



Using Grants and Contracts with VCSE supporting the NHS

Workshop 30 January 2023



Joining the dots across health and care

Outline of Workshop

The workshop is not designed to offer a pre-packaged solution for systems but to stimulate thought and consider opportunities. Discussions will include:

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Grants

- What is and what is not a Grant
- Why would you want to use a Grant
- Grant Funding
- How would you make a Grant happen
- Thinking about the paperwork

Contracts

- Contract management considerations
- Contract forms
- Example adaptations – Governance arrangements

What is a Grant?

Go to www.menti.com

Use code: 8645 9600

The Regulatory Bit



National Health Service Act 2006

Legal powers of CCGs (now ICBs) to award grants to the voluntary and community sector

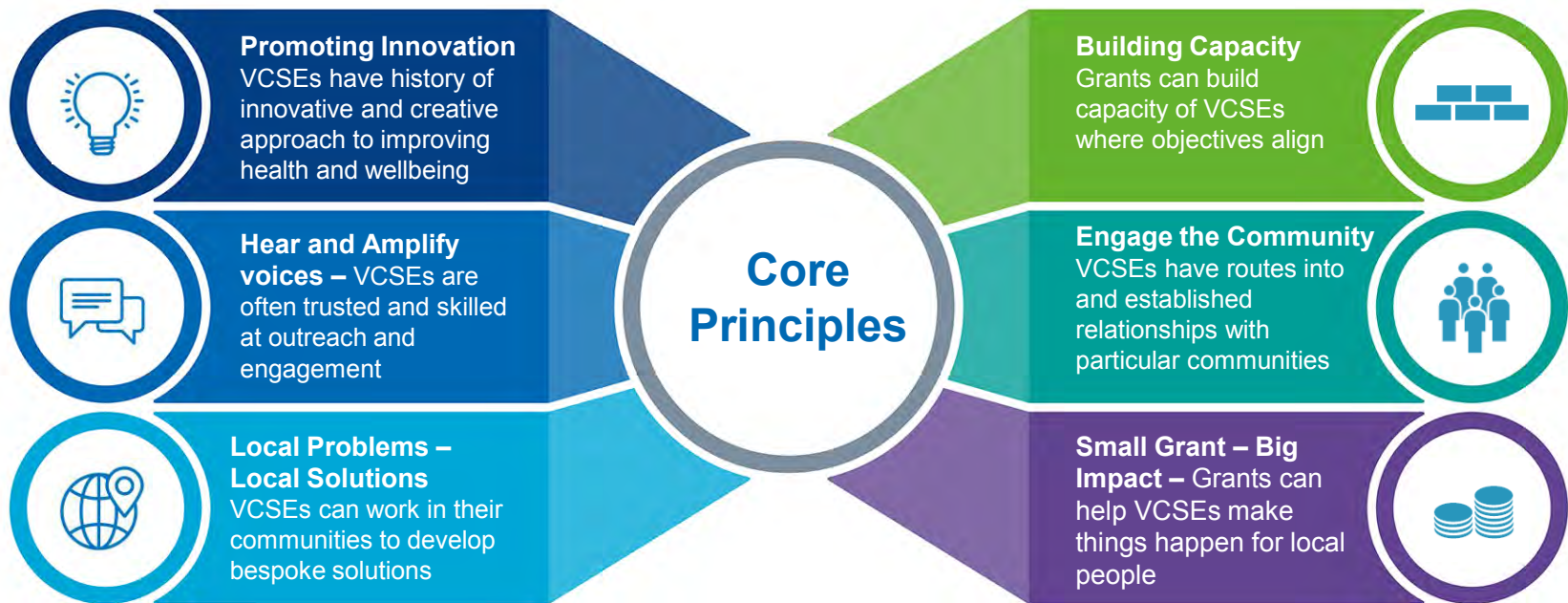
Section 14z6 of the NHS Act 2006 (inserted by section 26 of the Health and Social Care Act 2012) gives CCGs legal powers to award grants to voluntary and community organisations as follows:

