

THE VOLUNTARY SECTOR IN MEDWAY



A REPORT FROM THE VOLUNTARY SECTOR TASK GROUP

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1. Foreword

- 1.1 On behalf of the Business Support Overview and Scrutiny Committee, we are pleased to present this review of the Voluntary Sector to Medway Council's Cabinet. This review was concluded at the end of February 2020 and therefore this report was written before the current coronavirus pandemic took hold.
- 1.2 The Task Group would like to thank all the witnesses who helped it to gather evidence at its meetings, particularly those representing external organisations, as well as the Deputy Leader and Portfolio for Housing and Community Services and the Portfolio Holder for Adults' Services for their willingness to give their views on the Group's initial draft recommendations.

2. Executive Summary

- 2.1 The voluntary, community and social enterprise sector (VCSE) includes local community and voluntary groups, registered charities, foundations, trusts, social enterprises, and co-operatives. They may also be referred to as 'third sector' or 'civil society' organisations. The sector provides a range of services to different groups of service users. VCSE organisations share characteristics in the aims they pursue, and are independent of government. They also reinvest any profit they make to continue to support their aims.
- 2.2 It is vital that our relationship with the VCS continues to ensure Medway residents are supported by them at an early stage. This preventative approach delays or stops the need for residents to receive statutory services, which in turn reduces expenditure.

3. Setting the Context

a) The National Perspective

- 3.1 In 2019 there were 166,854 voluntary organisations in the UK. The sector is dominated by small organisations that operate locally. Eight in ten organisations have an income of less than £100,000.
- 3.2 In 2016/17, the voluntary sector's economy continued to grow and total income went up by 2% to £50.6bn, while spending and assets also increased. The public remains the largest income source for the sector, accounting for 45% (£22.9bn) of its total income. Government remains the second largest income source totalling £15.8bn.
- 3.3 In 2018, 865,916 people worked for voluntary organisations, with more than half educated to degree level or higher.
- 3.4 The reach and impact of voluntary organisations is wide-ranging. Nine in ten UK households have accessed services provided by voluntary organisations at some point, with children and young people remaining the most common beneficiary group. In 2016/17, the sector contributed a total of £17.1bn to the UK economy. The value of volunteering was estimated at £23.9bn in 2016

b) National Guidance on the Voluntary Sector

- 3.5 In 2010 the Government and Compact Voice (the organisation which represents civil society organisations) published a renewed Compact outlining key principles to establish better partnership working between national government and the voluntary and community sector.
- 3.6 The Compact principles are:
- A strong, diverse and independent civil society
 - Effective and transparent design and development of policies, programmes and public services
 - Responsive and high-quality programmes and services
 - Clear arrangements for managing changes to programmes and services
 - An equal and fair society

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/61169/The_20Compact.pdf

4. The Voluntary Sector in Medway

- 4.1 Medway Voluntary Action (MVA) provides infrastructure support and capacity building to voluntary community sector organisations in Medway. A recent survey of its Members (2017/18) showed that the sector felt “more unified than in previous years” and that “organisations recognise the importance of working collaboratively now more than before to ensure their sustainability”.
- 4.2 The survey also revealed diminishing incomes and a greater reliance on volunteers who of course require training, support, supervision and monitoring.
- 4.3 Some of the challenges facing the sector are poor housing, increasing demands on health and social care, poverty and inequality, social isolation and loneliness, and climate change against a backdrop of austerity.
- 4.4 26.5% of respondents were micro organisations with an income of less than £10,000, 31.4% were small (£10,000 to £100,000), 24.1% were medium (£100,000 to £1 million) and 6% were large (£1 million to £10 million). Many of those reporting a high turnover and reach were local branches of national organisations and/or those delivering against large national or local contracts.
- 4.5 Over a third of respondents operated with no permanent staff and two thirds with fewer than five.
- 4.6 In terms of dependence on volunteers, only 8% reported being not at all dependent; 54% said they were completely dependent on volunteers and 38% reported being partly dependent

4.7 The main challenges they faced were:

- Generating income 66%
- Increasing awareness of your organisation 67%
- Lack of staff/volunteer capacity to deliver work 39%
- Recruiting volunteers 39%
- Engaging service users 24%
- Space to work in 14%
- Networking opportunities 13%
- Safeguarding 3%
- Other 4%

4.8 In response to how income was generated, the results showed a broad range of funding sources with a minority generating income from trading but an increase in those charging fees from members. The results also reflected a substantial decrease in those generating income from statutory bodies.

