

2018/19

Update Transformation Programme Voluntary Sector West London CCG area



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Transformation Voluntary Sector April 2018 - January 2019 Progress

Introduction

The purpose of this report is to summarise the Transformation Programme from 2018 to 2019 of the voluntary sector in the West London Clinical Commissioning Group area.

Background

It is widely recognised that voluntary and community sector models/organisations, those that have a community benefit objective and use their surpluses for that purpose have the capacity to save money when collaborating together. There is a mixed “eco system” of over 1000 voluntary sector organisations in Kensington and Chelsea, a large number of which have a deep rooted history and West London Clinical Commissioning Group (WLCCG) has strong relationships with the Voluntary Sector (VS). This gives potential for the VS to deliver more NHS services in Kensington and Chelsea.

My Care My Way (MCMW)

The concept of Transformation of the VS seems at best rather complex. However, in discussions with the VS, the MCMW model of integrated care has been a good way to illustrate what we mean by integrated care and a new, effective and holistic way of working. [Perhaps describe what MCMW is?] MCMW has had excellent feedback from patients and demonstrates how the NHS and VS working in partnership can lead to successful outcomes.

The WLCCG’s Social Return of Investment (SROI) My Care My Way Report (2017) evidenced the:

- Benefits to patients wellbeing as measured using the Edinburgh scale, Patient Activation Measure (PAMS)
- Cost savings
- Benefit of VS being an integral part of the service
- Benefit of Kensington & Chelsea Social Council (KCSC) managing the service
- Widening understanding of the VS with GP practices
- Establishment of a learning culture throughout the service by collaboration

Local Communities

KCSC seek to ensure that future changes in commissioning have a strong focus on the needs of local communities and that they also reflect the learning from the Grenfell tragedy. In the report Mind the Gap 28/05/2018, Muslim Aid and other charities highlighted that although the VS found it hard to coordinate in the aftermath of the disaster, voluntary organisations demonstrated some extraordinary examples of effective action in the immediate and longer-term response phases. This is despite their lack of experience of UK disaster situations and absence of training for such. It reminds us of the great value of the VS and its grass roots reach into and understanding of the community. Separately, the Health Foundation finds that only 10% of our health care takes place in a health care setting. Therefore, truly listening and working with our local populations is imperative to the Integrated Care agenda.

FIRST PHASE Achievements

In 2017, KCSC delivered a series of workshops and worked individually with VS organisations to improve:

- Information Governance Systems (working one to one)

- Unit cost (working one to one)
- Understanding of commissioning changes within the health sector through workshops

In December 2017 the review of the Transformation Programme recommended:

- Ensuring the Transformation work stream is embraced by the wider VS including smaller marginalised groups
- Bringing in senior leadership to work with the CCG and help set the agenda
- Promoting system leadership
- Working in collaboration with GPs, hospitals, primary care, local council
- Improving governance and communication
- Increasing awareness from organisation to whole system
- “Non-linear” approaches to change

SECOND PHASE-Achievements

1. A Programme Lead, with experience of system change, was employed in April 2018
2. Governance processes were set up to include:
 - A Transformation Board
 - A Transformation Steering Group
 - A Design Group
3. A Project Plan was created and reviewed] on a monthly basis reporting to the Transformation Board
4. Communicating to the wider sector changes in commissioning with groups and one to one meetings. Leading to ‘buy in’ from additional organisations
5. The Programme Lead has worked closely with smaller groups and BME community groups to find ways to involve them in the Alliance Process eg MUSAWA
6. Working closely with the commissioners and bringing legal and GP expertise from outside has meant this system change has evolved over the last five months
7. Reporting regularly on targets to the Alliance Integrated Care Team meetings

Using a collaborative dialogue with a wide range of groups has helped to facilitate closer working relationships and build trust. We have worked with colleagues who on a day-to-day basis reach out to the local communities and tried to learn from their experience.

