fill any identified gaps.

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1.0 BACKGROUND

1.1. In February 2015 Greater Manchester signed a deal for devolution taking local ownership of health & social care budgets. Responding to the national challenge set out in the 5 Year Forward View and responding to the local strategic landscape, Taking Charge was published in Dec 2015; GM’s health & social care strategic plan. The plan states “At the heart of our approach to devolution is the brokering of a new relationship with the people of GM”

1.2. GMHSCP recognised the value and role of the VCSE sector in realising the Intentions set out in Taking Charge, in helping reach the people of GM but also for its strategic and delivery capacity.

1.3. There are approx. 15,890 organisations in the VCSE sector in Greater Manchester according to the State of the Sector report commissioned by 10GM (the collective of local and city-region infrastructure organisations) and GMCVO. Together they deliver 21.9million interventions with beneficiaries each year.

1.4. In response to this the GM VCSE Reference Group developed as a formal part of the health and social care devolution architecture to work as catalyst and connectors of VCSE sector engagement across Greater Manchester’s devolution agenda.

1.5. GM VCSE Reference Group, on behalf of the VCSE sector in Greater Manchester, brokered a Memorandum of Understanding in partnership with and signed by GMHSCP In April 2017

1.6. The MoU aimed to provide a framework to support engagement across Greater Manchester’s devolution agenda in relation to health, social care and wellbeing between the statutory sector and the VCSE sector.

1.7. In signing the MOU, each party agreed to build on the strength of existing relationships, the opportunity presented by devolution, and to work within a set of principles.

1.8. The parties agreed to work collaboratively for an initial period of five years and work across a range of activities to support both parties’ shared objectives. A budget was also agreed to develop VCSE capacity to engage in the work.

1.9. The agreed principles of the MoU are:

- Develop a new way of working together in order to meet the challenges our communities face

- Support the sector to participate in health devolution across the full transformation programme
- Support sector engagement via the VCSE Assembly, VCSE Reference Group, GMCVO, Equalities Advisory Group and established networks
- Support members of the VCSE sector at strategic boards and working groups
- Share good practice between the VCSE and statutory sectors
- Enable VCSE experts to spend time on new policies, commissioning models, impact assessments, and other areas of research
- Support the VCSE Reference Group to facilitate the work outlined above
- Develop a VCSE Equalities Advisory Group

1.10. In addition to the budget agreed, a post was created to be a liaison between GMHSCP & the VCSE. This post was recruited and seconded from the VCSE and based within GMHSCP to enable strong links to each.

2.0 GREATER MANCHESTER IMPACT

2.1. The VCSE Devolution reference group have identified a number of thematic priorities with the GMHSCP for 2017/18. Each priority has a dedicated sponsor, agreed by the group.

- Equality
- Mental health
- Homelessness
- Carers

2.2. Equality

2.2.1. In partnership with GMHSCP the equalities sponsor led on a review of the equalities agenda and approach within the context of transformation and devolution.

2.2.2. An agreed collaborative and co-production approach ensured engagement from all parts of the system, ensuring skills, knowledge experience & expertise were fully harnessed & most importantly got ‘buy in’ from all.

2.2.3. Via the VCSE Devolution Reference one of the Equalities Representatives was commissioned to lead the work programme to ‘develop a new approach to health inequalities and equalities’ This was funded through the budget attached to the MoU.

2.2.4. Wider VCSE sector engagement was enabled through a VCSE Equalities Assembly which further informed understanding of the current barriers, identify developing areas of partnership working and envision ‘what good would look like’.
2.2.5. A co-design event with assembly participants, service users, health and social care in December determined a set of ideas for action. Arising from this a draft action plan was agreed through the Assembly and VCSE Reference group in February 2017.

2.2.6. A GM Equality Board, currently in shadow form, will oversee the action plan and work which will constitute representatives from the VCSE ref group, 10GM, GMCA & GMHSCP.

