Analysis: findings from our research

The findings from our research are presented under the following questions, each including suggestions about what could change

- What are your thoughts about how the Voluntary, Community and Social Enterprise (VCSE) sector works with healthcare providers?
- Looking back on your experience of partnership working between VCSE organisations and healthcare providers, what has worked well and why?
- We have analysed feedback on issues that affect relationships between the STP and VCSE sector. The following emerging themes appear to be key to developing effective joint working – what are your thoughts on them?
    - Theme: Communications, language and culture - different approaches, such as medical and social models; sector-based jargon.
    - Theme: Shared strategic leadership - joint development of strategic approaches; engaging with programmes and governance structures; different scales of operation and responsibility.
    - Theme: Knowledge of services - joint understanding of services offered; understanding of integrated services in a wider system.
    - Theme: Diversity and single point of access - 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.
    - Theme: Locality-based working and specific communities - the tension between geographic provision and inclusion of organisations that serve communities of interest and practice.

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1. What are your thoughts about how the Voluntary, Community and Social Enterprise (VCSE) sector works with healthcare providers?

- It is patchy, sporadic and varied - though there are examples of great practice it is inconsistent.
- There is a high level of VCSE sector willingness to engage but processes and inequality of relationship hamper this.
- The wide range in size of the sector is a challenge.
- Trusting relationships between people are fundamental. Building and maintaining relationships is resource heavy and difficult, as frequently the most effective relationships are those that are one-to-one.

    “Key thing is the opportunity for VCSE sector and CCG people to work together – this will build mutual respect and understanding so that both can see the value of each other’s work.”

- There is a lack of (STP) understanding of VCSE sector offer and potential to deliver.

- There are barriers to partnership: the (focus on clinical governance, paternalism) and the lack of acknowledgement of the importance of quality of life compared with clinical outcomes.

  "Do no harm – Hippocratic oath – the ways health profs are trained to think is very different to how society expects things to be managed. In volsec, people are more attuned to social factors."
- There may be some common ground.

  "It's good to see a recent focus on the wider determinants of health and the work from the Marmot Review."
- There were examples of strong strategic joint working given from a South Glos point of view. There was potential for this to be improved directly with primary care providers: understanding within GP practices is less strong. Community mobilisation and development of social prescribing could enhance that relationship.

Recommendations and Suggested Solutions

- Being brave, innovating and recognising that not everything will always work, valuable lessons will be learned and successes will come.
- Acknowledge that in a genuine partnership, you have to give something(s) up.

2. Looking back on your experience of partnership working between VCSE organisations and healthcare providers, what has worked well and why?

- Co-location of services

  "Is a great way to help different teams integrate e.g. CCG locality provider forum, S Glos."
  "We [GPs] used to simply send patients upstairs and this made it really easy for them to get access to advice to help them manage better. If they manage better, they're more likely to turn to health appointments and will then have better health.
  "We have a caseworker based in a hospital who prevents bed-blocking by tackling the issue of cold homes."
- Having a signposting worker or service embedded in a healthcare setting / attached to a GP Practice improves access and take up of services (e.g. Wellness Navigator, Patient Advice Liaison, Link Worker). This can also support medical practitioners who don't always have the time or will to find out where to direct patients to and are concerned about quality assurance and long term availability of provision.

  "GPs cannot know all the services around and no time to signpost."
  "As a GP, I know there are various VCSE organisations out there – it's quite difficult to contact and refer to them in a structured way.
  "Wellness Navigator roles that sit in primary care are a model for how scaled up social prescribing might work".
  "Patient advice liaison services at Frenchay – Had a massive range of VCSE organisations at my fingertips for when patients' problems weren't medical".
  "The Age UK care navigator scheme (South Glos), a joint initiative with practices and Sirona has embedded VCSE services in MDTs and has directly brought new roles into MDTs. There is some evidence of reducing admissions. The procurement of the

Southern Brooks One You service and the wraparound that brings to social prescribing is exciting for the area".

