



Sussex
Health&Care

Delivering Improving Lives Together:

A commissioning framework between the voluntary, community and social enterprise (VCSE) sector and Sussex Health and Care Partners to deliver improved health and care outcomes

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Executive summary

Introduction and context

This Commissioning Framework represents a strong commitment across local authorities (LAs), NHS and VCSE in Sussex to embed the VCSE sector into health and care commissioning and delivery as equal partners accountable for population health outcomes. The Framework is underpinned by a set of agreed values, principles, and practices to drive the best possible outcomes for our population, that contribute to 'Delivering Improving Lives Together'¹ including the reduction of health inequalities.

VCSE partners are critical as a key enabler in supporting NHS Sussex and the integrated care system (ICS) to deliver its four core aims:

- Improving outcomes in population health and health care.
- Tackling inequalities in outcomes, experience, and access.
- Enhancing productivity and value for money.
- Helping the NHS to support broader social and economic development.

The Framework aims to support leaders, commissioners, providers, suppliers, partners, VCSE and the communities involved across the Sussex Health and Care System to commission and support capacity building and resource management in the VCSE to enable them to function effectively as system partners in a collaborative and innovative way.

Development of the Framework

Development of this Framework has been led by the Sussex VCSE Leaders Alliance, a collaborative of VCSE leaders from across Sussex bringing the voice of the VCSE sector to support effective partnership working in governance structures, strategy development and operational programmes across the health and care system.

It has been co-designed and co-produced with a wide range of health and care partners and stakeholders, including people with lived experience of health and care services between June and

¹ [Our strategy - Sussex Health & Care \(ics.nhs.uk\)](https://www.ics.nhs.uk/our-strategy)

November 2023, A series of workshops brought together representatives from VCSE organisations, Brighton and Hove City Council, East Sussex County Council and West Sussex City council and NHS Sussex commissioners. Additionally, extensive engagement across system partners has formed the development of the principles and recommendations.

Summary of the principles and recommendations

Ambition: To embed the VCSE sector in Sussex in health and care commissioning and delivery, as equal partners accountable for population health outcomes.	
PRINCIPLE 1	RECOMMENDATION
System leaders create and maintain a commitment to working differently together across the integrated care system to achieve the shared ambition of this Framework.	Develop a multi-agency leadership group to facilitate and prioritise the implementation of the principles and recommendations set within this Framework.
PRINCIPLE 2	RECOMMENDATION
Commissioning processes and practices are clear, transparent, and accessible, considering the best ways of working with the VCSE to develop collaborative approaches to planning and improving services at neighbourhood, place and system.	Establish a strategic commissioning approach that enables statutory sectors to work collaboratively with a range of VCSE providers at neighbourhood, place and system level to facilitate improved quality, reduced costs, and increased innovation through existing and new partnerships, alliances, and consortia.
PRINCIPLE 3	RECOMMENDATION
Commissioners and VCSE organisations see the value of shared learning practice that stimulates good practice and more effective commissioning of the VCSE.	Commit to shared learning practice to underpin and drive the implementation of this Framework, supporting and building on existing place-based and Integrated Community Teams development work.
PRINCIPLE 4	RECOMMENDATION
Social value is defined and understood across statutory sector and VCSE partners, with agreed methods to demonstrate value.	Sussex Health and Care partners develop a more consistent approach to embedding social value in commissioning practice, building on local work of partners and individual VCSE organisations to support VCSE capacity as key partners to engage and generate income.
PRINCIPLE 5	RECOMMENDATION
A shared commitment across ICS partners to reduce or eliminate unwarranted health and care inequalities in Sussex.	Develop joint working with VCSE on the Population Health Outcomes Framework that aims to maximise the use of existing strengths, assets and resources of VCSE to improve service delivery, address identified health inequalities and support broader social and economic development.

The VCSE Commissioning Framework

Introduction and context

This Commissioning Framework represents a strong commitment across local authorities (LAs), NHS and VCSE in Sussex to embed the VCSE sector into health and care commissioning and delivery as equal partners accountable for population health outcomes. The Framework is underpinned by a set of agreed values, principles, and practices to drive the best possible outcomes for our population and that contributes to 'Delivering Improving Lives Together'² including the reduction of health inequalities.

