BSW Partnership Working: Summary Report

The Care Forum carried out five interviews with current members of the Interim Leadership Group (ILG).

1. **What are your reflections generally about how the Interim Leadership Group has been working together so far?**

   - All members interviewed expressed positive support for working together.

   - Members have found it helpful in making contact with each other both across their areas and with each other's areas of operation. It provides the opportunity for members to learn about each other and find out about the CCGs plans.

   - It was felt good progress had been made, such as the position statement, at an appropriate speed.

   - Strengthening the sector in working together and having one voice back to STP is a great opportunity.

   - Strength is there as early intervention support group – could help map and plan at BSW level – but are they listening? Review at six months what would we say? Or is this impossible to deliver because of the geography?

   - Could we hang some outcomes on the measures within the position statement? Protocols for joint working? Terms of reference?

   - It would be interesting to find out more about what is happening in relation to infrastructure support and joint working in comparable areas.

   - Membership of the group is not clear and not consistent. Changes to membership when trying to build relationships and trust is not helpful.

   - Terms of reference could be helpful in determining membership of the group, building trust and relationships within the group and with other partners and providing clarity around the group's role and mission.

   - The varied nature of infrastructure support in the different areas adds complexity. The geography and scale of the area covered is massive. Different areas also present different challenges and the group needs to be clear about how far these can be addressed jointly. It was important for the group to acknowledge and understand the varying dynamics of different areas.

   - Effective representation presents a challenge in relation to accountability to the wider VCSE and to the ILG. Cascading information to a diverse and widely spread VCSE is challenging. It is vital to ensure the VCSE has a voice at the table.

   - It was acknowledged that development has been reliant on some individuals within the group and that success relies on all members to contribute.

- Without a clear role and remit there is a risk of muddying the water or looking unprofessional in front of statutory sector partners.
- CCGs have different relationships with different bodies in different areas and this is a challenge.
- There are a range of external factors which are the risk to how this works, such as a perception that the VCSE are a cheap option and that planning goes on behind closed doors.
- Challenge to make sure group is taken seriously as a whole by decision makers and is influential. Some members commented on the speed with which the group is needing to work together when it is still at an early stage of development.

2. **What are the key things from your point of view that the group could or should be doing?**

- Identify mechanisms for building relationships with the CCG, GP practices, social care and build on them to create more effective links
- Networking and briefing events locally and regionally to raise sector awareness of CCG plans and promote to CCG and PCNs the VCSE offer
- Raising awareness for VCSE in relation to the merged CCG, STP, including awareness of what the acronyms mean, emerging plans, aspirations.
- Demonstrating what the VCSE can deliver for the CCG, that complements their strategic objectives, particularly in relation to smaller and unheard organisations contributing to a more holistic approach eg case studies
- Strategic representation eg on programme boards promoting two way flow of information
- Service mapping and gap analysis
- Sharing learning on what is working in other areas and building on good practice
- Develop impact measures to evaluate ILG work
- Consider the potential for a future role in commissioning and funding VCSE services

3. **We have identified certain themes that appear to be key to developing effective joint working more generally between VCSE organisations and the CCGs and STP. We asked participants for their perspectives on what is working well or not so well in the area they work in, in relation to these different themes.**

Shared strategic leadership – (eg joint development of strategic approaches; engaging with programmes and governance structures; different scales of operation and responsibility).

- Primarily participants expressed concern at the inconsistency and variation in representation across all areas. While there are examples of good practice (such as regional 'Thrive' and examples in B&NES and some theme based representation eg learning difficulties) it is not replicated across the piece. Clarity about representation currently and increased understanding about strategic decision making overall would be helpful (including Health and Wellbeing Boards)

- There is inconsistency in the expectations and understanding at a strategic level of the representative role. Examples were given of VCSE members on some strategic groups who are seen as VCSE representatives without clear lines of communication or accountability to the sector, which are a prerequisite of the representational role.

