The Richmond Group of Charities

# ‘Collaboration’

## Learning from *Doing the Right Thing,* including our work in Somerset

# Hello!

The Richmond Group of Charities

Beth Capper

Aimie Cole

# Intro

The Richmond Group of Charities

This slide deck brings together some of our learning about collaboration. The majority of it comes from our *Doing the Right Thing* programme, including our work in Somerset between 2016 and 2019. But we have also incorporated relevant learning from the wider work of the Richmond Group given we are a collaboration ourselves.

The intended audience for these slides is those seeking to improve collaboration across the health and care system - including statutory system leaders at national and local levels, health and care commissioners, and voluntary sector leaders. But the practical insights into collaboration within and across sectors may be of interest to a far wider audience, outside of health and care and including national and local decision-makers, funders, policymakers, frontline providers, citizens, community activists, and other commentators.

Please contact us if you could like to find out more about *Doing the Right Thing* or other Richmond Group programmes (using the details on the final slide).

# Contents NB. PowerPoint hyperlinks only work in slide show view

The Richmond Group of Charities

# **Context** – Richmond Group

In 2010 the Richmond Group of Charities was formed to *"collaborate to maximise influence around areas of common interest in health policy"*. It started with 'traditional' national influencing, evolving to include strategic programmes focused on different challenges and opportunities of interest to the group.

In 2015 the Richmond Group partnered with Mind and Public Health England and commissioned charity consultancy and think tank New Philanthropy Capital (NPC) to review the evidence for the charity sector's contribution to the health and care system.

Untapped Potential was published in April 2016. It found evidence of charities impact but also that greater collaboration across and within the voluntary sector and public services could further release the untapped potential within charities and better support people to live their lives as healthily and happily as they possibly can.

In our experience **everyone – public services and the voluntary sector alike – needs to get better at 'doing collaboration'** rather than just talking about it

# **Context** – Richmond Group

Doing the Right Thing is a Richmond Group programme to explore **meaningful and impactful collaboration** between the voluntary and statutory sectors in a place. The programme includes a practical collaboration with the STP and local VCSE in Somerset, which began in late 2016.

The question we hoped to answer was 'if we collaborate in a local area – with no pre-conceived recommendations about products, providers or even the problem to focus on – then can we create better health and care outcomes for people and reduce demand for statutory services?

We know that making change at scale is hard. We wanted to better understand why this is, and to see what we could achieve if we collaborate.

# **Context** – External picture

The call to collaborate across and within sectors has been a central plank of health and care policy reform since the Five Year Forward View in 2014. Sustainability and Transformation Partnerships (STPs), with a focus on place-based planning, are all tasked with working closely with citizens, communities and charities in the design and delivery of services.

Most recently these ambitions have been carried forward in the NHS Long-term Plan, which calls for continued and future collaborative working across sectors to achieve more preventive, personalised, coordinated care.

There is recognition that things are changing. Attitudes across both the VCSE and commissioners favour more collaborative working and people feel the increasing recognition of the value of the VCSE on the ground. (Woollett, 2019)

# **Context** – External picture

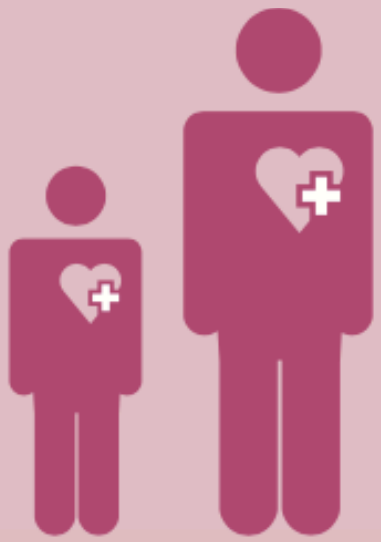
Upcoming activities include:

- The development of new STP plans for the period 2020 – 25 over summer 2019.
- Introduction of Primary Care Networks, and the ambition for them to work with others to address social issues that impact on population health and inequalities.
- Roll out of universal personalised care, with social prescribing link workers to connect people into wider support in communities and the voluntary sector.