VCSE partners are critical as a key enabler in supporting NHS Sussex and the ICS to deliver its four core aims:

- Improving outcomes in population health and health care.
- Tackling inequalities in outcomes, experience, and access.
- Enhancing productivity and value for money.
- Helping the NHS to support broader social and economic development

The Framework aims to support leaders, commissioners, providers, suppliers, partners, VCSE and the communities involved across the Sussex Health and Care System to commission and support capacity building and resource management in the VCSE in a way that supports collaboration, innovation and improvement in health outcomes and health equity for the Sussex population.

The Framework recognises and responds to the diversity and complexity of the statutory and VCSE sectors, local and national context, and key legal and policy drivers, through principles that are flexible and responsive to local variation and that help inform cultural change in a transforming health and care landscape.

Development of the Framework

Development of this Framework has been led by the Sussex VCSE Leaders Alliance, a collaborative of VCSE leaders from across Sussex bringing the voice of the VCSE sector to support effective partnership working in governance structures, strategy development and operational programmes across the health and care system.

It has been co-designed and co-produced with a wide range of health and care partners and stakeholders, including people with lived experience of health and care services between June and November 2023. A series of workshops brought together representatives from VCSE organisations, Brighton and Hove City Council, East Sussex County Council and West Sussex City council and NHS Sussex commissioners. Additionally, extensive engagement across system partners has formed the development of the principles and recommendations including:

- The learning from a desktop review of existing literature to identify good practice (Appendix 2).
- The commissioning development work already happening in and across our three Sussex Places (Appendix 3).
- The engagement of a wide range of stakeholders to identify both challenges and good experiences of commissioning and the resulting outcomes by the VCSE sector and

² [Our strategy - Sussex Health & Care \(ics.nhs.uk\)](https://www.ics.nhs.uk/our-strategy)

commissioners from across NHS Sussex and our three local authorities: West Sussex County Council, Brighton and Hove City Council and East Sussex County Council. (Appendix 4).

- Engagement through two multi-agency workshops with 50 plus attendees (Appendix 4).
- Wide attendance at partner networks and meetings.
- The contribution and input of a dedicated VCSE Task and Finish Group, the Sussex VCSE Leaders Alliance, and a multi-agency Sussex Commissioning Framework Oversight Group.
- National interest and input from [Locality](#), the national membership network for community organisations and the [Institute of Public Care, Oxford Brookes University](#)

Key drivers

National:

National legal and policy drivers for commissioning health care services are changing with current arrangements set out in the [Health and Care Act 2022](#) which entail structural change for commissioning at local and national level. The Kings Fund report [What commissioning is and how it is changing](#) explains this in more detail.

Procurement rules place some restrictions on operational practices, but the government recognises that the NHS and local authority commissioners can use considerable flexibility and creativity when they commission VCSE services, so long as unfair competition or conflicts of interest do not arise.

The introduction of the [Provider Selection Regime](#)³, anticipated in January 2024, sets out a new set of rules for procuring health care services in England by organisations termed relevant authorities. They are designed to introduce a flexible and proportionate process for deciding who should provide health care services; provide a framework that allows collaboration to flourish across systems and ensure that all decisions are made in the best interest of patients and service users.

Simultaneously, [The Procurement Act 2023](#) is anticipated to be introduced in 2024 as part of the government's Transforming Public Procurement programme, designed to create a simpler and more flexible system. This Act aims to open up public procurement to new entrants such as small businesses and social enterprises so they can compete for and win more public contracts.

Local:

The Sussex Health and Care Integrated Care Strategy [Improving Lives Together](#) sets out the ambition for health and care in Sussex over the next five years. The strategy sets out the challenges and opportunities of working together with the VCSE in Sussex.

The strategy is underpinned by the [Shared Delivery Plan](#) which sets out how the priorities will be delivered. The Sussex plan includes short and long-term priorities that involve existing and new initiatives and ways of working.

³[Provider Selection Regime](#)

Local VCSE context

Appendix 1 sets out the scale and contribution of the VCSE in Sussex. Nationally, Health and Social Care is the largest market for VCSEs in public procurement⁴, as is the case in Sussex.