In this period of rapid change, the ‘wicked’ problems amplify, as all sectors become overwhelmed. The Transformation lead has spoken with leaders within the VS raising the profile of Transformation issues, developing a collective vision for the future.

The VS wants to be embedded into integrated care models and recognises that it is important for the VS to be involved with relevant work stream developments. This will allow clinicians and practitioners to understand the added value of the VS and encourage good practice.

Transformation Design Group- made up of VS partners

The Transformation Design Group aims to prepare the VS to be business ready for the Multi-Speciality Community Provider (MCP) status (a new model of integrated care). It has agreed the second draft of a Memorandum of Understanding (MOU) between the VS organisations. A detailed analysis of what ‘vehicle’ would benefit the sector most and the legal implications has been

completed, including reviewing the possibility of setting-up a new community interest company (CIC).

We recognise the tensions that exist for the development of new business models. We recognise the complex environment within which providers and commissioners work. Along with being collaborative we all seek cost effective solutions. Previously some organisations have been in direct competition of each other and so co-operation is not always easy. We are allowing for these discussions to be had in a 'safe' environment. Fundamentally and at every level, we consider the outcomes of any changes to both our clients, their carers and our staff.

It is crucial not to develop ideas in isolation. We welcome participation from WLCCG, Public Health and our Royal Borough of Chelsea & Westminster colleagues. We want to provide solutions, rather than emphasise the problems which the VS faces working with the public sector.

Alliance Group Meetings

The Alliance Leadership Group, Alliance Integrated Care and Alliance Management Groups [should we explain the context for these groups, for example, part of the MCMW discussions?] provide an opportunity to exchange and understand each sector and to share expertise and skills. As trust and relationships flourish, it is hoped a new way of integrated working will evolve.

The Alliance Groups have highlighted the need for the VS sector to be more cohesive. Other provider organisations can be represented with one representative being at the table; however, the VS is diverse and therefore the MOU will provide a collective voice for the sector.

Alliance work streams

The need to work strategically for the VS, has meant that we want to be represented in appropriate work streams. The My Care My Way Lead is co-coordinating this in order to have a cohesive approach.

At this stage of the Alliance Agreement, there are some complex discussions taking place with both providers and commissioners. The timeline is tight for the various work streams. We however recognise that it is also an opportunity for those VS organisations who have not signed Alliance Agreements to be part of a wider discussion and share their expertise and skills through the Transformation Design Group.

THIRD PHASE-Achievements

In November 2018, a Transformation Action Workshop took place. It was extremely well attended.

The purposes of the session:

- To understand fully and to explore the options concerning the legal structure of the new corporate vehicle for the future, and to reach consensus on moving forward
- To agree an action plan for moving forward

This session helped to tease out the option which the sector wanted to go with. It was unanimously agreed that KCSC would continue to lead the process and to task the Transformation Action Group (TAG):

Transformation Action Group:

- It was agreed that a Working Group should be set up to take forward the process of incorporating a CIC or designated body
- The Working Group should comprise of front line providers (with and without contracts across MCMW or Community Living Well (CLW), BME, geographic spread/bi Borough (*Note: the Working Group was constituted on 22 November 2018*)- see below for membership)
- The new Working Group would meet and report back to the wider group via email. (*Note: the last meeting took place on 3 December 2018*)

Advising each organisation's Board:

- It was agreed the MOU (as referred to above) would be reviewed by the Working Group so that it was suitable to be taken to VS organisations boards
- It was agreed that each VS organisation should update their Boards on the 'direction of travel', and should develop an indicative timeframe for when they wished their Board to make a final decision
- It was suggested that a schedule of Board meetings should be prepared by each VS organisation in order to identify when key decisions would be made

Further discussion identified priorities as follows:

- A clear decision on what happens next - move forward with clarity
- Confidence that whatever is agreed is inclusive of Queens Park Paddington
- Services and involvement of BME groups must underpin this work
- Continue to be honest and put everything on the table
- Create an effective delivery model, consensus, honesty
- Strong leadership to take this forward
- Everyone should be heard – we must be inclusive
- Want to be ready to go March 2019

The Transformation Action Group has met 2 times to date and agreed a high level action plan from January to December 2019. The MOU has been agreed. The Design Group, Transformation Steering Group has been informed on progress to date. [Is it worth mentioning the current situation regarding the CIC and the fact that the parties are now discussing the CIC and its detailed governance arrangements.