2.2.7. The Equalities board would oversee a number of actions including:

- Develop Shared Equalities Vision, Values & Outcomes for GM
- Develop a Governance framework that assures Equalities within Governance system
- Develop an Equalities Performance Management framework
- Executive Summary of Actions
- Equality Deep Dives on existing H&SC workstreams

2.3. Mental Health

2.3.1. GMHSCP has worked closely with the VCSE Devolution Reference Group throughout the review & refresh of the mental health strategy. The budget attached to the MoU has allowed the lead sponsor extra capacity to engage with the wider VCSE through assembly meetings, oversee the recruitment of reps to sit on all boards within the developing governance structure and to coordinate a dedicated mental health VCSE forum.

2.3.2. Each representative independently fulfils their duties as identified in the ToR

- All representatives meet 4 times a year with key H+SC colleagues to
- Review progress
- Steer ongoing strategic developments
- Discuss wider engagement with the VCSEs and plan the Thematic Forum
- A thematic Mental Health forum is convened 4 times a year, led by the Thematic representatives, supported administratively by GMCVO
- Infrastructure organisations agree to share thematic updates via networks and events, with information supplied via the Thematic Sponsor and representatives
- Sponsors feedback to the H+SC MoU Programme Board and in turn the Reference Group
2.3.3. The Value and expertise of the VCSE was fully realised during this process leading to the expansion of VCSE rep places to 3 per board in many instances from 1-2 places originally intended.

2.4. Carers

2.4.1. Support for unwaged carers cuts across all themes of Greater Manchester Devolution Health & Social Care Agenda. In January 2018 a Carers Charter was developed with an MOU & Action Plan signed off at GMHSCP & SPBE. A work stream group, Carers as Real & Expert Partners, has been established. This work stream has VCSE representation from all 10 Greater Manchester local authority areas.

2.4.2. The VCSE Devolution reference group sponsor for the carers’ agenda has also been VCSE rep on Greater Manchester Strategic Oversight Group on Carers since 2015.

2.4.3. MoU funding will be used to support the sponsor to dedicate time to coordinate and support VCSE Carers representatives on the Greater Manchester Strategic Oversight Group, on the Carers work stream groups and cover attendance at Greater Manchester Carers Partnership

3.0 ENABLERS

3.1. VCSE Strategic representation within GM Health & Social Care

3.1.1. It was recognised that the VCSE being supported to contribute to, shape and influence the implementation of relevant GMHSCP strategies and work-streams would be critical for fulfilling requirements and expectations associated with delivering on the MoU with GMHSCP and meeting the intentions set out in Taking Charge.

3.1.2. A commitment was agreed in the MoU to “supporting members of the GM VCSE Reference Group along with other appropriate VCSE leaders chosen by their peers to represent them at a wide range of strategic boards and working parties”.

3.1.3. GMCVO conducted an analysis of existing GM strategic boards to determine if VCSE Representatives were involved in governance and decision making. The review determined where the VCSE were already intrinsically woven into the decision making process and highlighted gaps in VCSE involvement.

3.1.4. To support the filling of vacant board places a transparent process for selecting and appointing VCSE representatives has been developed. A clear feedback mechanism allows representatives’ organisations to claim a payment to cover their time on receipt of feedback that can be shared with the wider VCSE sector.

3.1.5. There are VCSE Representatives regularly attending SPB, MH Board, Population Health Board, Cancer Board and Strategic Workforce Boards, and the LCO Network.
3.1.6. The Reference Group will be undertaking a transparent process to nominate two VCSE representatives to the new Partnership Executive Board as required.

3.1.7. There are some gaps where boards have yet to have their structure finalised, or where VCSE representation exploration is current e.g. Primary Care, Children's Health & Wellbeing.

3.2. **Commissioning with VCSE**

3.2.1. There is wide variation in commissioning practices with the VCSE at both GM and locality level. This is reflected nationally as highlighted in ‘Commissioner perspectives on working with the voluntary, community and social enterprise sector’ report (King’s Fund, February 2018), commissioned by the Department of Health.

3.2.2. The VCSE review, initiated by the Department of Health, Public Health England, and NHS England in November 2014, included recommendations on having sustainable & strategic funding processes including appropriate metrics for impact measurement.

3.2.3. GM H&SCP is doing some work jointly with the VCSE Devolution Reference Group on how we commission from the VCSE. The intention is to develop a framework of options, advice and good practice for commissioners to look at when engaging the VCSE contractually.