The Sussex VCSE Leaders Alliance (SVLA) was established in early 2023, drawing on VCSE Leaders across Sussex. It has a strategic lead role in supporting, connecting, influencing and engaging across sectors and geographies, facilitating collaborative working between the VCSE and Sussex NHS. It facilitates key programmes of work including the development of a **Memorandum of Understanding** between the VCSE and Sussex Health and Care which links to and supports the work and principles of this Framework.

Existing commissioning developments at a system and local level are described in Appendix 3. This Framework is intended to align, support and work alongside the partnership work evolving locally.

Commissioning Framework Values

Values underpinning the successful implementation of the Commissioning Framework include:

Value	Explanation
Harnessing our collective power	Committing to a unified partnership approach between VCSE, local authorities and NHS Sussex, whilst taking account of and valuing the respective sectoral priorities, accountabilities, and responsibilities to work together in the spirit of this framework.
Being ambitious for our population	By committing to the principles of collaboration and co-production, strengthening relationships across the system to nurture innovation and solution focused approaches.
Building and participating in a community of continuous shared learning and understanding	Creating a learning culture that systematically identifies and shares good practice across the system.
Honesty, transparency, and respect	To create an open and constructive approach to creating new approaches and addressing barriers and challenges in a timely and responsive way.

Principles, Recommendations and Enabling actions

The ambition of the Framework seeks to embed the VCSE sector in Sussex in health and care commissioning and delivery, as equal partners accountable for population health outcomes. This recognises the roles, accountabilities, and responsibilities of both statutory sector and VCSE

⁴ [The role of Voluntary, Community, and Social Enterprise \(VCSE\) organisations in public procurement](#)

organisations. This ambition is a key driver of the identified common themes to improve the experience of partners in commissioning with the VCSE.

The Framework seeks to capture the opportunities to fulfil mutual ambitions in the following set of principles, recommendations, and practical enablers:

Principle 1

System leaders create and maintain a commitment to working differently together across the integrated care system to achieve the shared ambition of this Framework.

Recommendation:

Develop a multi-agency leadership group to facilitate and prioritise the implementation of the principles and recommendations set within this Framework.

Enabling actions:

Recognise and build upon the partnership working and trust that is emerging between leaders in the development of this Framework. Relationships, trust, and a recognition of equity in partnership approaches happen over time with consistent application of the behaviours and principles set out in this Framework.

System leaders commit to continued partnership development within a Memorandum of Understanding (MOU) that sets out how statutory integrated care partners and the VCSE can work together to underpin new ways of working to encourage and stimulate innovation, integration and collaboration to collectively improve outcomes for the population of Sussex.

Recognise and develop mitigations for risk. Budgetary and capacity pressures alongside increased demand for services are impacting on system partners and providers and pose a challenge to collaborative approaches. The allocation of resources should recognise the breadth of the role of the VCSE sector as significant providers of health, wellbeing and care and as a strategic partner. These pressures create the imperative for collaboration and a change to allocation of resources in prevention and early intervention work.

Co-designing a methodology that tests, evaluates and informs continual learning to improve commissioning principles and practice.

Principle 2

Commissioning processes and practices are clear, transparent, and accessible, considering the best ways of working with the VCSE to develop collaborative approaches to planning and improving services at neighbourhood, place, and system.

Recommendation: Establish a strategic commissioning approach that enables statutory sectors to work collaboratively with a range of VCSE providers at neighbourhood, place, and system level to facilitate improved quality, reduced costs, and increased innovation through existing and new partnerships, alliances, and consortia.

Enabling Actions:

National and local contexts indicate a shift in health care commissioning towards enabling a more collaborative approach to planning and improving services and the introduction of strategic commissioning and provider collaboratives. Commissioners will be required to increase close working with key partners and providers including the VCSE to understand population needs, determine key

priorities and design, plan and resource services to meet those needs. Health and care partners identified opportunities to improve, strengthen and grow VCSE provider capacity and resilience through the commissioning cycle:

1. **Effective and collaborative strategic planning** – (Assessing needs, reviewing service provision, deciding priorities):

Develop system infrastructure support to increase VCSE capacity to effectively engage, collaborate, and partner on planning, engagement and delivery including expert input when required to:

- Stimulate procurement opportunities by facilitating planning, procurement, and delivery of services both ‘at scale’ and at place and within neighbourhoods in a way that includes the diversity of specialist and niche VCSE services.
- Draw upon the expertise of the wider VCSE sector, including those that represent communities of identity and experience.