# **Context** – Somerset

**An ageing population: One in four people will be aged 65 and over by 2021,** almost 30 years before the rest of England. **In some parts of Somerset one in two people will be aged 65 and over by 2033.** The Department of Health estimates average NHS spending for retired households to be nearly double that for non-retired.

**While**
**28%**
**of people**
**in England have a long-term health condition...**



**44%**
**of people in Somerset**
**live with a long-term health condition and 4% live with three or more**

Around **2,800 registered charities**, plus many more community groups.

age UK
Alzheimer's Society
asthma UK
breast cancer care | breast cancer now
Uniting to create one charity for everyone affected by breast cancer
British Heart Foundation
British Lung Foundation
British Red Cross
DIABETES UK
KNOW DIABETES. FIGHT DIABETES.
MACMILLAN CANCER SUPPORT
MS Society
Rethink Mental Illness.
ROYAL VOLUNTARY SERVICE
Stroke association
VERSUS ARTHRITIS

# **Context** – Somerset

There were already a number of efforts underway to increase collaboration at a strategic level, as well as existing structures, projects and initiatives taking a collaborative approach in practice:

- The local authority funded Somerset VCSE Strategic Forum – a critical partner for the collaboration
- STP with different workstreams – which we were invited to join as a collaborator
- 1 CCG, 1 LA, 2 acute provider trusts, 1 community and mental health trust (merger underway with one of the acutes), 70+ GP practices
- Health and Wellbeing Board
- 2 VCSE infrastructure organisations – Spark Somerset and Engage
- New models of care – Health Connections Mendip, Symphony, Village agents, adult social care community connect and microproviders
- SW Academic Health Science Network with a dedicated VCSE lead that we worked closely with.

Yet collaborative working in Somerset, like elsewhere, is not business as usual.