- 1) A clinical commissioning group may make payments by way of grant or loan to a voluntary organisation which provides or arranges for the provision of services which are similar to the services in respect of which the group has functions.*
- 2) The payments may be made subject to such terms and condition as the group considers appropriate.*

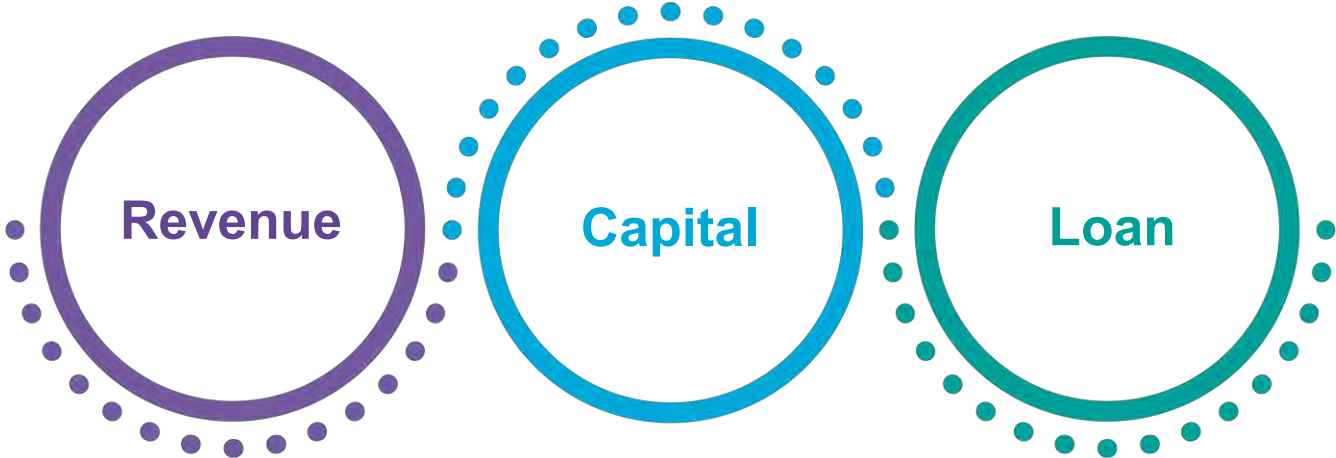
Grant Funding is **NOT** subject to Public Contracts Regulations procurement rules but authorised bodies **SHOULD** demonstrate transparency, fairness and in some instances selection or justification for non-competition

Why would we want to use Grants

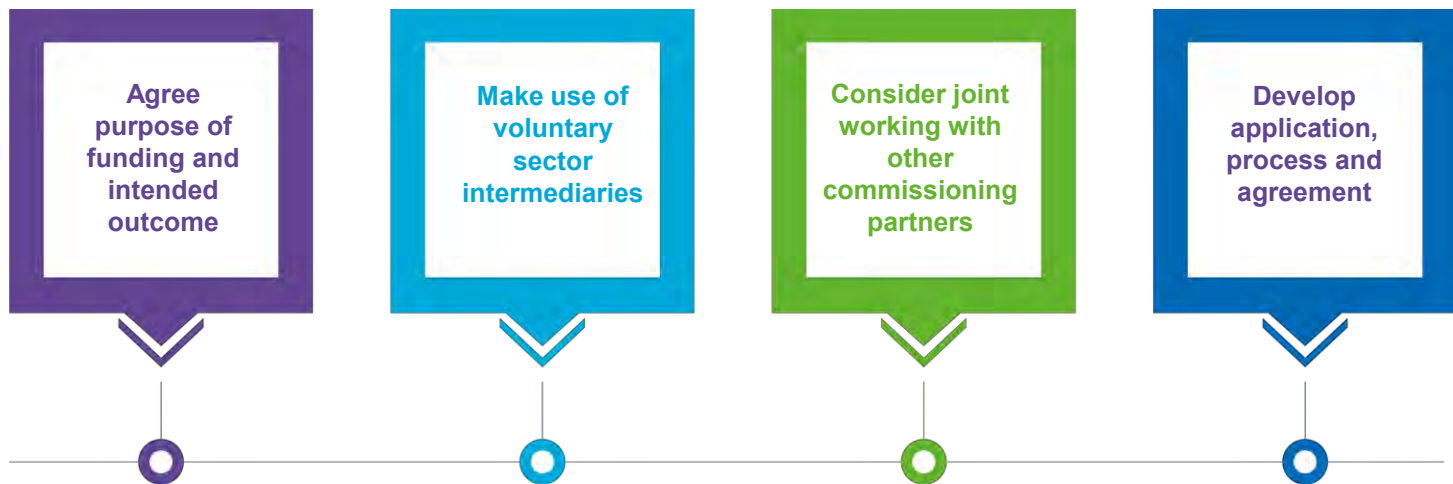
Grant funding is a vital part of the funding mix with a local health system and allows focus and ability to respond to needs of patients and public and target health inequalities