3.2.4. The work will explore how we can make the process more accessible, but also considering how grant funding can be used more strategically to help develop mutually beneficial medium to longer term investment strategies with the VCSE that support the growth and sustainability of community-based groups, organisations and activities.

3.2.5. Use of national legislative powers outlined in the Social Value Act and the Care Act varies widely. Use of them by commissioners to support their commissioning intentions can be of strong benefit to the local VCSE sector and local economy.

3.2.6. Use of grants processes varies across localities and GM transformation themes. NHS procurement processes are often difficult for the VCSE to engage with, particularly the smaller organisations. Grants are a well-recognised and viable mechanism for effectively stimulating capacity in the VCSE and maintaining a level of stability. The VCSE regularly use core statutory funding to draw in additional funding from revenue, charitable grants and donations. According to the VCSE State of the Sector report 84% of VCSE organisations in Greater Manchester have at least one source of non-public sector funds, bringing significant added value.

3.2.7. Some commissions are still based on service delivery rather than outcomes which can be difficult for VCSE to engage with and can restrict real innovation.

3.2.8. Engaging VCSE organisations as key partners in co-production of health and care outcomes and co-design of services will lead to smarter commissioning for better
outcomes and help to maintain a strong VCSE sector. The VCSE sector is a critical player in developing asset-based approaches to care.

“NHS commissioners and local authorities should work with the VCSE sector to enable all groups in society, especially those experiencing health inequalities, to have a say in how services can achieve better health and care outcomes for all citizens” VCSE Review

3.2.9. Locally, as well as nationally, Information governance emerged as one of the issues causing most challenge and having influence on commissioning processes. Moving towards an approach that ensures data and intelligence is used from across the public, private and voluntary sector will enable design and targeting of the available collective resources at those that need them the most.

3.2.10. The VCSE sector is represented formally on the commissioning review working group by GMCVO supported by 10GM; to ensure that VCSE organisations are taken into account of when developing plans and process for the Joint Commissioning Board & GM Commissioning Hub functions.

3.2.11. Paul Martin, a Reference Group member, has been informally seconded to work with the commissioning team at GMHSCP to explore commissioning for communities of Identity.

4.0 LOCALITY IMPACT

4.1. Through informal locality meetings and the Local Care Organisation (LCO) peer review process we are seeing many examples of improved relationships with the VCSE sector. However there is still great variance between localities.

4.2. Where it works well the VCSE are seen as genuine partners and localities making most progress have addressed most or all of the following key elements for productive partnership working:

- Governance
- Structure for representation
- Funding capacity for strategic engagement
- Increasing capacity as delivery partners
- Informal as well as formal relationship building
- Commissioning processes
- Importance of local context

An overview of local impact across the ten localities of GM and progress against these key elements are represented in appendix 1.
5.0 NATIONAL IMPACTS

5.1. There has been a great deal of interest nationally in the development of a MoU with the VCSE and the recruitment of a ‘brokerage’ post. Many other STP’s are using the Greater Manchester model as a template for developing a regional variation.

6.0 RECOMMENDATIONS

6.1. The Greater Manchester Health & Care Board is asked to:

- Note the report and progress made, and to thank the GM VCSE Reference Group for its work with the GMHSCP.
- Encourage all ten localities to develop a local memorandum of understanding or equivalent with the local VCSE sector, securing equivalent commitments to those in the GM MoU.
- Encourage all localities to assess their local progress in implementing the 7 key elements in section 4.2 to strengthen partnership working and invest resource to fill any identified gaps.
APPENDIX 1

PARTNERSHIP WITH THE VCSE AND MOUR – ONE YEAR ON

LOCALITY IMPACT

1.0 GOVERNANCE

1.1. Across localities there have been different responses to embedding the VCSE within governance structures with varying results. In some localities the placing of a VCSE representative on a governance board has not resulted in influence, conversely in other localities VCSE report feeling involved and having influence despite not being on key governance boards. The areas where we see the strongest VCSE voice and engagement is where there is a sharing of power & responsibility and accountable, VCSE representatives are embedded at every level of city-region and locality governance.