# SOMERSET
## SUSTAINABILITY AND TRANSFORMATION PLAN

in Partnership with

Public Health England

in Partnership with

South West Academic Health Science Network

## DOING THE RIGHT THING

SOMERSET Voluntary, Community & Social Enterprise STRATEGIC FORUM

And Somerset VCSE Advisory Group

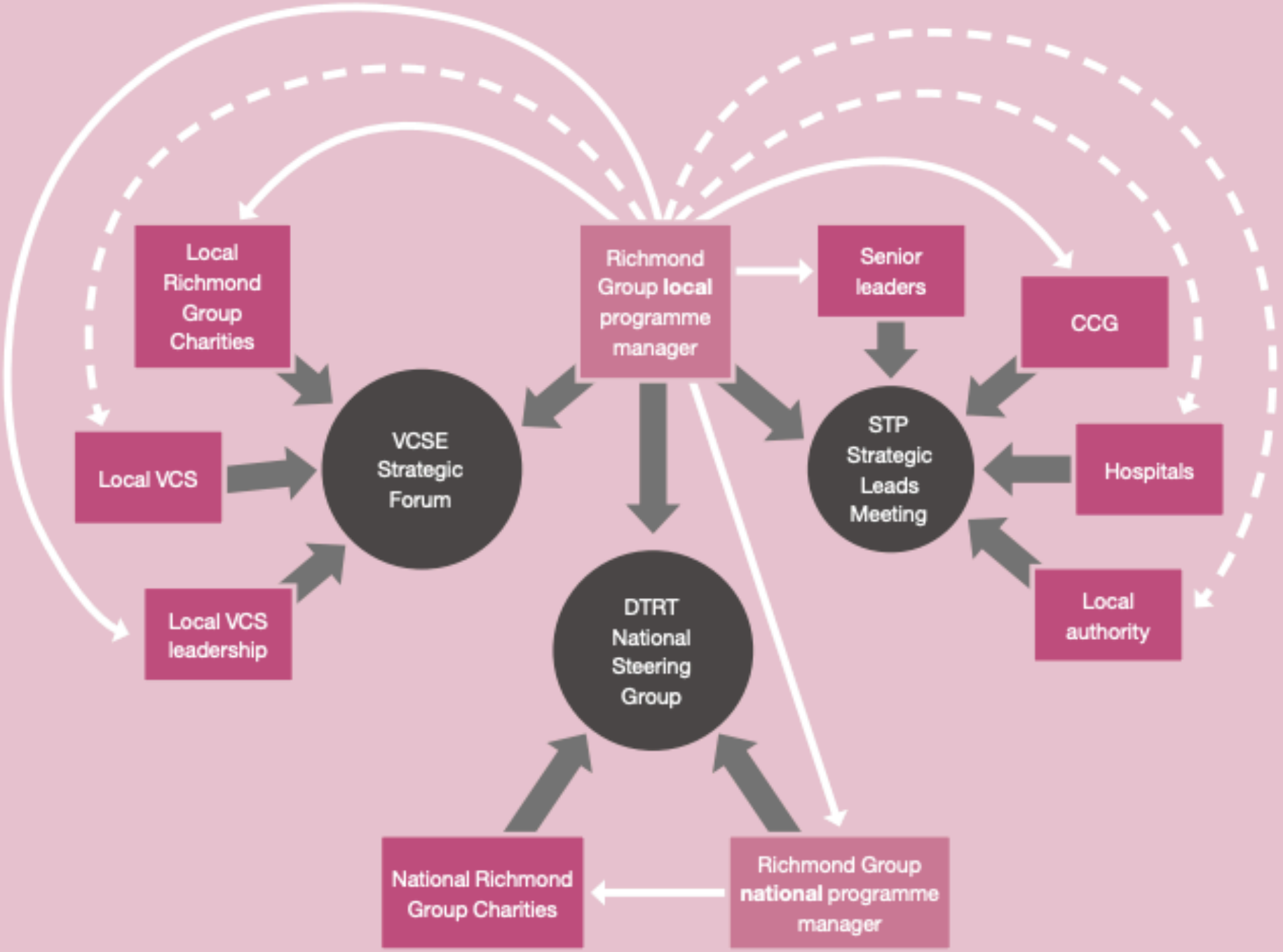
The Richmond Group of Charities

# **Context** – Somerset

Doing the Right Thing had different phases and took different approaches to collaboration. It was a **time-limited programme**, with frequent review, eventually spanning 2.5 years.

- The first phase, **preparing for collaboration**, started by focusing on relationship building within and across sectors and mapping the population, its health and care needs, the communities and their charities, the health and care systems, its pressures and partnerships.

Further details of the approach in the first phase are available in NPC's evaluation of our early work in the report '[Tapping the Potential]'.


Local Richmond Group Charities
Richmond Group local programme manager
Senior leaders
CCG
Local VCS
VCSE Strategic Forum
STP Strategic Leads Meeting
Hospitals
Local VCS leadership
DTRT National Steering Group
Local authority
National Richmond Group Charities
Richmond Group national programme manager

# **Context** – Somerset

The second phase, doing a practical collaborative project, focused on social prescribing. Our learning on this was set out in a previous Richmond Group webinar and slide deck on social prescribing.

- STP project management resource was committed to work with the Richmond Group programme manager.
- A collaborative project group was formed.
- Independent funding was secured to fund research and test feasibility of different approaches and funding models.

The result was a collaboratively designed STP proposal to spread social prescribing consistent with the views of people, communities, charities, professionals and commissioners.