Transformation Programme lead -The exit strategy

The Programme Lead is working on an exit strategy with the view that the programme becomes integrated into the regular work streams/roles within KCSC, and the MOU provides a Voluntary Sector Vehicle through which the existing relationships with WLCCG, Public Health and others can be both strengthened and continued.

Longer Term Risks and Mitigations of the Voluntary Sector Transformation Process

RISKS	MITIGATIONS
Lack of continued engagement from the VS in the Transformation process, due to being overwhelmed and lack of clarity about the future, and their organisations role within it	Continue to meet with VS colleagues in between meetings, keeping them abreast of progress and any issues arising. Keeping this work relevant and finding ways to continue to collaborate
Change in direction from WLCCG, no longer going for Multi-Speciality Community Provider status	Continue to liaise with WLCCG commissioners working towards an agreed way forward with clearer guidelines for the voluntary sector
Lack of engagement and collaborative working with Primary Care Networks (PCNs)	Working on new ideas and opportunities to continue engagement with PCN and GP Federation. Develop ideas which can be taken forward by KCSC team
Reduction in funding to the Voluntary Community Sector (VCS) and future cost savings required	Not lose sight of this issue and remind VS colleagues of this; find ways of working collaboratively
Individual organisations from within the local VS not wanting to participate and disrupting the Transformation work	Provide centre stage opportunity for all those within the VS who have an idea of how best to collaborate. Doing this in a workshop for the VS only
VCS IT Systems not being able to speak to each other	Continue engagement and raising this as an issue with our VS colleagues
Lack of understanding from some of the NHS providers and of the contribution the VS can and does already provide	Finding ways in which we can evidence our work. Explore who and what is most useful as evidence. Possibly use Transformation funds
Turnover of commissioning staff meaning new relationships having to be developed	Continue to engage and ensure that there is a purpose to meeting. What can our experience offer?
Lack of coordination between the NHS and the Local Authority; public sector requiring conflicting set of outcomes	Continue to engage with both and look for opportunities to engage fully. Keep public health engaged in the process

Programme Lead contract ends. The VCS Transformation work ceases to have the same momentum and the individual senior interface input no longer is available.	Internally upskill KCSC Health & Wellbeing Manager and Integrated Care Lead. Listing senior contacts for CEO. Bringing any 'wicked' problems to the forefront and ensuring the 'vehicle' has been decided upon before leaving. Getting buy in from as many VCS organisations as possible.
Write high level business plan for January 2019-December 2019	Break down areas which have clear outcomes Develop Business Development Manager role to take KCSC CIC forward.
Lose sight of the strategic development across North West London and how we fit into that wider picture	Ensure we feedback via our leaders within the partnership in appropriate meetings
Once KCSC CIC or other entity established there are no contracts to manage.	Continue to have those conversations at a strategic level

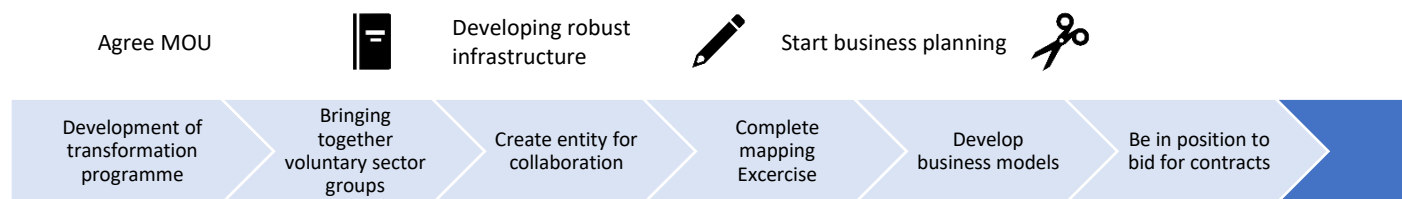
For any further information please contact Hayley Turner [Health and Wellbeing Manager](#), [Integrated Care Lead at Kensington and Chelsea Social Council](#)