1.2. There are some examples of good practice emerging across Greater Manchester:

- Bury; The VCSE has the lead for ‘Enabling Local People’ one of the transformation programmes outside of the LCO leadership.
- Manchester; LCO Executive team has engaged a lead from the VCSE sector to work with the team to ensure the sector is hard wired into governance, commissioning approaches, strategy development and operating models.
- Salford; CVS hold place on Integrated Care Advisory Board and VCSE have membership throughout the governance structure from neighbourhood level to Health and Wellbeing Board. The sector has taken the lead on some integration schemes e.g. social prescribing and community assets programme. The VCSE are working to develop a local MoU with health & social care partners.
- Bolton, similarly to Salford, has membership throughout the governance structure for the most part and at the System Sustainability and Transformation Board, where the Transformation Fund investment is managed. Furthermore, the VCS in Bolton Co-Chair key strategy and planning groups for the locality, such as Population Health and Co-Design, which creates a new dynamic and commitment to shared input and influence from the VCSE, where traditionally these roles would have been solely the voice of a senior statutory post holder.

1.3. Structure/Mechanism for Representation

1.3.1. It is vital that there is a robust structure in place to enable locality VCSE engagement in strategic decision making if it is to be truly effective.

1.3.2. The importance of this infrastructure was highlighted in the nations VCSE Review:
• Connector Infrastructure was seen as ‘the glue that holds things together’, connecting VCSE organisations to each other and strengthening their efforts.

• Local VCSE providers valued having a central information resource, for example, about changes in the health and social care landscape or welfare provision.

• The Cabinet Office has acknowledged that organisations accessing support from infrastructure have “a substantially higher likelihood of success in grant applications and bidding for contracts”.

• Infrastructure organisations are valued for their strategic contribution helping to:
  - Identify the needs and assets of their communities (for example, contributing to JSNAs)
  - Represent the perspective of small organisations and amplify the voices of people at the margins
  - Provide timely insights from the frontline (for example, advising CCGs about gaps in provision)
  - Provide feedback to and from the sector to shape policy and redesign services (for example, collaboratively developing new specifications or social value indicators)

1.3.3. The majority of VCSE capacity building and strategic representation in GM takes place through local infrastructure organisations. In localities where there is no Infrastructure organisation, there is usually an alternate structure in place or emerging development to coordinate & support this role.

1.3.4. Where the structures are not as well formed we witness more of a difficulty for coordinated & strategic VCSE representation. This leads to less VCSE involvement & influence in transformation conversations.

1.3.5. These strategic representation structures work most effectively when they:
  - work across all health and care systems
  - have clear communications & engagement with the wider VCSE sector
  - Are valued & clearly embedded within statutory sector structures
  - Have strategic investment

1.4. **Bolton – Co Design Enabling Group**

1.4.1. Bolton CVS and Healthwatch Bolton collaborated to develop the communications and engagement aspect of Bolton’s Locality Plan in to a more inclusive model and approach that considered the voices, experience and knowledge of those people
accessing Bolton’s health and social care services, those providing the services and support and those involved in designing those services and support. The Co-Design Enabling Group aimed to bring together local system leaders to reflect on how they used communications, engagement, co-design and experience to improve the experiences and wellbeing of people across the borough. This programme has resulted in whole team development sessions for commissioners, a comprehensive neighbourhood engagement programme and a radical system shift in how the voice of people can influence and shape the future offer to achieve the behavioural change ambitions for the future. The Co-Design Enabling Group is viewed as a ‘System Enabler’ in the same way that I.T., estates and workforce are, as it is key to the sustainability of the system in Bolton.

1.5. **Strategic Investment/Capacity Building**

1.5.1. The following examples provide an illustration of where strategic investment approaches have been taken and have led to demonstrable partnership working, a greater level of joint system vision, co-design and delivery.

1.6. **Salford**

1.6.1. Salford CCG fund Salford CVS to deliver a Strategic development contract to enable VCSE representation on decision making & strategic boards. Salford CVS run VOCAL Wellbeing, Health and Social Care Forum. This brings Salford VCSEs together in order to develop strategic priorities and collaborative working.