4.9 In terms of how many VCS organisations are known to the Council:

- 930 individual organisations are listed on Medway Voluntary Action's directory publicly.
- 156 Sports clubs are listed on Medway's Sports club directory.
- There are 339 registered charities, 8 registered community sports organisations and 17 registered Community Interest Companies according to their payments to the Council for council tax.

4.10 This means that the number of organisations known to the Council (either directly or through a commissioned provider), that could be accessed in terms of knowing their contact details and purpose is between 930 and 1,450. Of course there are other voluntary organisations not known to the Council operating in Medway.

4.11 In January 2019 a new VCS 'Better Together' Consortium was launched. This partnership represents the lead providers that were successfully awarded contracts with the new VCS framework. The aim is to bring together the VCS in a collaborative way that allows each organisation to remain independent of the other with no legal obligations. The expectation is that providers will work to a common set of values and goals and outcomes.

5. Methodology and Approach

5.1 The Task Group comprised five Members of the Business Support O&S Committee - Councillors Buckwell (Chairman), Etheridge, Maple, Murray and Tejan.

5.2 The Task Group agreed the following key lines of enquiry:

- i) Consider national guidance on building an effective partnership between the statutory sector and the voluntary sector.*

- ii) *Review best practice and learning from elsewhere, including Compacts and sustainable funding models.*
- iii) *Review feedback so far from the Voluntary Sector to the survey commissioned by the Business Support O&S Committee and discuss extension of the survey to other Groups as deemed appropriate plus possible further discussion with those Groups.*
- iv) *Consider the impact of voluntary sector initiatives in Medway reported to the Business Support O&S Committee since April 2018.*
- v) *Review the issues and action identified by the Business Support O&S Committee on 22 August 2019 to further strengthen partnership working between the Council and the Voluntary Sector recognising that work is needed to improve the strategic oversight of commissioning and interaction with the voluntary sector across the Council is beyond social care and health/public health.*
- vi) *In light of the creation of a Medway and Swale Integrated Care Partnership, consider how volunteers could be aligned to support the work of the Partnership to deliver better outcomes for people with long term multiple health problems. Partnership working between the Council and the Voluntary Sector recognising that work is needed to improve the strategic oversight of commissioning and interaction with the voluntary sector across the Council is beyond social care and health/public health.*

6. Summary of evidence collected and findings

a) Feedback from the Sector to Members

- 6.1 In 2019 the Business Support O&S Committee asked for the views from the sector on four questions, via a survey. Following on from that Members of the Business Support O&S Committee heard directly from representatives from Medway Voluntary Action and the VCS Leaders Network. (Appendix 1 sets out the feedback to the survey and also the issues raised by the sector with the Business Support O&S Committee.)

b) Compacts

- 6.2 As well as the national Compact, most local authority areas also have a local compact, although this is not the position in Medway.
- 6.3 Compacts tend to be based on shared values, understanding and mutual respect between the statutory sector and the voluntary and community sector (VCS), for the benefit of residents/communities. Some are aligned with Council priorities.
- 6.4 Compacts typically commit both the statutory and the VCS to achieve principles such as:
- A strong, diverse and independent voluntary and community sector

- Effective and transparent design and development of policies, programmes and public services
- Responsive and high-quality programmes and services
- Clear arrangements for managing changes to programmes and services

6.5 To achieve the agreed principles, many Compacts included the requirement that the voluntary and statutory sectors make some commitments in their processes and practices, and in their thinking and behaviour. Some examples of commitments from Councils are:

- Respect and uphold the independence of Voluntary and Community Organisations (VCOs) to deliver their mission, including their right to campaign, regardless of any relationship, financial or otherwise, which may exist.
- Ensure greater transparency by making data and information more accessible, helping VCOs to challenge existing provision of services, access new markets and hold the statutory sector to account.
- Recognise that the VCS has a role to play in developing and shaping services and policy through co-design and co-production and provide opportunities for the VCS to do so.
- Work to a published funding or commissioning framework that is corporately agreed across their organisation when working with voluntary and community sector organisations.
- Encourage feedback from a range of sources on the effectiveness of the statutory sector's partnership with VCOs and how successful it has been in delivering their objectives. Consider placing this feedback in the public domain.