- Early involvement, Co-designing services and flexibility are important.
  "It works well where involvement starts earlier. Ideally before a solution is decided. Commissioners need to ask, 'Can we use your expertise to understand the problem?"
- Trust and relationships
  "Every time, our partnership work is built on personal relationships."
  "When we've been able to work directly, for example providing 'inreach' at BRI and Southmead with individual staff members, you work at a really good level with people that are on the front line. Building those relationships is really advantageous. We get to understand what they do better and vice versa. We also get really useful feedback."
- Best examples are where there are individuals with knowledge and understanding of the contribution VCSE can make – also mutual respect and understanding and clarity about roles and potential input.
- Empathy and understanding
  "Understanding the enormous pressure that health services are under – we must recognise that and have some solutions what will work given their circumstances."
- Some have struggled to describe things that have worked well.

Recommendations and Suggested Solutions

- Explore the feasibility of a more structured system for GP practices referring patients to VCSE provision.
- Develop an 'acknowledged' or approved VCSE provider list so individual GP practices for example, can make more re-assured referrals without feeling they have to assess the suitability of each organisation.
- Using statutory logos for added credibility E.g. GP logos.
- Embedding signposting workers/ services embedded in certain healthcare settings (E.g. GP Practices, hospitals).
- Email address - Having an NHS email address would make a huge difference for embedded workers to get referrals.
- Co-locate services on a case-by-case basis.
- Ensure VCSE organisations are funded accordingly to adequately provide for any increased referrals E.g. through social prescribing/ signposting workers.
- VCSE integration with hospital admission/ discharge.
- Partnerships work well where there is: strong leadership from the VCSE; clear proposed outcomes; service spec developed jointly; evidence based working; work is outcome driven and clearly targeted.

3. **We have analysed feedback on issues that affect relationships between the STP and VCSE sector. The following emerging themes appear to be key to developing effective joint working – what are your thoughts on them?**

Theme: Communications, language and culture - different approaches, such as medical and social models; sector-based jargon.

- There is a general lack of clarity in communications and who needs to know what. 'There's little clarity about who we should speak to about what' could apply to all sides. It is an unequal relationship and particularly smaller organisations feel excluded – communicating at scale is often a default.

  "The STP needs to embrace the VCSE sector as a partner. Currently it's marginal."
- There needs to be consideration about how to ensure the relevant messages reach the relevant audience and how to ensure that happens – this is true for both VCSE and health partners.
- A cultural shift is necessary which recognises 'professional' may be defined in different ways.
- There needs to be a recognition that organisation culture may prevent potentially beneficial approaches for example around risk, funding and innovation. E.g. Levels of risk audit could be proportionate to size of organisations and type of provision.
- The STP is not a single entity and its identity has gone through 3 iterations already.

  "There are many different steering groups, boards and pathways, all of which need to be working effectively together."

Recommendations and Suggested Solutions

- Develop some common language and share communications in plain English between VCSE and health sector colleagues.
- Transparency – create a trusted partnership where open and honest conversations can take place- For example without fear of prejudicing contracts I.e. where a VCSE organisation feels they can push back on a monitoring form and have an open discussion if they felt they had valid reasons for believing it was unrealistic.

Theme: Shared strategic leadership - joint development of strategic approaches; engaging with programmes and governance structures; different scales of operation and responsibility.

- This is seen as essential, not happening enough and predominantly with the larger anchor organisations.
- Mutual understanding is key – promote understanding and build on existing good practice and support mechanisms, such as local infrastructure organisations.
- VCSE concerns about being perceived as professional, credible and viable. Need for clear pathways for the VCSE sector to feed into/ feedback to decision makers and vice versa.
- New conversations about approaches to contracts are needed. Contracts need to have a balance between quantitative and qualitative output
- VCSE can and should make a valuable contribution to co-developing strategic approaches as well as co-designing services. However, this requires time, resources including funding which would need to be taken into consideration.

Recommendations and Suggested Solutions

- Early involvement – develop a strategy as to how the VCSE sector can influence the design of services before a decision is made and be remunerated for the resources they invest in doing so.

- Develop a clear structure for shared strategic leadership.
- Have new conversations about contracts E.g. having robust but not overall complicated reporting mechanisms; Level of risk audit proportionate to level of funding, type of service and risk; longer term contracts to provide consistency, time to embed and develop.
- Make more use of the Compact – 'Sets out standards for commissioning really well'.
- Develop an impact measurement framework for VCSE delivered health and care services with a balance of qualitative and quantitative indicators and which does not increase costs.
- Representation, including by infrastructure organisations, is good but ensure feedback is cascaded/disseminated effectively.

