



BSW Partnership Working – Summary Report

Report for BSW Interim Leadership Group

Date 20 March 2020

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1 Executive Summary

The one-to-one interviews found that:

- There was strong support for and commitment to working together as a group. Good progress has been made.
- There is a lack of clarity around membership of the group. Changes to the membership hampers relationship building. Clear purpose and terms of reference would be helpful in addressing this and in refining the group's offer to statutory sector partners.
- Geography/scale of the area covered, diversity of provision and the speed with which the group is needing to respond to change are all challenges.
- Improving Clinical Commissioning Group (CCG), Primary Care Networks (PCNs) and Sustainability and Transformation Partnership (STP) understanding of the Voluntary Community and Social Enterprise (VCSE) sector and the services available was seen as of critical importance to ensure more holistic and joined up service planning and development and to avoid duplication. An overall lack of 'mapping and gapping' of VCSE services was a key concern.
- Enabling VCSE groups to network with health and social care partners and raising VCSE awareness of health and social care plans (including those of the STP) was also seen as key.
- Effective and accountable representation of the VCSE sector at strategic planning level is crucial and is currently a challenge. There are examples of good practice but these are not replicated across all areas. The level of influence from existing representation was also questioned.
- There was concern at the lack of inclusion or consideration for smaller VCSE groups and their services within CCG/STP planning and decision making processes. Failure to engage with these groups carries inherent risks, including affecting the viability and sustainability of organisations which underpin key areas of service eg social prescribing and support for specific communities of interest.
- The ILG should consider what communications mechanisms could support the VCSE particularly in relation to building mutual understanding with partners in health.
- There was generally consensus from participants in identifying potential next steps for the group which could provide a firm basis on which to plan.

2 Introduction and context

The Interim VCSE Leadership Group (ILG) for Bath and North East Somerset, Swindon and Wiltshire (BSW) is an informal collaboration of local infrastructure organisations working within the BSW area. In its draft position statement it sets out the following:

Interim VCSE leadership group for engaging with BSW STP

Introduction

We are a collaboration group formed of VCSE infrastructure bodies across B&NES, Swindon and Wiltshire that have met twice to consider the implications of the merging CCG's and the establishment of the STP. Our conversations have been focused on how the CCG is planning to communicate and engage with the VCSE sector. We have also been discussing the involvement of diverse VCSE organisations in STP activities.

In Swindon the existing relationship between the CCG, Public Health, Swindon Borough Council and VCSE organisations is already strong with collaborative working between the CCG/Public Health funded Live Well hub team based in Swindon Borough Council (where social prescribing currently sits) and the VCSE sector. For Swindon the objective is to ensure that the existing positive collaboration with the CCG and the Borough continues following the merger

For Wiltshire and B&NES where relationships are currently more fragmented, we hope that this newly formed VCSE leadership group will prompt conversations between the VCSE organisations and health professionals to encourage similar positive collaboration across the broader geographical area.

Summary

For Swindon the objective is to ensure that the existing positive collaboration with the CCG and the Borough continues following the merger. For B&NES and Wiltshire we wish to encourage similar positive collaboration across the broader geographical area. This group can be the vehicle for future engagement and provide a united response which emphasises our partnership working.

In December 2019 The Care Forum offered to undertake a series of interviews with ILG members with the following objectives:

- To explore existing good practice and barriers to joint working between VCSE partners on the ILG and with the VCSE and the Sustainability and Transformation Partnership
- To identify key themes which might need to be addressed to facilitate partnership working
- To outline recommendations for next steps, drawing on our experience from the NHS England work undertaken in Bristol North Somerset and South Gloucestershire



3 Methodology

The Care Forum was asked to develop a question set and carry out interviews with VCSE partners on the Interim Leadership Group in order to deliver the objectives outlined in section 2.

Between December and February, The Care Forum invited members of the ILG to participate in a one-to-one, telephone interview, focusing on the membership of the ILG in December 2019. Five interviews were carried out. The questionnaire is included within the Appendix. The Care Forum has anonymized these responses and summarized the feedback below.

4 Findings

The summary of feedback from all five interviews is as follows:

4.1 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.

4.2 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

4.3 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.

4.3.1 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.

4.3.2 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.

4.3.3 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.

4.3.4 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.

4.3.5 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.