Types of Grant Funding



Some practical steps to making Grants happen



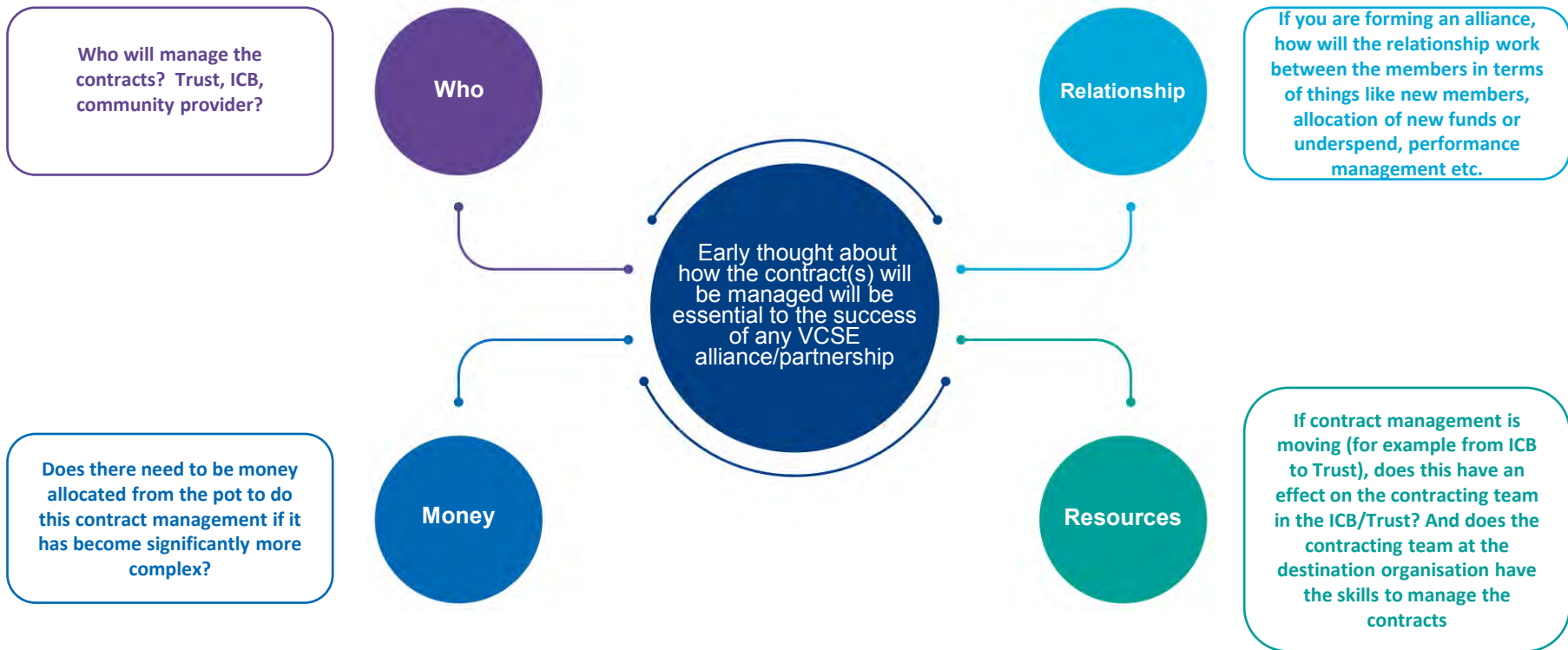
The Paperwork

- Why should we use a formal agreement?
- What does it cover
 - Scope
 - Rules of the grant and reporting
 - Third party funding
 - Standards & Conduct
 - Safeguarding
 - Repayment rules
 - Term and termination
 - Dealing with assets
- The schedules
 - The project and details of assets
 - The money
 - Copy of any proposals



Understanding your Contracting Options

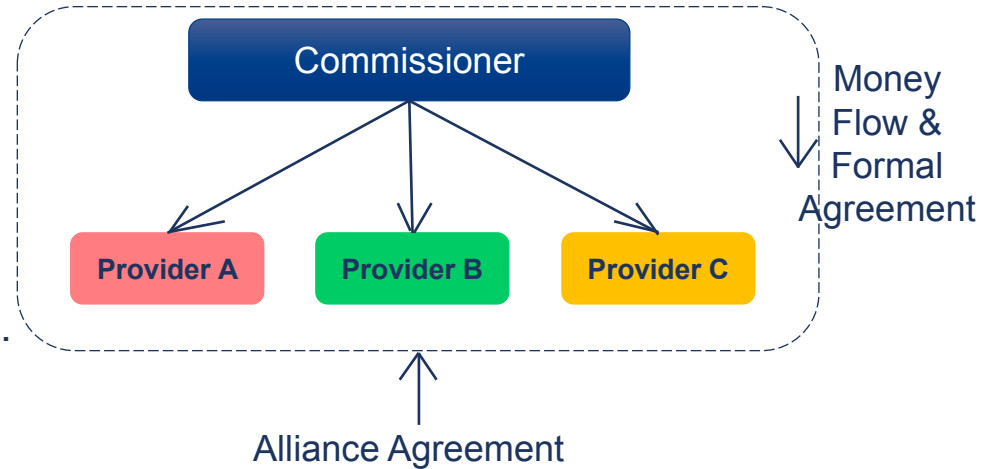
VCSE Alliances - Contract Management Considerations