Prioritise and/or reallocate investment to support prevention and early intervention and to support relevant alignment to health and care provision in partnership with VCSE, including sector expertise and perspective to understand the wider impact of decisions.

Engaging in partnership working that maximises the value, impact and diversity of the VCSE sector in the Sussex Health and Care system. VCSE collaborations, alliances, networks and consortia have the potential to support capacity.

Developing a relational approach with a focus on co-design and co-production between the VCSE and commissioning partners. Co-design and co-production are rooted in relationships, power sharing and placing equal value on different kinds of knowledge, including lived experience. Embedding co-production principles at the earliest point of design and throughout the commissioning cycle creates a focus on shared approaches to competing demands of budget pressures, political imperatives, and conflicting priorities. Inclusion of the VCSE as partners at an early stage of the strategic planning cycle and involving people and communities in decisions that impact upon them will result in better decisions. (Note that this is distinct from consultation, engagement and communication).

‘Early engagement of the VCSE within the transformation of commissioning approaches is key to ensuring success in integrated care systems delivering their core purpose.’⁵ (NHS Confederation)

Longer term visioning and planning approaches to enable and involve:

- System partners developing a pipeline approach to agreed programme priorities and projects in advance of funding release (known or unknown sources of funding) that meet system priorities at any timescale.
- Joint approaches to developing bids drawing on system partner expertise and input.
- More effective planning for sustainability of the VCSE sector market that is reflected in appropriate and proportionate VCSE provider contract terms.

⁵ [The role of Voluntary, Community, and Social Enterprise \(VCSE\) organisations in public procurement](#)

- Addressing the need for longer term, multi-year contracts, removing the short-term nature of existing funding arrangements.
- Embedding the VCSE in engagement throughout the commissioning cycle to agree engagement plans for both short and long-term commissioning timescales.

Collating and sharing VCSE sector data to inform planning and commissioning approaches, both qualitative and quantitative.

2. **Procuring services** – (Designing, shaping structure of supply services, planning and capacity and managing demand).

Creating opportunities for strategic and local commissioning that leads to increased VCSE engagement and successful service delivery should take account of the following:

Enabling a more collaborative approach across the VCSE by building an alliance of organisations to deliver infrastructure provision, creating the opportunity for the VCSE to engage at scale alongside ‘provider collaboratives’.

Nurturing innovation, to work creatively around challenges and taking 'brave decisions'⁶ on future allocation of resources with the VCSE. Outcomes-based contracts, within the confines of managed risk, enables VCSE to implement more impactfully, person-centred approaches.

Developing a varied and strategic approach to creating accessible funding that grows and develops the resilience of the VCSE provider market⁷, considering the range and nature of VCSE organisations including large, medium and small organisations and social enterprises.

Co-designing with the VCSE sector, a planned and strategic approach to contract and grant investments where possible, considering the opportunities for meaningful engagement of smaller organisations and community groups enabling increased provider capacity, resilience, and readiness to leverage external funding.

Exploring the flexibilities of funding and the delivery and administrative mechanisms that encourage alignment of funding rounds and that consider a bigger role for the VCSE in administering a range of funding options. Draw on Sussex examples of good practice.

Aligning recommendations and linking to existing partnership agreements to develop approaches to improved contractual terms, removing unnecessary barriers that prevent the development of the VCSE market for service delivery.⁸

⁶ East Sussex VCSE Commissioning Excellence Programme – Transparent Bravery Principles.

⁷ [The role of Voluntary, Community, and Social Enterprise \(VCSE\) organisations in public procurement - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

⁸ The Sussex Compct - Working Together Agreement between VCSE and SPFT INSERT LINK,

3. **Monitoring and Evaluation** – (Managing performance, review, individual population). **Align outcome-based delivery with proportionate application and monitoring processes**, that equally recognises the need for rigour in the allocation of public funding.