# **Context** – Somerset

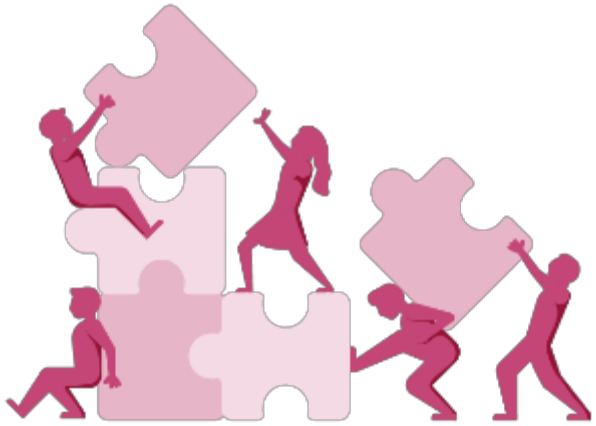
The third **'transition' phase** explored how to sustainably embed collaborative working. This took place at a time of further transformations in health and care - with the development of a Neighbourhood approach locally, national policy changes from the Long Term Plan and the introduction of Primary Care Networks.

Our focus was on enabling sustainable capacity for collaboration within the local VCSE sector working in health and care.

- Three month programme, with facilitated workshops (including one with strategic commissioners)
- Explored the opportunities and challenges of ongoing collaboration in health and care and the tools, models and technical solutions to achieve it.
- Result was a local VCSE-led action plan to further collaboration in practice in health and care.

# **What** is collaboration?

"THE SITUATION OF TWO OR MORE PEOPLE WORKING TOGETHER TO CREATE OR ACHIEVE THE SAME THING"



It is a way of working together that:

- Develops **relationships** based on trust
- Pools expertise, energy, insight and influence to make **change**
- Adds **value** by addressing issues together that we cannot address as effectively alone
- Develops practical **solutions** to difficult problems.

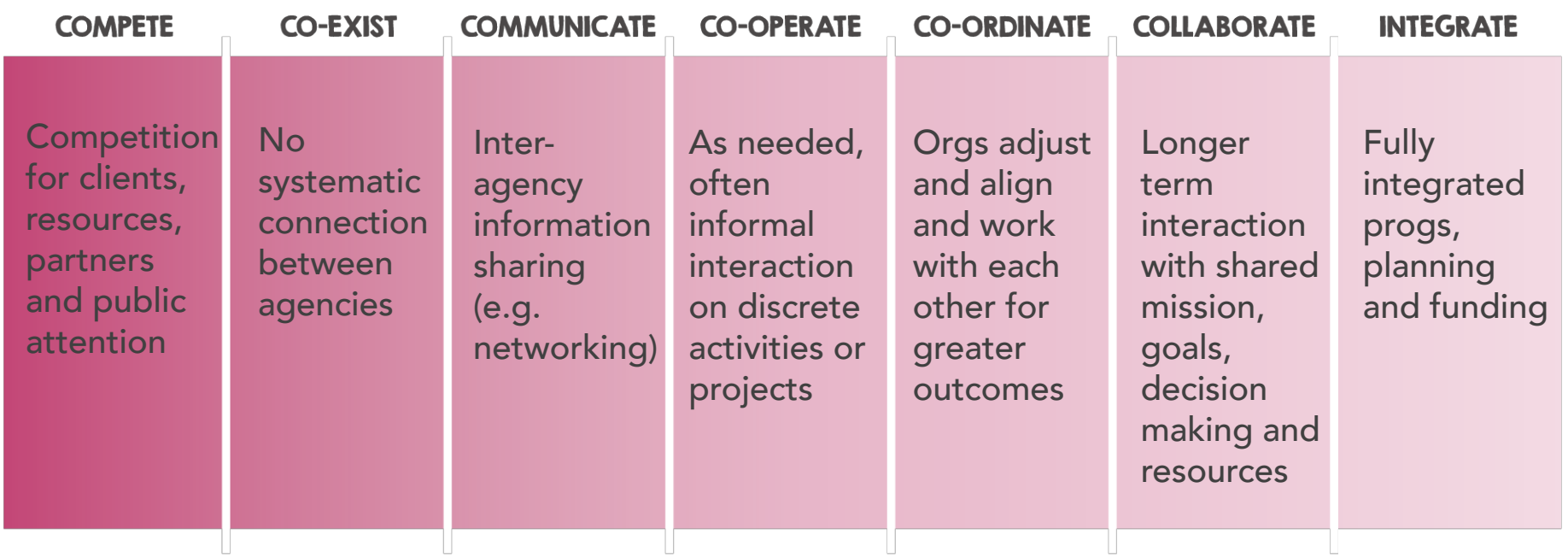
# **What** is collaboration <u>not</u>?