6.6 Some examples of commitments for the voluntary sector include:

- Raise awareness of the impact that voluntary action and volunteers have on individuals, local communities and the wider VCS.
- Be open to hearing about performance issues with your service and take appropriate action as early as possible.
- Proactively engage in the commissioning process providing information and advice about communities and individuals.
- Take active leadership in developing and shaping services and ensuring service users are involved in the co-production process.

6.7 Often there has been substantial input from the VCS as well as key partners, including the police, fire services and NHS.

c) Funding Options

6.8 The Task Group has looked at the results of desktop research into funding models in other parts of the country (see Appendix 3) and also discussed this issue with the National Council for Volunteering Organisations (NCVO).

6.9 The NCVO's view is that a completely sustainable funding model is unrealistic and it is more a case of finding the most sustainable model possible. Some councils have aligned funding for the VCS to their strategic objectives, which sends a message to the sector that they are valued by the Council. Other Councils have

used the Social Value Act to improve the social impact of their procurement activity and consulted with the VCS and residents on what social value aspects should be built into contracts and how this could be measured. Some areas had a 20% weighting on social value built into contracts. The NCVO feel that the Social Value Act could be used to generate significant cost savings and more responsive services.

d) Integrated Care Systems and Social Prescribing

- 6.10 The NHS Long Term Plan sets an expectation that Integrated Care Systems will be established across the country by April 2021, which will increasingly focus on population health. The vision is one of joined-up services and a system built around collaboration rather than competition.
- 6.11 The Plan calls for a 'fundamental shift' in the way that the NHS works alongside patients and individuals. As part of this shift, there is a focus on personalisation which means referrals to social prescribing schemes will increase. Social prescribing is a vehicle to improve the health and wellbeing levels of residents. Voluntary and community sector partners are essential to its success and can help NHS resources go further. However, it is vital that resources follow the patient and that the voluntary sector can continue to respond to an increase in referrals from GPs and other clinicians.
- 6.12 As recommended by the Task Group on Social Isolation the Cabinet has supported the development of social prescribing in Medway and of an associated directory of services and has agreed that this work be promoted across the Council to enable staff to signpost isolated individuals to appropriate support.
- 6.13 The Council works with Simply Connect and Medway Voluntary Action to deliver a social prescribing service in Medway to support residents to live healthier, happier lives. There are a wide range of activities involved, including physical activity, arts and a wide range of other social groups, mainly provided by the voluntary and community sector.
- 6.14 The development of an integrated care system for Kent and Medway and the creation of an integrated care partnership for Medway and Swale and Primary Care Networks will mean that health and care resources will be more aligned and focussed on place-based solutions. Whilst a Compact should support the development of relationships with some elements of the voluntary sector, it will not on its own of course, solve the funding issues that some voluntary sector organisations are experiencing as the vast amount of funding in the future that will be made available to deliver increased capacity for population health management, will come from the NHS and related interventions. There is a need to consider ways in which the local VCS can be effectively developed and aligned to future social prescribing initiatives.

e) External Funding

- 6.15 The Task Group fully supported the recent bid by the Council for funding from the Government's Shaping Places for Healthier Lives fund, amounting to £100k each year for 3 years. This programme aims to create the conditions for better health by

funding local partnerships to take system-wide action on the wider determinants of health. Unfortunately, the Council's bid was not successful and Medway was not one of the 10 authorities to proceed to the next stage.