5 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

6 Next steps

- There was a consensus that the ILG has been a positive step. The ILG should continue to reflect and build on areas of positive benefit for the group including sharing good practice in different localities and learning from these examples. The ILG could explore the experiences of VCSE infrastructure organisations operating in similar areas or with similar challenges (for example, Lincolnshire, West Yorkshire and Harrogate).
- Agree a Terms of Reference for the group, particularly in relation to membership and purpose, building on the Position Statement. From this it might be helpful for the ILG to consider developing an action plan for the group, including reflection on:
 - Establishing how the ILG could be used as a mechanism by the CCG. In particular clarify how the ILG might support effective representation, including how the ILG might enable the views of smaller VCSE groups to be heard.
 - Identifying mechanisms for building relationships with the CCG, GP practices, social care
 - Identifying areas where further information is needed to inform the ILG's work, and the work of the wider VCSE.
 - Developing a communications strategy for the ILG, exploring a range of options for cascading information, increasing VCSE awareness of local plans and partners and promoting mutual understanding across the health and wellbeing system.
 - Considering the capacity of different members of the ILG to participate and the timescale needed to develop the work, in order to prioritise actions.
 - Considering outcome and impact measures to demonstrate impact of ILG work.
 - Considering the ILG role in mapping local service provision.
- Seeking resources for this work.

7 Acknowledgements

The Care Forum gratefully acknowledges the time given by partner organisations in responding to this questionnaire.

8 About The Care Forum and the Dialogue Team

The Care Forum is an independent voluntary and community sector organisation, celebrating over 20 years of achieving better outcomes for people using health and social care services. We work across Bath and North East Somerset, Bristol, North Somerset, South Gloucestershire and Swindon. We can also work across the South West.

The Care Forum and its Dialogue team, provides specialist strategic health and social care intelligence to service planners and providers who want to deliver effective, connected, informed services. We strengthen information flow and share innovation and good practice to improve inclusion, understanding and collaboration across health and wellbeing services in order to help make services as effective as they can be. Voluntary, community and social enterprise groups and commissioners can count on us for specialist, strategic health and wellbeing intelligence to improve inclusion, understanding and collaboration.

9 Appendix

One-to-one Interview Questionnaire Template

BSW Partnership Working: Interview Questions and Interviewer Guidance

Objectives of TCF Work

- To explore existing good practice and barriers to joint working between VCSE partners on the ILG and with the VCSE and the Sustainability and Transformation Partnership
- To identify key themes which might need to be addressed to facilitate partnership working
- To outline recommendations for next steps, drawing on our experience from the NHS England work undertaken in Bristol North Somerset and South Gloucestershire

Background

Interim VCSE leadership group for engaging with BSW STP

Draft Position Statement - Introduction

We are a collaboration group formed of VCSE infrastructure bodies across B&NES, Swindon and Wiltshire that have met twice to consider the implications of the merging CCG's and the establishment of the STP. Our conversations have been focused on how the CCG is planning to communicate and engage with the VCSE sector. We have also been discussing the involvement of diverse VCSE organisations in STP activities.



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Interview Notes Template

Note – in our report all feedback will be anonymised

Interviewee [person you are interviewing] Name:

Job title:

Organisation:

Date of interview:

Interviewed by:

Consent to be contacted again if required [YES/NO]:

Consent to be quoted anonymously in project materials and related publicity [YES/NO]:

QUESTIONS

- 1. What are your reflections generally about how the Interim Leadership Group has been working together so far?**
[Prompt thought - SWOT]
- 2. What are the key things from your point of view that the group could or should be doing?**
- 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 are interested to hear your perspectives on what is working well or not so well in the area you work in, in relation to these different themes.**
 - **What are your thoughts about...**
Shared strategic leadership – (eg joint development of strategic approaches; engaging with programmes and governance structures; different scales of operation and responsibility).

- **Locality-based working and specific communities** – (eg the tension between geographic provision and inclusion of organisations that serve communities of interest and practice).
- **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).
- **Knowledge of services** – (eg joint understanding of services offered; understanding of integrated services in a wider system).
- **Communications, language and culture** – (eg different approaches, such as medical and social models; sector-based jargon).

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

5. **Are there any specific contacts/colleagues that you have suggested or would suggest we might speak to, in order to develop this work going forward, and why?**

Name	Organisation and contact details	Potential reason for involvement