We often need to work together, in teams, to progress our work. But collaboration is **not the same as teamwork.** It involves working outside existing organisational boundaries and structures.

There are also times when fully integrating teams and organisations make sense. But collaboration is **not the same as a merger**.

Collaboration sits on a spectrum, between cooperation and integration.

# The collaboration spectrum




Source: Tamarack Institute July 2017

# **What** is collaboration not?

Collaboration is **not a silver bullet**. In and of itself, for its own sake, it will not offer the solution for meeting the needs of people and communities.

It is **not always necessary** or desirable. The time and energy involved in managing sometimes complex partnerships can be a distraction to and drain on resources, which could be focussed directly on service delivery.

It's also **not synchronised** swimming. Collaboration does not mean doing everything, all together, all of the time, in complete harmony.

# **What** is collaboration not?

Collaboration is **not new**. Over the last 20 years at least there has been a lot written, studied, talked about and done – in many different sectors and industries, from all sorts of different angles.

This includes (not exclusively) work by NAVCA, NCVO, New Philanthropy Capital, Voluntary Action Sheffield, Living Options Devon, IVAR, Government Outcomes Lab, Charity Commission, Law firms, Department of Health, Cabinet Office, Local Government Association, Collaborate CIC, business sector.

We use the language of collaboration now, but in the past we may have talked about consortium (2000s), partnerships (1990s), inter-organisational relationships, strategic alliances, and more. (Rees et al 2012)

# **What** is collaboration not?

Public service contracting has historically been a common driver behind the discussion on collaboration. This means the issues of money, procurement, contracting, governance, legislation, tax and other technical factors are often at the forefront.

Obviously (and frequently) collaborations need formal structures and technical advice in order to progress their aims, especially where tax is concerned. Specific **contracting and governance structures are not collaboration** itself and will rarely be the best route for developing relationships initially. They can be useful vehicles for the collaboration to use once it is developed.

# **What** is collaboration not?

Collaboration is **not a way to get more for less**, or for policy, ideological principle or systems change for its own purpose.

The important point about the benefits to people and communities can get lost in technical discussions about collaboration. But a focus on people, the outcomes they want to see and practical ways of achieving these is often the main driver of successful collaborations.

Collaboration can help professionals, volunteers and organisations who are working with similar groups of people achieve better outcomes. It can help systems achieve improved outcomes, although rarely will it reduce costs in the short term.

# **What** is collaboration not?

Collaboration is **not one-size-fits-all**. Collaboration in health and care occurs at different levels:

- National
- Regional
- STP/ICS
- PCN/neighbourhood
- Community and grassroots

Membership of collaborative groups may not necessarily translate up and down levels – i.e. from national to to regional to STP, STP to communities. Each different level and local area will have assets, infrastructure, relationships and structures relevant to collaboration. These should be built on and not replaced or duplicated.