- There is a lack of a mechanism in some areas for two way communication to take place. Governance structures in health and social care also add delays to information sharing – different ways of working could lead to better outcomes overall.

- There were questions about how to develop the role of the ILG in relation to shared strategic leadership and representation.

- There were questions about how influential representation is and how influential it could be.

Locality-based working and specific communities – (eg the tension between geographic provision and inclusion of organisations that serve communities of interest and practice).

- Presents the opportunity to build more consistency of service provision, potentially replicating services in one locality in others. Localities need to learn from each other and move away from the idea of approaches only being relevant for one particular area.

- It is a challenge for the VCSE to cover strategic meetings for all localities

- There is a need for greater awareness and acknowledgement of smaller organisations and their services – there is a tension between CCG desire to work at scale and ensuring sustainability of valuable, very local services. There also needs to be consideration of the funding gap between large scale commissions and very small eg <£5K grant funding.

- Community provision needs to be planned in a joined up way with all relevant stakeholders, not just commissioned services. Not doing this effectively also presents risks eg in the roll out and delivery of social prescribing services. It also risks excluding organisations working with specific communities of interest.

Diversity and single point of access – (eg desire for easy access to multiple and complex community services; diversity of providers (micro, small, medium, large) with different clients, legal structures, resources and histories).

- There are structural and organisational barriers to this working effectively. This includes ensuring holistic support, managing demand against provision, ensuring people can access the services which are most convenient for them (overcoming boundary issues), good communication, mapping and gapping of existing provision (particularly in relation to Wiltshire), accessibility.

- Ensure groups can access support and information they need to respond to demands eg consortia building.

- Keep the focus on the individual not providers. One example given was Wellbeing Options, managed by Virgin Care. Its focus is the organisations they directly fund, there is no incentive for them to ensure other organisations information is included. It does not then provide a holistic picture for the end user of services available.

Knowledge of services – (eg joint understanding of services offered; understanding of integrated services in a wider system).

- All participants stressed the importance of this issue and were worried about the lack of understanding overall of VCSE services within the CCG and PCNs. Examples of good practice were very much within silos, there is no consistency overall. The risk of duplication and potential waste of resources, through a lack of understanding around all provision, was a key concern. It was suggested this needs to be framed in a non-confrontational way, perhaps linking to the CCGs objectives?

- Building on existing examples of good practice is important such as the Hope Guide in B&NES and the FACT group digital platform. Real time mapping of services and consideration for how people navigate around all available services (not a limited selection) is also vital.

Communications, language and culture – (eg different approaches, such as medical and social models; sector-based jargon).

- Overcoming the barrier presented by jargon is needed. Informed service development needs clear communication. Building mutual understanding also benefits service planning and development.

- Suggested communications mechanisms that could help include: more short, one hour meetings; digital approaches eg short films; open sharing mornings eg for GPs and social prescribing.

- Build on existing good practice and relationships including: capacity building work via National Lottery Building Better Opportunities; current funding relationships like integrated funds with CCG and local authority.

- The ILG needs to consider how to challenge tokenistic engagement and representation.

4   What do you think the most important next steps are in relation to the ILG?

- Establish how CCG might use the group as a mechanism. This needs to be presented in a constructive and responsive way.

- Seek resources for this work.

- Further clarification is needed for the group in terms of membership, purpose with a commitment to impartiality and setting any individual differences aside and learning from previous events. Should the group be time limited?

- Develop a communications strategy including consideration for how the voice of smaller organisations might be heard.

- Identify areas where further information is needed to inform the group's work eg PCNs, localities.

- Be clear about capacity of members to input and timescale needed to develop the work.

Are there any specific contacts/colleagues that you have suggested or would suggest we might speak to, in order to develop this work.

Name	Organisation and contact details
2 x Geraldine Bentley geraldine@wiltshirecil.org.uk	Wiltshire Centre for Independent Living
Chris Head	WERN
Julian Kirby	Age Concern
Judy Walker	Carers Support Wiltshire
Suzanne Wigmore	CAB Wiltshire