- 6.16 However, the Council has since registered its interest in another external fund, the King's Fund and The National Lottery Community Fund (TNLCF). This fund is looking to support genuine partnership-working in local areas between the voluntary and community sector, the NHS and local authorities to improve the health and wellbeing of local communities. The Healthy communities together programme will offer up to £3 million of grant funding and £850,000 of leadership development support to place-based partnerships.

f) Access to S106 Contributions

- 6.17 As suggested by the sector, the Task Group have looked at what mechanisms would need to be in place to enable the Voluntary and Community Sector to access S106 contributions.
- 6.18 The Medway Guide to Developer Contributions allows the Council to set conditions on planning permissions or seek to enter into a legal agreement with developers to provide, amongst other things, new community facilities where the need for these arises directly from the development concerned. Provision is sought in proportion to the size and nature of the individual development, and takes into account the existing pattern of provision and capacity in the locality.
- 6.19 Community facilities such as community centres, village halls and meeting rooms are an essential part of a sustainable living environment promoting general well-being amongst members of the local community and facilitating community cohesion. Community facilities can be provided by many different types of community groups, community centres, village halls, churches and other places of worship, local associations etc. When major planning applications are received, community facilities of all types in that particular area will be reviewed and contributions requested for the most appropriate to the development. The current rate of developer contribution for community facilities is £183.24 per dwelling (which is index linked annually).
- 6.20 At present there is no mechanism for the VCS to suggest to the Council where S106 contributions could be used to create new community facilities. Following discussions with the VCS about this matter the Task Group are recommending that the planning team operate a pilot whereby the VCS Better Together Consortium would be the point of contact for seeking the views of the VCS on where S106 contributions could be used for community facilities. Ideally the pilot should run in respect of two different sites, including one where not much development was planned. This would show whether the VCS were able to respond within the short timescales involved and whether the information they provided was understood by the developer.
- 6.21 The VCS locally have suggested the creation of a Strategic Liaison Group using the Better Together Consortium, a partnership commissioned by the Council, consisting of Medway CAB, MVA, Healthwatch Medway, Carers First and KAB, to act as a strategic liaison group to work with the Council to co-produce and pilot a

model for creating mechanisms for the wider VCS to advise on where S106 contributions could be allocated for community facilities.

- 6.22 The Task Group have discussed with the VCS whether they have the capacity to respond with comments within the 21 day period. The VCS feel that this is achievable and the model can work virtually if needed. However, the VCS feel this would need to be front loaded in order to make this proposal work.

g) Social Value and Procurement

- 6.23 The Public Services (Social Value) Act 2012 requires the identifying of additional social value outcomes, regardless of the service provider. Social value is the term used to describe the *additional value* created in the delivery of a service contract which has a wider community or public benefit.
- 6.24 The Act places a duty on commissioners in councils, the NHS and other public bodies across England and Wales to consider how they might improve the economic, social and environmental wellbeing (the "social value") of an area when they commission and procure public services.
- 6.25 These bodies must consider the social good that could come from the procurement of services, before they embark upon it in relation to contracts above EU procurement thresholds. The threshold for social and other specific services, has been £589,148 since 1 January 2016. [Guidance from the Cabinet Office](#), however, makes clear that a social value approach can be taken below these thresholds, and is encouraged.
- 6.26 The Act allows authorities, for example, to choose a supplier under a tendering process who not only provides the most economically advantageous tender, but one which goes beyond the basic contract terms and secures wider benefits for the community.
- 6.27 The Act *does not* apply to:
- Service contracts awarded by 'calling off' from a framework: A framework agreement is a general term for agreements with providers that set out terms and conditions under which specific purchases ('call-offs') can be made throughout the term of the agreement
 - Contracts which fall below EU procurement thresholds
 - Mixed services, goods or works contracts, where services are of less value or less incidental to the main purpose of the contract.
- 6.28 However, the Council has decided to apply the Act to almost everything that it procures, including works
- 6.29 The Act's guidance makes clear that the legislation is enabling and intentionally flexible so that authorities and communities are able to agree a local definition of social value suited to the needs and priorities of the local area.

