



January 2019 Progress

Transformation Voluntary Sector April 2018

Background

It is widely recognised that voluntary and community sector models demonstrate capacity to save money. 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. There is a mixed eco system of over 1000 voluntary sector organisations in Kensington and Chelsea large and small many of which have a deep rooted history.

My Care My Way (MCMW)

The concept of Transformation of the VS seems at best complex. However in discussions with the sector My Care My Ways model of integrated care has been a good example way to explain what we mean by integrated care, and a new effective and holistic way of working. MCMW has had excellent feedback from patients and demonstrates how working in partnership with the NHS and the VS can lead to successful outcomes.

The 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 CSC managing the service
- Widening the understanding of the VS with GP practices
- Established a learning culture throughout the service by collaborating

Local Communities

KCSC seeks to ensure future changes in commissioning have a strong focus on the needs of local communities particularly in the learning from the Grenfell tragedy. In the report Mind the Gap, Muslim Aid and other charities highlighted that although the voluntary sector too found it hard to coordinate in the early days after 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. This serves to remind us of the great value of the VS and its grass roots reach and understanding into the community. 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 in the Integrated Care agenda.

FIRST PHASE Achievements

In 2017 by 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
- Bring in senior leadership which work with the CCG and help set the agenda
- Promote system leadership
- Work in collaboration with GPs, hospitals, primary care, local council
- Improved Governance and communication
- Increase awareness from organisation to whole system
- Non-linear approaches to change

SECOND PHASE-Achievements

1. A Programme Lead was employed in April 2018 with system change experience
2. In order to Govern the process a Voluntary Sector;
 - Transformation Board
 - Transformation Steering Group
 - Design Group
3. Project Plan created and serviced on an monthly basis reporting to the Transformation Board

4. Communicating the changes in commissioning to the wider sector with groups and one to one meetings has meant 'buy in' from additional organisations
5. 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, and facilitating closer working relationships has helped build relationships trust. Working with colleagues who on a day to day basis outreach to the local communities.

In this period of rapid change the 'wicked' problems, due to lack of capacity of all sectors being overwhelmed becomes amplified. The Transformation lead has spoken with leaders within the voluntary sector 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 development. This will allow for clinicians and practitioners to understanding the added value of the sector and encourage good practice.

Transformation Design Group- made up of voluntary sector partners

The Transformation Design Group aims to prepare the VS to be business ready for the MCP status. It has agreed the second draft of a Memorandum of Understanding (MOU) between the voluntary sector organisations. A detailed analysis of what 'vehicle' would benefit the sector most, and the legal implications has been completed.

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

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. 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 and their carers and our staff.

Alliance Group Meetings

The Alliance Leadership Group, Alliance Integrated Care, Alliance Management Groups provide an opportunity to exchange and understand each sector and provide an opportunity 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 this is where the MOU will provide a collective voice of 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 however, we recognise that it is also an opportunity for those voluntary sector 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 was planned. It was extremely well attended.

This purpose 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 to CIC status
- The Working Group should comprise of front line providers (with and without contracts across My Care My Way (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 will meet and report back to the wider group via email. (*Note: the meeting took place on 3 December 2018*)

Advising each organisation's Board:

- It was agreed the MOU would be reviewed by the working group so that it was suitable to be taken to voluntary sector organisations boards
- It was agreed that each 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 organisation in order to identify when key decisions would be made

Further discussion identified priorities:

- 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 must underpin this work-diverse and inclusive
- 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
- Want to be ready to go March 2019

To date the Transformation Action Group has met 2 times 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.

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 engagement from the voluntary sector 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 voluntary sector colleagues in between meetings, keeping them abreast of progress and any issues arising.
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
Reduction in funding to the Voluntary Community Sector (VCS) and future cost savings required	Not lose sight of this issue and remind voluntary sector colleagues of this and find ways of working collaboratively
Individual organisations from within the local voluntary sector not wanting to participate and disrupting the Transformation work	Provide centre stage opportunity for all those within the voluntary sector who have an idea of how best to collaborate. Doing this in a workshop for the voluntary sector only
VCS IT Systems not being able to speak to each other	Continue engagement and raising this as an issue with our colleagues
Lack of understanding from some of the NHS providers of the contribution the voluntary sector 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 we offer 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.

List of members of the Voluntary Sector Transformation Steering Group

Joe Batty	Senior Development and Engagement Officer (Grenfell)
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 Midaye	Director Midaye
Filsan Midaye	Founding member MUSAWA
Haley Turner	Project Officer KCSC
Helen Dunford Networks	Integrated Care Commissioner Leading on Primary Care
Ian Cassidy	CEO Open Age
Isabella Niven	Programme Manager Association for Cultural Advancement through Visual Art (ACAVA)
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
Micheal Ashe	CEO Volunteer Centre Kensington and Chelsea VCKC
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**