1.6.2. Elected Representatives work to an agreed Reps Protocol which ensures they have a mandate to speak on behalf of VCSEs in the health, wellbeing and social care sector and are accountable back to the VOCAL Wellbeing Forum.

1.6.3. Vocal wellbeing forum objectives are:

- To act as a point of contact with VCSE organisations for partners working in Health and Wellbeing in Salford
- To champion VCSE engagement in Salford, providing elected representatives to key city partnerships
- To influence and deliver Salford’s Locality Plan
- To share information and opportunities, operate transparently and think beyond individual organizations
- To promote positive change within the VCSE sector

1.6.4. To engage with Salford citizens for improved health and wellbeing that empowers the communities of Salford.

1.6.5. There has been a strategic commitment to establishing a VCSE Investment Strategy. A number of consultations and design sessions with the VCSE and policy
leads from the Local Authority are being held with the intent to agree a strategy for longer term and increased funding to the VCFSE in three key areas:

- Developing the VCFSE market in line with LCO priorities
- Recognising and investing in a community anchor model to maximise place based working opportunities
- An ambition to increase access to small grants to facilitate more social movements and social action.

1.7. **Wigan**

1.7.1. Wigan Council has recognised the contribution they make to thriving and vibrant communities and places, which are resilient and have reduced reliance on public services.

1.7.2. Wigan will have pledged £9m, through a Community Investment Fund (CIF) by end of 2017, investing in creative, bright ideas that contribute to a sustainable solution to the demand on local public services. This includes a robust evaluation framework that clearly evidences return on investment and alignment of priorities with shared outcomes for the borough.

1.7.3. This includes investment in assets to improve the health and wellbeing of the Wigan population under ‘The Deal for Health and Wellness’, all health partners, the Councils and other public sector providers have signed up to this deal.

1.7.4. The Deal for Communities approach includes:

- Investing in the community
- Wigan Borough in Bloom and Incredible Edible
- Consultation, Engagement and Involvement – The Deal in Action
- Community infrastructure support
- Community Knowledge – Know your community
- Community Building and community asset transfer

1.7.5. A successful **Wigan Community Partnership** is in place. They are working together across the sector to improve and develop the VCSE sector, and link up with the Wigan Third Sector Assembly to help inform the future priorities for the CIF, and to consider how the sector can develop to ensure it continues to grow.

1.7.6. The Deal for Communities Programme includes investment in support for communities to run activities that meet local need, connect people into volunteering opportunities and provide the resources to support the development of resilient
communities, including the development of the Community Book - an online directory of community activities, resources and volunteering.

1.7.7. The programme includes a community assets transfer strategy that allows the community to take control, with a strong package of support and capacity building for community and voluntary groups to confidently manage community buildings.

1.7.8. Wigan has invested in a Community Funding Manager post to build community capacity, strengthen links with external funders and attract other external funding into the borough.

1.7.9. There is a need to consider the local and Greater Manchester system impact of funding decisions for VCSE infrastructure, and the support that it offers to and within localities. Decisions on approaches, priorities and investment in to infrastructure and the representation across local governance structures of the VCSE require a whole system to meet the best needs of the whole place.

1.8. Relationships

1.8.1. LCO review visits and locality conversations have highlighted some key features which influence the effectiveness of relationships in cross-sectoral working arrangements.

- Trust
- Time
- Connecting as people not workers
- Sharing power
- Common values

1.8.2. Positive working relationships between statutory and VCSE sectors are crucial to create solutions to health & social care issues. The recent Kings Fund paper highlights the importance of strong relationships:

- Co-production – sitting down with VCSE organisations as partners and equals – requires strong and mature relationships both within the sector and between the sector and commissioners. These relationships require time and attention to develop and maintain, and leaders of commissioning organisations need to be clearer about the need to invest in relationship-building.

- While the NHS five year forward view outlines a commitment to developing stronger partnerships with VCSE organisations as part of a ‘new relationship with patients and communities’, in many areas commissioners are not prioritising these relationships.