- 6.30 One of the main aims of the Act was to rebalance a public services provider market that often favours big organisations with the resources and capability to submit bids. Councils are required to put a value on the knowledge, expertise and local connections of smaller, community-based VCS organisations in the hope that they stand a better chance of winning contracts.
- 6.31 At present the Council asks bidders how they can deliver social value but this question is phrased in a very broad way and there is no definition of what is meant by social value. An alternative would be for the Council to specify what social value elements it wished to achieve through a contract and then ask bidders how they could help to deliver this.
- 6.32 The VCS is in a good position to deliver social value but a key question is how this can be articulated, something which a Social Value policy would help address. The Task group have heard that the VCS would benefit from more support and guidance from the Council to help submit a good social value offer. There is also a role for the Council in ensuring that the private sector, who are typically better placed to submit bids, show how they are able to support the VCS.
- 6.33 The Task Group concluded that the Council would benefit from having a social value policy. This would, amongst other things, define what the Council means by social value, encourage a more favourable environment for voluntary sector organisations, as well as providing a much higher level of direction to both suppliers and officers involved in the procurement of goods and services.

h) Single Point of Contact

- 6.44 The VCS have asked if the Council could consider establishing a single point of contact to liaise with the sector in Medway. The Group feel this would be a positive development and are not unduly concerned about which Directorate should host this post as the person carrying out this role would inevitably need to work across directorates and draw upon support from across the Council for advice and support. The Group are conscious of the possible need for extra resources to be committed to fund this position and also develop and oversee the proposed Compact.

8. Recommendations

1. **That Cabinet agrees that a Compact between the Council and the VCS be developed.**

(The Government and Compact Voice (the organisation which represents civil society organisations) have agreed a Compact which outlines key principles which establish better partnership working between national government and the voluntary and community sector. Many Councils have drawn up a local Compact with the VCS.)

2. **That Cabinet be recommended to:**

- a) **address the issue of sustainable funding for the wider voluntary sector as part of developing a Medway voluntary sector compact;**

- b) **seek assurance that the Integrated Care Partnership Programme Board deliver the new model of care stated in the STP Case for Change, factoring in the capacity challenges of the voluntary sector from expanding programmes such as social prescribing, and;**

- c) **ask the Partnership Board to work with other existing and emerging organisations (such as Primary Care Networks) to co-design a sustainable model to realise the potential that the voluntary sector brings to the health and social care system and provide updates to the Health and Wellbeing Board that this is progressing.**

(This is in response to feedback from the VCS about the need for a sustainable funding model for the sector and the role of the VCS in delivering social prescribing.)

3. **That, subject to the evaluation of a pilot scheme, Cabinet agrees in principle to seek the views of the VCS on possible schemes which could be funded from S106 contributions allocated for community facilities.**

(The current rate of developer contribution for community facilities is £183.24 per dwelling. The Task Group also wish to see ward councillors consulted as part of this process.)

4. **That Cabinet identify resources to establish a single point of contact for the VCS, potentially located in public health where responsibility for VCS commissioning will sit.**

(The VCS had asked the Council to consider having a single point of contact to better facilitate communication with the sector. The single point of contact would be able to draw upon support from across the Council for advice and support in fulfilling this role.)

5. **That Cabinet be recommended to agree a Social Value policy which sets out the Council's approach for achieving meaningful Social Value from its suppliers.**

(This will define what the Council means by social value, encourage a more favourable environment for voluntary sector organisations, as well as providing a much higher level of direction to both suppliers and officers involved in the procurement of goods and services.)

**Feedback from the voluntary sector to the Business Support
Overview and Scrutiny Committee**

a) Feedback to a survey commissioned by the Business Support O&S Committee

Question 1: How do you view the current financial sustainability of the Voluntary and community sector in Medway as a whole?

There was a wide range of responses from the 40 organisations that participated in this question, ranging from poor to good. However, the vast majority was a negative response, with language such as poor, fragile, vulnerable and challenging the most common response. The overall message was that there is genuine concern for the long term sustainability of the organisations involved and the sector as a whole. The survey suggested the situation was particularly hard for smaller organisations.

The rationale offered was due to a distinct lack of funding available for the sector, but increasing costs. When funding has been available the short term and non-reoccurring nature of the funds was cited as an issue, along with competition between the sectors for any available finance.

Once again smaller organisations were cited as being at most pressure as they particularly lacked the resource and sometimes financial skills to make successful bids.

Question 2: How would you assess volunteering levels within the Sector?

The sector again had a wide range of responses to this question but a much more even split with equal number rating the levels poor, ok or excellent. A number of references were made to smaller organisations and specific community groups finding it harder to recruit, than larger national charities.