Embrace contractual flexibilities within review cycles that encourage continuous responsiveness and innovation based upon experience of what’s working.

Principle 3

Commissioners and VCSE organisations see the value of shared learning that stimulates good practice and more effective commissioning of the VCSE.

Recommendation:

Commit to shared learning practice to underpin and drive the implementation of this Framework, supporting and building on existing place-based and Integrated Community Teams development work.

Develop shared learning practice to underpin and drive the implementation of this Framework, supporting and building on existing place-based and Sussex wide development work.

Enabling actions:

Develop a Sussex VCSE shared health and care system partnership learning programme that seeks to:

- improve common understanding of the commissioning and procurement cycle that encourages consistency in commissioning practices, shared definitions and terminology and improves accessibility for the VCSE sector.
- identify current and potential changes to regulations that encourage improved commissioning and procurement arrangements with the VCSE sector to open up new markets and access to a broader range of expertise.
- Support a shared understanding of the roles, responsibilities, and accountabilities of system partners organisations.

Principle 4

Social value is defined and understood across statutory sector and VCSE partners, with agreed methods to demonstrate value.

Recommendation:

Sussex Health and Care partners develop a more consistent approach to embedding social value in commissioning practice, building on local work of partners and individual VCSE organisations to support VCSE capacity as key partners to engage and generate income.

Enabling actions:

Develop a cross-sector programme of support to increase a shared understanding of social value in commissioning to:

- Recognise its role in encouraging ways of working that meet the needs of different service users such as using trauma-informed approaches, different ways of working with equalities groups and values-based, experience measures and outcomes.
- Embed the principles consistently in wider policy and practice and how it is valued in tendering.

- Demonstrate how it can be articulated and valued to inform planning and decision-making.
- Understand the role of social value in leveraging inward investment to Sussex.

Principle 5

A shared commitment across ICS partners to reduce or eliminate unwarranted health and care inequalities in Sussex.

Recommendation:

Develop joint working with VCSE on the Population Health Outcomes Framework that aims to maximise the use of existing strengths, assets and resources of VCSE to improve service delivery, address identified health inequalities and support broader social and economic development.

Enabling actions:

- Work with integrated care partners to proactively promote equity, diversity and inclusion across commissioning practices to reduce health and structural inequalities, recognising that over 80% of health inequalities are driven by the wider determinants of health, such as employment, environment and housing [0438-NHS-Sussex-VF4-4.pdf \(ics.nhs.uk\)](#)
- Conduct appropriate impact assessments (e.g., social, environmental, economic and equality) when changes to services are being planned.
- Jointly plan and target resources, data and intelligence to address key issues and increase working with communities who are least likely to access statutory services.

Governance Journey

Appendices

Appendix 1: VCSE in Sussex

Across Sussex, there is a rich and diverse range of VCSE organisations with 4,473 general charities in Sussex and a further estimated 6,236 voluntary organisations. The VCSE sector generates an annual income of £1.5 billion, employs thousands of staff and engages tens of thousands of volunteers in delivering support and working alongside communities to identify and meet their needs. Health and social care is by far the largest market for VCSEs in absolute terms⁹ The size and reach of the VCSE in Sussex ranges from small grassroots (sometimes classified as micro) with income of less than £10k to 'major' organisations (income of £10-£100m or super major £100m+) and are acknowledged as holding strong local community links.

Sussex VCSE Leaders Alliance is a collective of VCSE leaders from across Sussex, with a common ambition to create meaningful change in the lives of people living in Sussex, improving their health and reducing health inequalities. Drawing on VCSE's leaders' skills and experience, we bring the voice of the VCSE sector to support effective partnership working in governance structures, strategy development and operational programmes across the health and care system. Through our local

⁹ [The role of Voluntary, Community, and Social Enterprise \(VCSE\) organisations in public procurement - GOV.UK \(www.gov.uk\)](#)

partnership arrangements, forums and networks we create new and innovative ways of connecting the expertise, skills and insight of our 10,500 VCSE organisations in Sussex, strategically and operationally with each other, and with our health and care system partners.