Theme: Knowledge of services - joint understanding of services offered; understanding of integrated services in a wider system.

- VCSE needs to articulate its offer better as does the STP; the challenge is how to maintain knowledge of very diverse services and organisations.
- There is a close correlation to the communication issues.
- Clinicians also need to be able to obtain feedback from the people they refer to VCSE organisations.
- There is a mismatch between perceived understanding and reality which needs to be addressed.
- There are some thoughts emerging about the expectations of service consistency and universal access.
    - For example, the strong NHS ethos of equal access can manifest in a requirement for referrals being available to every GP practice – this is clearly easier for VCSE organisations that serve BNSSG-wide communities (of practice/interest) than local, smaller organisations; yet some communities/practices are not universally present across BNSSG.
- VCSE representation on Integrated Care Steering Group is an important development.

Recommendations and Suggested Solutions

- Build deeper organisational links – commissioners visit VCSE organisations and meet front line staff.
- Share training between and have reciprocal arrangements for shadowing service provision between sectors to build a better understanding of each other's work, challenges and develop staff skills. This might ultimately benefit the patients overall experience.
- An NHS Community Development/ VCSE liaison team to reach out to VCSE's E.g. help guide VCSE staff to the relevant contacts in the STP, help to reduce duplication, develop a better understanding between sectors.

Theme: Diversity and single point of access - 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 is a desire for easy STP access to multiple and complex community services; that may need to be consistently accessible.
- There is a diversity of VCSE service providers (micro, small, medium, large) with different clients, legal structures, resources and histories.

- There is a tension between these.
- Cross-cutting approaches do not recognise differences.
- Difficult for NHS to operate at grass roots level.
- Tension between joint working and competition. A situation of 'Co-opetition'.

  "Not clear that single point of access is actually beneficial (unless it's a gateway); surely you want multiple points of access."

  "Small BME and other minority groups could miss out if there was one point of contact for the whole sector."
- Some VCSE organisations advocate and provide services – an advocacy approach may need to be differentiated from service provision.

Recommendations and Suggested Solutions

- Look into the Bristol City Council Ways 2 Work network/ website might as a model for pulling together different provision from across a wide geographical area which has to be updated by the organisations if they want their servicers to be known on there – Thus lowering the resource needed to continuously update the content on all providers.
- Include prevention and long term condition management in STP Plans E.g. for HIV.
- Explore the broader, longer term role umbrella organisations can play E.g. providing the forum for ongoing communication between all partners, capacity building, monitoring progress.
- Consider examples such as South Glos IPEF which includes community representatives and is independently chaired.

Theme: Locality-based working and specific communities - the tension between geographic provision and inclusion of organisations that serve communities of interest and practice.

- If services are commissioned based on localities – how can smaller VCSE organisations be included?
- Different thinking about locality-based services – some VCSE organisations welcome the approach.
- For those that service non-geographic communities, there is a concern about being included (organisations and communities).
- Not clear how locality-based working fits with new Primary Care Networks and Locality Board.
- Access (i.e. transport) is important as is ensuring all communities are served (for example, young and older people). 'Accessing services should not be dependent on where you are based.'
- The STP will need to work closely with the local authorities and fully understand their commissioning objectives e.g. to prevent any possible duplication and to explore any joint commissioning opportunities.

Recommendations and Suggested Solutions

- Community anchors could be a conduit for resources and investment into our local communities/sector.
- Provide clarity on how locality-based working fits with new Primary Care Networks and Locality Board.

4. Are there any other areas you think it is important to consider for VCSE-STP joint work?

- Public health – this is missing and very important – what's the point of the JSNA if nobody does anything about it? What is the role of public health?
- What are the threads of the STP that we'll work on? Those that talk about wider determinants and changing relationship between primary care, secondary care and communities – i.e. where the VCSE sector sits.

  "The new GP contract and development and funding of social prescribing within the new primary care network will be key."

Recommendations and Suggested Solutions

- Provide clarity on role of public health.
- Set out the role of the VCSE sector in contributing towards the STP work threads and where it sits within the evolving relationship between primary care, secondary care and communities.

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