Barriers to volunteering that were identified include increase paid working hours and more older people providing childcare for grandchildren, reducing the amount of people available to volunteer. Another barrier was also the potentially lengthy sign up process to become a volunteer, this includes processes such as DBS checks and statutory training.

There was a need stated for the council and other public bodies to better acknowledge the crucial role that volunteers play and consider how they can better support them and their organisation, with suggestions like free training. Suggestions also include council workers offering volunteering time and better promotions of volunteering opportunities.

Question 3: How would you assess the current relationship between the Voluntary and community sector and Medway Council?

There was a wide range of feelings about the relationship between the sector and the local authority, ranging from poor to a couple rating it as excellent. The balance of response is very mixed, with suggestions that the relationship is quite inconsistent between individual

departments and part of the organisation and the wider sector. There are some excellent partnership working examples given and some suggestions of how the relationship can be improved. An example of this offered was the VCS Better Together Consortium, and the Rough Sleeper Initiative.

Barriers to a productive relationship include a high staff turnover at the council making it hard to build trust and establish close working, the council being slow to make decisions. Two sector organisations also stated the need for the sector itself to consider how they can best grow this relationship and consider their own leadership skills and experiences.

A significant number of responses also indicated that organisations felt a sense of frustration that the work they did was not necessarily valued nor was the sector understood. Suggestions to improve this include improving communications, engaging the VCS in more decisions and establishing a more formal commitment to work better together. This would help all parties to ensure the VCS was in the best possible position to support residents in the local system.

Question 4: What can Medway Council and other public agencies do, to better support the sector to deliver its objectives?

Suggestions included:

- Establish a sustainable funding model for the sector.
- Establish a formal document to demonstrate the council's commitment and Recognition of the sector and a commitment to working together.
- Ensure all future VCS contracts are not short term and consider how local Organisations can be prioritised.
- Support with recruiting new volunteers.
- Support organisations with free training.
- Establish ways to ensure small organisations are better supported, potentially with a mentoring service.
- Consider a single officer contact to better facilitate communication with the Sector.
- Allow the sector to benefit from the council's buildings and outside spaces.
- Ensure future strategies and plans are co-designed with the sector.
- Review business rates and provider assistance with other overhead costs.
- Facilitate internal communications within the council so more employees know about the sector and individual organisations.
- Support VCS organisations events and attend activities.
- Introduce feedback loops with the council and sector so both can stay updated with their relative progress.

b) Issues and suggestions made by the voluntary sector at the meeting of the Business Support O&S Committee in August 2019

- Maximise assets to bring in extra funding.
- Use the City of Culture Bid as an opportunity to galvanise local engagement, increase funding and improve the health and wellbeing of the area.
- Re-think the funding of the sector and how commissioning works.

- Look at different models in other parts of the country which had led to more responsive services, a reduction in long term costs and greater investment in the local economy. See what might work in Medway.
- As it can be difficult for smaller charities to bid for contracts, they could work collaboratively to bid for larger contracts/apply for grant funding.
- Various suggestions made in response to how sector could better access resources, reach more people and provide a more modern service in fit for purpose premises:
 - community asset transfers
 - contracts to have a social value element built into them to lever in funds
 - S.106 agreements
 - Future High Street funds - possible opportunity to make venues available for communities and the VCS.
 - Some councils had made space available for charities in their community centres.
 - Look at stresses around the end of a contract and the start of a new contract.
 - Council should look at how it can help, at minimal cost, the sector achieving the financial returns that can result from investing in volunteers. EG allow volunteers to access training and help with safeguarding checks.
 - Agreement or compact between the Council and the VCS.
 - Council could commit to expediting any complaints that a charity has not been paid by the Council in a reasonable time. *(NB the Chief Finance Officer has confirmed that he will look into any claims that a charity had not been paid by the Council in a reasonable time.)*
- How ensure sector receives funding for social prescribing referrals?
- Establish a single officer point of contact for the VCS
- Use Medway Matters to raise awareness of the VCS

Local Compacts elsewhere

Kent County Council - after a period of Compacts being developed in Kent at county, district and local level, in January 2009 a single Kent Partners' Compact was launched to establish consistency in the relationship between the public and the voluntary sectors. The renewal of the National Compact in December 2010 was recognised within the refreshed Kent Partners' Compact published in 2012.