Alliance Contracting with the NHS Standard Contract

Features:

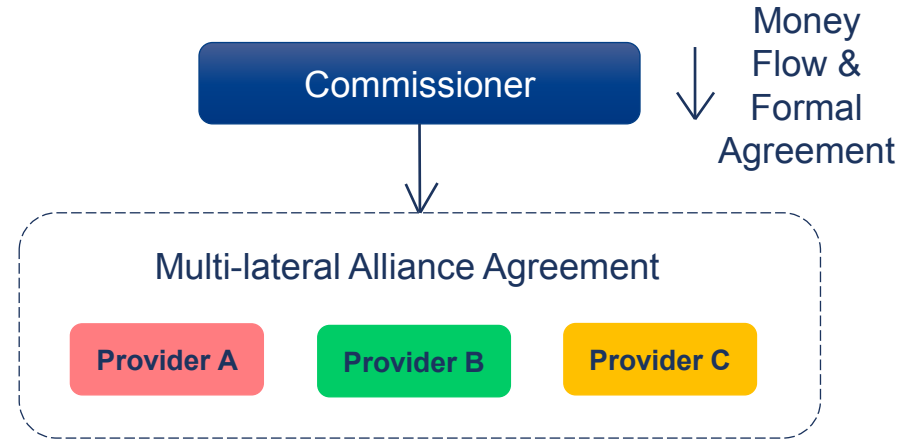
- Commissioner has contracts with all providers.
- Providers have an Alliance Agreement setting out their collaboration responsibilities, and act in a 'best for service' principle.
- Normally agreement set on a equal status footing but may be possible to allocate one provider may take a greater leadership role.
- Providers jointly manage Agreement performance/development targets and monitor outcomes in all services
- Options for pain/gainshare options
- Providers ALL provide care