1.8.3. There are some examples of programmes and practices that are supporting the development of robust cross sector relationships
1.9. Manchester systems leadership

1.9.1. Manchester identified a need to work differently across sectors, supporting leaders to work in new ways together. The aim was “To redefine what it means to be a leader within the system with a focus on how we lead when we’re not in charge, and how we lead across sectors and outside of our usual organisational boundaries. To think about the behaviours and skills that leaders need to work collaboratively that are based on relationships and trust, with less of a focus on hierarchy, status and job title.”

1.9.2. Manchester chose to take Systems Leadership approach. Systems Leadership is a collaborative and distributed style of leadership, where everyone has an equal contribution to make. They felt a partnerships approach was absolutely essential. It was developed by creating spaces to discuss ideas and connect around shared purpose and values that weren’t tightly constrained by a pre-determined set of outcomes. A series of masterclasses were held to introduce new ideas. These were followed by informal gatherings and a party in a pub to develop relationships and discuss ideas about how people could practically work together.

1.9.3. This approach was intended to change the culture of how people work together and how people think, rather than a series of short term projects. Things now feel different in South Manchester. People have made numerous small changes that really add up once combined and continue to grow.

1.9.4. Stockport sector networking

1.9.5. In Stockport this work is being catalysed and invested in by a variety of partners and sectors. There has been significant and diverse VCFSE leadership in this work including pro-active networks such as Sector 3, Synergy and faith-based working, collaborative activity around social enterprise and ethical business development, and formal alliance commissioning relationships. Stockport Council’s leadership support and councillor’s support for new initiatives and dialogue to address shared priorities has been valued including the commitment to a new community investment fund.

1.10. Oldham communities thriving programme

1.10.1. Oldham’s Thriving Communities Programme is the framework for the significant engagement with the VCFSE in relation to HSC transformation. Having secured a ‘community connector’ resource within the pilot Cluster area the aim, through further funding is to roll it out to all 5 Clusters.

1.10.2. Action Together work closely with VCSE partners, the Thriving Communities Team and Health and Social Care leads to co-design the full social prescribing offer in Oldham. There are three VCSE representatives on the Thriving Communities delivery Group and three different representatives on the GM Leadership training being piloted at Locality level.
1.10.3. Action Together and the Thriving Communities Team have facilitated co-design events to develop the concept a vehicle for strategic collaborations across public and VCFSE organisations; this is now being developed further. The working title for this collaborative leadership approach is being described as the Thriving Communities Hub and resources allocated to employ a Thriving Communities Hub strategic lead to develop this further in partnership with key stakeholders, especially with the VCSE

1.11. **The Wigan Deal**

1.11.1. Wigan has a vibrant and flourishing voluntary and community sector, enhanced by investment and commitment through ‘The Wigan Deal’ developed by Wigan Council.

1.11.2. The Wigan Deal is a shared commitment which underpins and defines how the public sector works with individuals, communities to grow local assets and promote resilient communities. The local context sets the principles and approaches for a new relationship with the voluntary, community, and social enterprise sector, whereby they are key to achieving a set of shared goals and outcomes for the borough.

1.11.3. In the context of this shared approach, ‘The Deal for Communities’ programme has been developed working in partnership with tenants, residents and the community and the voluntary sector, and is less about doing things to and for residents and more about creating the capacity, interest, expertise and enthusiasm for individuals and communities to do things for themselves.

1.12. **Salford Leadership Leaders**

1.12.1. In Salford the VCSE have equal status in leadership arenas. The CEO of Salford CVS was invited to take part in the bi-monthly leaders lunches alongside the City Mayor, CEO of Salford Council, Chief accountable officer & Chair of Salford CCG, CEO of Salford Hospital Trust, Vice chancellor of Salford University, Principle of Salford College and CEO of Salford Homes. These meetings not only represent the sharing of power but also support the investment of time to build strong relationships both informally (over lunch) and formally when discussing business. The development of these strong relationships has led to swift cross sector responses including in times of crisis such as Boxing Day Floods 2015.

1.12.2. When time is invested to build strong personal relationships, discover shared values and connect as people first and then decision makers, there is evidence to show the positive impact it has on developing lasting and powerful relationships.