However, the County Council are currently consulting on a draft Civil Society Strategy for Kent. This will sets out the relationship the Council wishes to have with the 'social sector', voluntary, community and social enterprise sector going forward and the role of civil society in Kent. The strategy also makes a commitment to the Council's future offer of funded support to the sector (infrastructure support) and proposes to replace the Kent Partners Compact with this strategy.

Bexley LBC agreed a [Connected Communities Strategy](#) in 2019, committing to 5 year funding agreements with local voluntary community sector strategic partners.

Camden LBC agreed in December 2015 a [new relationship with the voluntary sector](#) based on three objectives:

- Increase the opportunities for VCS expertise and knowledge to inform the design and delivery of services, in order to improve outcomes for residents.
- Maximise the use of property assets, including the 101 Council-owned premises occupied by the VCS, to better deliver services and to encourage sharing of space.
- Build resilience in communities by collaborating to make the most of the added social value which the VCS brings, including attracting new funding into the borough.

Greenwich LBC agreed a [Voluntary and Community Sector Strategy](#) in September 2017 and committed to:

- Support closer working with the VCS and other partners to ensure better co-production of service delivery, funding and commissioning models.
- Improve collaborative working to continue to tackle poverty and inequality, mitigate the effects of budget reductions and provide skills, further education and jobs in the local economy.
- Create an environment for the VCS to work independently and together with partners in the public and private sector to better meet local priorities.
- Create an environment where the social capital of volunteers is supported, recognised and celebrated.

Funding Options

Greater Manchester

An [Accord](#) between the Voluntary, Community and Social Enterprise Accord and the Mayor and the Greater Manchester Combined Authority was agreed in 2017 for an initial 5 year period. 100 VCSE organisations co-signed the Accord which is a framework to deliver a vision to reduce inequalities

The VCSE sector committed to support residents, share knowledge, find new solutions, align resources to achieve common goals, refresh social value policy, develop social enterprise strategy and develop volunteering strategy.

The Combined Authority and Mayor committed to create new partnerships, encourage peoples' voices, engage the VCSE sector when designing strategies, develop investment approach for long term core funding, prioritise VCSE agencies in the area, and commit capacity building funding to develop an action plan

GM Social Investment funds offer affordable and accessible social investment aimed at small and very small social enterprises and charities that trade, including new organisations. There is a mixture of grants and loans designed for organisations who have the potential to add more value to their local communities and grow their social impact.

Wellbeing Exeter

[Wellbeing Exeter](#) is a partnership of public, voluntary and community sector organisations who have come together to explore better ways of supporting the 40% of patients who visit their GP with socially based rather than medical problems. The approach offers social prescribing, *in combination* with asset-based community development to provide firm foundations to enable individuals and communities to improve and promote their own health and wellbeing.

Bristol Community Adult Health Services

In September 2019 Sirona Care and Health was awarded a £1 billion contract to provide adult community services across Bristol, North Somerset and South Gloucestershire The CCG has stipulated that 3% of the budget has to be used to fund VCSE services, amounting to around £3 million per year over the lifetime of the contract.

Community Kick-Start: Bristol Ageing Better

This offers micro-funding to support the development of new activities that enhance community contributions and reduce isolation in younger people.

East Sussex

The approach in East Sussex looks at more social issues linked to the Social Value agenda – with a view to having a platform that allows those looking to secure public sector contracts to add Social Value by linking to identified needs in communities.

Wakefield

[LiveWell Wakefield](#) is a social well-being service for adults in need of information, advice and support in coping with everyday life. Key areas of work include help coping with long-term conditions and referring people with social, emotional or practical needs to a range of local services, often provided by the voluntary and community sector. The service also offers self-help courses and workshops. A small grants micro-commissioning model has been developed and £131k funding allocated by programme to the CVS.

Rotherham

Voluntary Action Rotherham (VAR) is the contract body and acts as the single point of contact. A team of 11 includes 8 link workers who work at VAR as well as GP practices. Funding comes via the CCG and is part of the Better Care Fund. Approximately 56% of funding is used to deliver VCS services. Services are commissioned from the VCS through service level agreements, spot purchases and grants.