‘75 percent of VCSEs deliver public services where they are based, with strong links to that locality. Their place-based solutions can create a greater impact for those most in need’ Claire Dove CBE, Voluntary, Community and Social Enterprise (VCSE) Crown Representative.’

Sussex VCSE Leaders Alliance Membership

Name/Organisation	
Lauren Lloyd, CEO, MSVA	Jennifer Twist, CEO, Care for the Carers
Gary Pargeter, CEO, Lunch Positive	Sonia Mangan, CEO, Carers Support, West Sussex
Jo-Anne Carden, CEO, CAB	Steve Hare, CEO, Age UK, East Sussex
Sue Livett, MD, Aldingbourne Trust	Anusree Biswas Sasidharan, Director of Research and Development, Bridging Change
Alex Brooks-Johnson, CEO, Guildcare,	Jo Martindale, CEO, Hangleton and Knoll Project
Jess Sumner, CEO, Community Works	Sally Polanski, CEO, Amaze
Helen Rice, CEO, Age UK (WS,B&H)	Veronica Kirwan, CEO, East Sussex Community Voice (Healthwatch)
Maggie Gordon-Walker, CEO, Livestock	Neil Blanchard, CEO, Southdown
Rachel Brett, Operational Director, YMCA Downslink Group	John Routledge, Commissioning Framework Lead
Penny Shimmin, CEO, Sussex Community Development Association	Lola Banjoko, Executive Managing Director for Brighton and Hove, NHS Sussex
Hilary Bartle, CEO, Stonepillow	Kim Grosvenor, Deputy Chief of Staff, NHS Sussex
Helen Curr, CEO, HERE	Gynn Dodd, Director of Programmes, NHS Sussex
Jayne Ross, VCSE Strategic Lead	

Appendix 2: Resources

Desk research -In the early stages of developing this commissioning framework, desk research involving a wide range of local, regional and national literature available on commissioning and the VCSE and public sector was explored. The summary of the research can be found here:

[Commissioning Framework - NHS Sussex \(ics.nhs.uk\)](https://www.ics.nhs.uk)

Some common themes from the desk research:

- Too early to identify substantial, specific commissioning framework examples from Integrated Care Systems (ICS) except for Greater Manchester, although there is work in progress happening in several other ICS areas.
- Significant appetite across all sectors to increase collaboration, co-design and co-production in commissioning as a way to improve outcomes and reduce inequalities.
- Widespread recognition that VCSE organisations have the potential to offer significant added value to contracts and grants, particularly in the form of social value and volunteering.

- Some limited examples exist of guidance and examples of how to implement commissioning changes for VCSE and statutory partners, which are drawn upon in this Framework.
- Evidence of only limited understanding of the VCSE sector from some public sector commissioners and some limited understanding of commissioning flexibilities and restrictions by both commissioners and VCSE organisations.

Appendix 3: Sussex Commissioning Developments

The Sussex VCSE Framework is aligned with and draws on the existing commissioning developments across Sussex.

In *East Sussex*, a two-year project aims to improve how VCSE health and care services are funded and supported by both VCSE groups and statutory funders.

In *West Sussex*, the county council (WSCC) want to improve how they improve commissioning practice by working together with providers on a set of values and principles. WSCC also has a Social Value Framework based on the local VCSE's work.

In *Brighton & Hove*, commissioners have met to start developing a shared understanding of health and care commissioning, led by Adult Social Care. A Social Value framework was developed and is being reviewed.

Sussex-wide the 'Changing Futures Programme (CFP)' aimed at improving the lives of people experiencing multiple disadvantages. The local authority led CFP is funded until 2025 to achieve sustainable (system) change. Commissioners from health, criminal justice, local authority housing, public health and social care, collaborate to share challenges and successes, connect priorities and support each other.