1.13. **Examples of Partnership Agreements**

1.13.1. Chapter 2 of the *5 Year Forward View* outlined the need for stronger partnerships with charitable and voluntary sector organisations if we were to meet the goals of NHS reform in the 21st century. It discussed the broad range of services offered by VCSE organisations, its ability to reach people & populations often underserved by
other parts of the system, its in-depth knowledge of the needs of its services users – vital to commissioners, as well as its impact “voluntary organisations often have an impact well beyond what statutory services alone can achieve”.

1.13.2. Some localities have used the GM MoU successfully as a basis for discussions around a more formal locality partnership arrangement between Statutory and VCSE sectors.

1.14. **Tameside compact**

1.14.1. Tameside Partners are committed to developing a set of commitments about their intention to work with the VCFSE. This is being led by the CEO of the Council through the Health and Wellbeing Board to enable broader system buy-in.

1.14.2. The development of the commitments and the roll out of this has been co-led by CEO of Action Together as VCFSE lead and Director of Public Health. The intention is to have a compact or written agreement but that the focus of our energy should be on the relationships and changing practice to match the intent.

1.14.3. Action Together have been working with the local VCFSE Influencing Group (VSIG) and have 4 leaders from that group on a joint leadership (systems group) to drive the development of the commitments and test these.

1.14.4. The framework for the document has been agreed and gone through local governance structures and the specific objectives under the 3 agreed themes are being drafted by a VCFSE and PS lead team. The three areas are; hearing local voices more directly and more often; a partnership built on trust; investment that matches the ambition.

1.15. **Salford MoU**

1.15.1. In Salford, Voluntary, Community and Social Enterprise (VCSE) leaders have been working with the partner organisations of Salford Together to develop a joint Memorandum of Understanding. This builds from the clear commitment to VCSE activity around prevention and community-led approaches to wellbeing and care described in the Salford Locality and Population Health Plans.

1.15.2. The MOU sets out the shared ambitions, commitments and understanding between the partners, within whom they will work together to maximize the wellbeing and health benefits for the people of Salford, for the period from 1st April 2018 until 31st March 2021. It develops the Salford Together principles of Person-centred, Co-creating, Doing with not for, Self-care, Promoting independence and Just Enough support when needed.

1.15.3. In order to deliver the MOU, Salford will use the VCSE sector’s strengths; including community embedded and personalized approaches, and its diversity, flexibility and ability to innovate. The partners have identified a number of aims and activities which will realize their ambition of truly integrated VCSE and public sector health, care and wellbeing activity.
1.15.4. The draft MOU is currently going through a period of consultation, and it is hoped will be completed and signed in April 2018.

1.16. Partnerships with the Social Enterprise Sector

1.16.1. Social enterprises are businesses that trade for the common good (a social and/or environmental purpose). Social enterprises include co-operatives, mutual and community businesses.

1.16.2. Leading social enterprises in health and social care in Greater Manchester include: Aspire; Big Life; BlueSCI Support; Focused Care; Future Directions; Hope Citadel; Just Psychology; Mastercall Healthcare; Possibilities; the Robert Darbishire Practice; Salford Health Matters; Salford Primary Care Together; Six Degrees; Social Adventures; and Unlimited Potential.

1.16.3. Social enterprise is at the forefront of a new wave of ethical and socially responsible business that can create a more diverse and vibrant economy in Greater Manchester. This is recognised in Our People, Our Place: the Greater Manchester Strategy (2017).

1.16.4. The GM Social Enterprise Network is developing a GM Social Enterprise Strategy in consultation with the main GM agencies. The Strategy has four aims:

- Build a social enterprise movement that is more confident, more coherent, and more wide-reaching.
- Build capability of social enterprise through a combination of investment, business support and leadership development.
- Build dynamic markets that are open to social enterprises and in which they can thrive.
- Build on potential by making the most of assets available to social enterprise – human, physical and virtual.

1.16.5. The GM Social Enterprise Network hopes to engage the GM Health and Social Care Partnership in the development and implementation of the GM Social Enterprise Strategy. This would include developing ways of working with social enterprise and identifying what the health and social care system would do differently to encourage and support social enterprise.