North Tyneside

North Tyneside Clinical Commissioning Group has developed a new Voluntary and Community Sector grant fund in recognition of the important role that voluntary and community organisations can play in improving health and wellbeing outcomes for the local population. This scheme seeks to fund organisations that have a track record of working in North Tyneside to deliver against the following priority areas:

- Promoting wellbeing and preventative healthcare
- Promoting self-care and self-management
- Reducing health inequalities.

The CCG will be awarding a maximum of £500,000 per year in large and small grants.

Diversity impact assessment

TITLE <i>Name/description of the issue being assessed</i>	Voluntary Sector Task Group Report
DATE <i>Date the DIA is completed</i>	4 June 2020
LEAD OFFICER <i>Name and title of person responsible for carrying out the DIA.</i>	Scott Elliott, Head of Health and Wellbeing Services
1	<p>Summary description of the proposed change</p> <ul style="list-style-type: none"> • <i>What is the change to policy/service/new project that is being proposed?</i> • <i>How does it compare with the current situation?</i> <p>The Task Group have made a number of recommendations aimed at helping the voluntary sector by strengthening the relationship between the Council and the sector, examining the issue of sustainable funding and using some of the tools already available to the Council (i.e. S106 contributions and procurement) to provide additional funding and resources for the sector.</p>

2 Summary of evidence used to support this assessment

The Task Group has considered national Guidance on Building Partnerships between National Government and the Voluntary and Community Sector (VCS), best practice and learning from other areas, feedback from the Sector to date and initiatives involving the sector reported to Business Support O&S Committee. Members heard from the Head of Planning and the Council's S106 Officer on the issue of S106 contributions and community facilities; discussed with the Head of Category Management how the Council approaches social value in procurement; held round table discussions with the Independent Chair of the VCS Leaders' Network, the National Council for Volunteering Organisations and a representative of the VCS Better Together Consortium.

In 2019 the Business Support O&S Committee asked for the views from the sector on four questions, via a survey. Following on from that the Committee heard directly from representatives from Medway Voluntary Action and the VCS Leaders Network.

3 What is the likely impact of the proposed change?

Is it likely to :

- *Adversely impact on one or more of the protected characteristic groups?*
- *Advance equality of opportunity for one or more of the protected characteristic groups?*
- *Foster good relations between people who share a protected characteristic and those who don't? (insert ✓ in one or more boxes)*

Protected characteristic groups	Adverse impact	Advance equality	Foster good relations
Age		✓	✓
Disability		✓	✓
Gender reassignment			
Marriage/civil partnership			
Pregnancy/maternity			
Ethnicity		✓	✓
Religion/belief			
Sex			
Sexual orientation			

Socio-economic disadvantage		✓	✓
<p>4 Summary of the likely impacts</p> <ul style="list-style-type: none"> • <i>Who will be affected?</i> • <i>How will they be affected?</i> 			
<p>It has not been identified that the recommendations in this report will have a negative impact on any protected characteristic.</p>			
<p>5 What actions can be taken to mitigate likely adverse impacts, improve equality of opportunity or foster good relations?</p> <ul style="list-style-type: none"> • <i>Are there alternative providers?</i> • <i>What alternative ways can the Council provide the service?</i> • <i>Can demand for services be managed differently?</i> <p>N/A</p>			
<p>6 Action plan</p> <ul style="list-style-type: none"> • <i>Actions to mitigate adverse impact, improve equality of opportunity or foster good relations and/or obtain new evidence</i> 			
<p>7 The recommendation by the lead officer should be stated below. This may be:</p> <ul style="list-style-type: none"> • <i>to proceed with the change, implementing action plan if appropriate</i> • <i>consider alternatives</i> • <i>gather further evidence</i> <p><i>If the recommendation is to proceed with the change and there are no actions that can be taken to mitigate likely adverse impact, it is important to state why.</i></p>			
<p>To proceed</p>			
<p>8 Authorisation</p> <p><i>The authorising officer is consenting that:</i></p> <ul style="list-style-type: none"> • <i>the recommendation can be implemented</i> • <i>sufficient evidence has been obtained and appropriate mitigation is planned</i> • <i>the Action Plan will be incorporated into service plan and monitored</i> 			
<p>Authorising Officer James Williams</p>			
Date	16 June 2020		