Appendix 4: Partner involvement

Sussex VCSE Commissioning Framework Oversight Group

Name/Organisation	
Ade Fowler Consultant in Public Health, East Sussex County Council	Jo Clarke Director of Partnerships and Localities, Age UK Brighton and Hove
Andy Witham Assistant Director Commissioning and Partnerships, Health and Adult Social Care, Brighton & Hove City Council	John Routledge Commissioning Framework Lead, Independent
Anna McCollin-Moore East Sussex VCSE Alliance Development Officer, East Sussex Community Voice	Julie Hodson Head of Community Commissioning, NHS Sussex
Caroline Ridley CEO, Impact Initiatives	Kate Durrant Comms Officer, Sussex VCSE Leaders Alliance Community Works
Chris Clark Joint Strategic Director of Commissioning West Sussex County Council	Lola Banjoko Executive Managing Director for Brighton and Hove NHS Sussex

Debra Balfour Head of West Sussex Collaborative Working WSSC	Nita Muir Head of the School of Nursing and Allied Health University of Chichester
Fiona Mackison Head of Commissioning - Public Health Directorate West Sussex County Council	Neil Blanchard CEO, Southdowns
Isabel Clark Public Involvement Manager NHS Sussex	Nicole Nair Head of Health, Wellbeing, Partnerships & Integration, NHS Sussex
Jane Lodge Associate Director, Public Involvement and Community Partnerships, NHS	Paul Allen Community Ambassador, NHS Sussex
Jayne Ross Strategic Lead, Sussex VCSE Leaders Alliance Strategic Team, Community Works	Richard Watson Head of Health, Wellbeing, Partnerships and Integration, East Sussex, NHS Sussex
Jessica Sumner CEO, Community Works	Sam Stanbridge Director of Contracting and Procurement NHS Sussex
Sam Stanbridge Director of Contracting and Procurement NHS Sussex	Sam Tearle Head of Strategic Commissioning East Sussex County Council
Samantha Williams Assistant Director Strategy, Commissioning and Supply Management, Adult Social Care & Health East Sussex County Council	Sonia Mangan CEO, Carers Support
Steve Hare CEO, Age UK, East Sussex	Sue Livett MD, Aldingbourne Trust

Sussex VCSE Commissioning Framework – Engagement Discussions

Name/Organisation	
Louise Patmore, Systems Change Lead Changing Futures Programme, Sussex	Steve Manwaring, Director, Hastings Voluntary Action
Jo Rogers, Programme Lead, Changing Futures Programme, Sussex	Richard Watson, Head of Health, Wellbeing, Partnerships and Integration, NHS Sussex
Toby Shaw, Director Crawley Community Action	Fouzia Harrington, West Sussex commissioner, NHS Sussex
Debra Balfour, Head of West Sussex Collaborative Working/ West Sussex commissioner WSSC	Jane Lodge, Associate Director of Public Involvement and Community Partnerships, NHS Sussex
Jess Sumner, CEO Community Works (Brighton and Hove, Adur and Worthing)	Gray Hutchins, Operations Manager, The Clare Project, Sussex
Jo Martindale, CEO Hangleton and Knoll Project, Brighton and Hove	Robert Kitt, Associate Director NHS South of England Procurement Services
West Sussex People's Commissioning Group,	East Sussex VCSE Commissioning Excellence Programme Workshops
East Sussex VCSE Alliance,	Sussex VCSE Leaders Alliance

Sussex VCSE Leaders Alliance CF Task & Finish Group	Changing Futures Commissioning Network (Sussex)
Brighton and Hove Mental Health Commissioning Leads	Locality Round Table (national VCSE)
Locality Health & Wellbeing Group (national VCSE)	

Sussex VCSE Task & Finish Group

Name/Organisation	
Jess Sumner, CEO Community Works (Brighton and Hove, Adur and Worthing)	Jo Clarke Director of Partnerships and Localities, Age UK Brighton and Hove
Sonia Mangan CEO, Carers Support	Sue Livett MD, Aldingbourne Trust
Steve Hare CEO, Age UK, East Sussex	Neil Blanchard CEO, Southdown
Caroline Ridley, CEO, Impact Initiatives	Jayen Ross, VCSE Strategic Lead, Community Works

Sussex multi-agency VCSE Commissioning Framework workshops

Date of Workshop	Attendees	Date of workshop	Attendees
July 18 th , 2023	35	October 18 th , 2023	23