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TAG

The Transformation Action Group. Collaboration of voluntary sector organisations in Kensington and Chelsea representing the wider voluntary sector lead by KCSC

HIGH LEVEL TIME LINE FOR SETTING UP CIC JAN 2019-JAN 2020



Complete by		Timeline for the Transformation Programme and development of the KCSC CIC collaboration of voluntary sector in Kensington and Chelsea
<input type="checkbox"/>	First TAG meeting Dec 2018	Workshop concluded a small group of representatives meet to move forward tasked with forming entity through which new service provision can be developed and delivered.
<input type="checkbox"/>	Agree MOU January 2019	All amendments received; MOU amended and agreed
<input type="checkbox"/>	February 2019	Agree terms of reference for group. Share draft CIC Governance
<input type="checkbox"/>	March 2019	Job Description for administrator of CIC agreed. Begin Recruitment of administrator to help service the CIC
<input type="checkbox"/>	April 2019	Commence baseline mapping of services provided in Kensington and Chelsea by voluntary sector organisations to help inform business case/bids going forward
<input type="checkbox"/>	May 2019	Agree CIC governance; review neighboring CCGs of any for any developments of business models and opportunities
	June 2019	Review neighboring CCGs for any developments of business models and opportunities
<input type="checkbox"/>	July 2019	Develop one year business plan for CIC
<input type="checkbox"/>	August 2019-September	Review structure of staff for CIC
<input type="checkbox"/>	October 2019	Review business plan –risks and mitigations
<input type="checkbox"/>	November 2019	Agreement sought from KCSC board and partner boards for business plan for CIC
<input type="checkbox"/>	December 2019	Begin business case development
<input type="checkbox"/>	January 2020	

List of members of the Voluntary Sector Transformation Steering Group

Joe Batty	Senior Development and Engagement Officer (Grenfell)
Micheal Ashe	CEO Volunteer Centre Kensington and Chelsea VCKC
Hannah King	Programme Lead Integrated Care
Angela Spence	CEO Kensington and Chelsea Social Council
Anna Porta	Development Officer Westway Community Transport
Anne Goodger	Director of Marketing and Projects Dalgarno Trust
Christine Mead	Public Health Royal Borough of Kensington and Chelsea (RBKC)
Christina Torrecelli	Public Health (RBKC)
Concia Albert	Development Officer One Westminster
Filsan Ali	Director Midaye - representative and founding member MUSAWA
Haley Turner	Project Officer KCSC
Matthew Norman	West London GP Federation Programme Manager
Kathryn Gilfoy	Director of Resonate Arts
Ian Cassidy	CEO Open Age
Isabella Niven Art (ACAVA)	Programme Manager Association for Cultural Advancement through Visual
Jackie Rosenberg	CEO One Westminster
Jane Wheeler	Associate Director Whole Systems WLCCG
Jenny Greenfield	Director of Services and Operations KCSC
Jess Millwood	CEO Age UK
Justin Gaffney	CEO MSH & CQC lead
Kalwant Sahota	Self-Care and Third Sector Commissioner WLCCG
Henry Leek	Integrated Care Commissioner
Lucy Warren	Project Manager Resonate Arts
Nafsika Thalassis	CEO BME Health Forum
Paul Rackham	Royal Borough of Kensington and Chelsea
Samira Ben Omar	North West London Clinical Commissioning Groups
Garcia-Farinos, Marta	Royal Borough of Kensington and Chelsea