(Proper!) Alliance Contracting (not possible with the NHS Standard Contract)

Features:

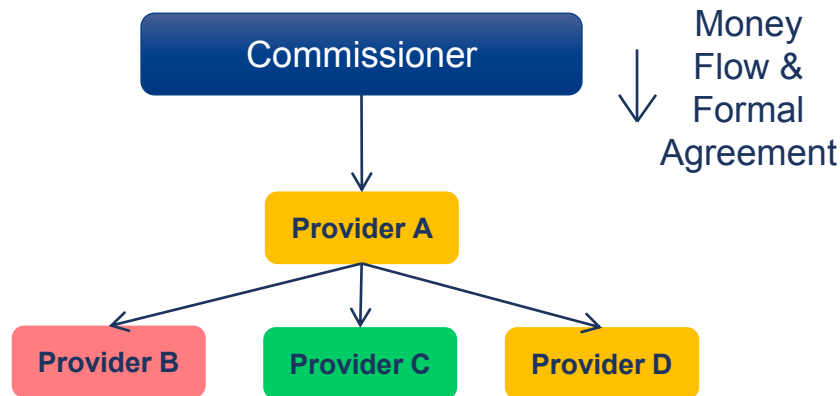
- Commissioner has a single multi-lateral Alliance contract with all providers.
- The single Alliance agreement sets out the collaboration responsibilities
- Normally agreement set on a equal status footing but may be possible to allocate one provider to take a greater leadership role.
- Providers jointly manage Agreement performance/development targets and monitor outcomes in all services
- Options for pain/gainshare options
- Providers ALL provide care



Prime Contractor - Integrator

Features:

- Commissioner has one contract, specifying desired outcomes.
- Integrator subcontracts with all providers necessary to provide pathway.
- Integrator is performance managed by Commissioner, and, in turn, performance manages all the providers.
- Financial risk sits with integrator to be flowed down to the Providers as appropriate under sub-contracts.
- Integrator MIGHT provide care and will look to recover its management/risk based costs for delivering the model.



Aligning the Contract to your needs – an example related to Governance

| Consideration | Sch | Focus area | Products to be developed |
|-------------------|-----|---|---|
| Governance | S2 | Arrangements for existing services | <ul style="list-style-type: none"> • Description of arrangements in the first 12 months for any 'additional' contracts. • Outline approach to contract management – role of alliance and support from commissioners |
| | | Exit arrangements | <ul style="list-style-type: none"> • Outline approach to managing arrangements in the event an alliance member wishes to withdraw from the arrangements • Outline arrangements in the event of contract end |
| | S5 | Commissioner roles and responsibilities | <ul style="list-style-type: none"> • Statement outlining the roles of the ICB/Trust and the VCSE Alliance |
| | | Provider's sub-contracts | <ul style="list-style-type: none"> • If NHS Standard contract all alliance members named within the alliance. |
| | S8 | Local system plan obligations | <ul style="list-style-type: none"> • Outline description of how / where the alliance: <ul style="list-style-type: none"> • sits within the relevant local Framework • links to wider system arrangements e.g. Primary Care Networks and Local Care Partnerships |
| | S9 | Alliance collaboration and governance (include any collaboration agreement) | <ul style="list-style-type: none"> • Outline governance arrangements for VCSEI Alliance to include: <ul style="list-style-type: none"> • Roll of alliance with System Programme Board • Decision making approach within VCSE Alliance and the role of "commissioners" within this. • Agreed ways of working / collaboration agreements developed between alliance members. |



contact@scwcsu.nhs.uk | scwcsu.nhs.uk | [@NHSscw](https://twitter.com/NHSscw)