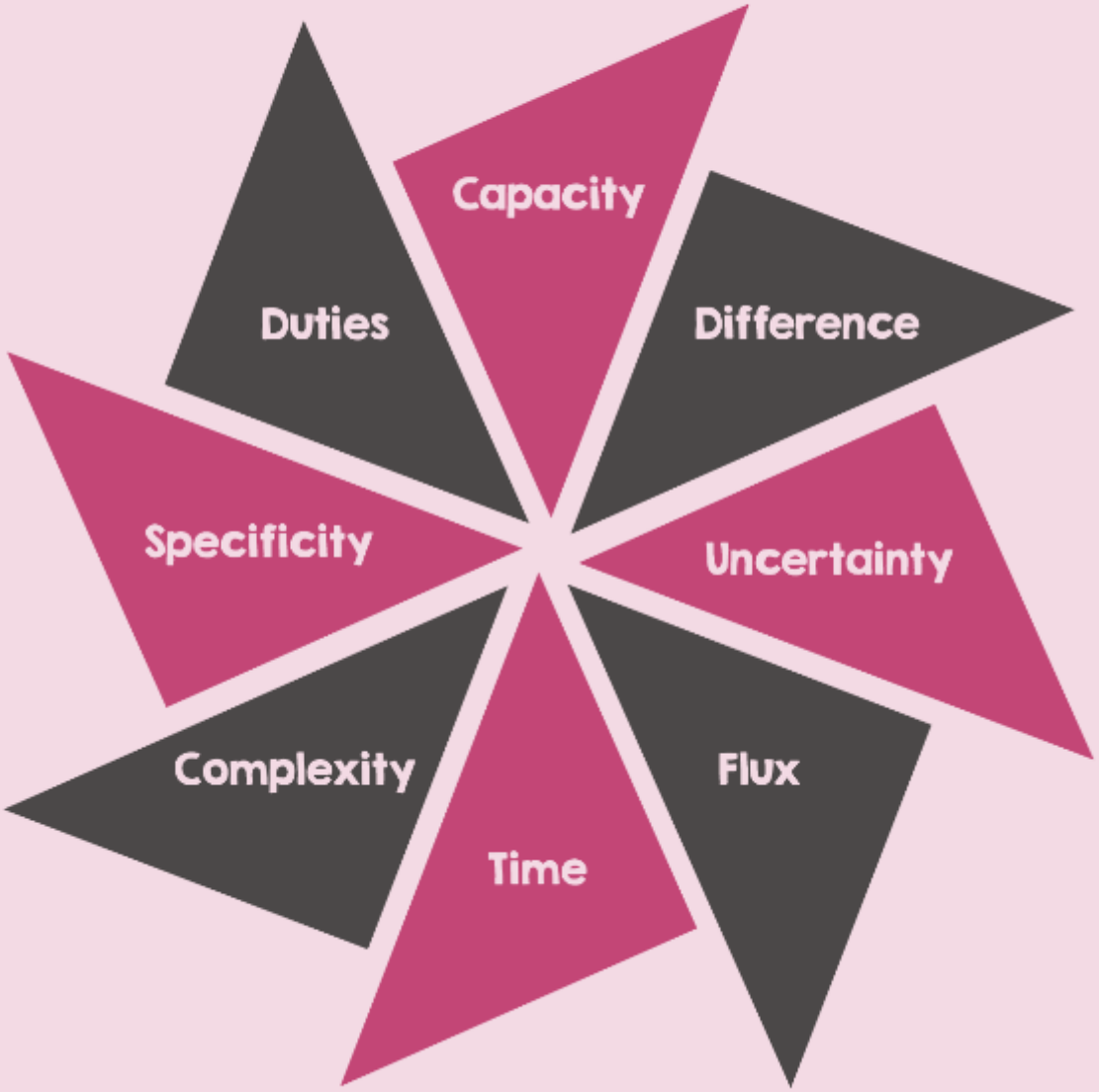
# **What** is collaboration not?

Collaboration is not a tick-box exercise. It is a new way of working, based on relationships. This requires constant maintenance because people move jobs – and context, priorities and organisations constantly change. In that sense collaboration **not something that is ever 'done'**.

Similar ethos, culture and shared values amongst organisations will help collaboration. At the same time collaborative partners with distinct and different missions and complementary skills that jointly serve the same group of people often find it easier. Understandably it will be easier where strong personal relationships exist.

But these are not pre-requisites, sometimes more genuine long-lasting impactful change comes from having what may be perceived as 'difficult' partners in the room from the outset. ...

# Challenges to collaboration



# **Challenges** to collaboration

**Complexity:**
Health and care is a complex system, and the VCSE is fragmented and diverse. Both are hard to understand and navigate from the inside, let alone from the outside. It is especially difficult to identify points of contact and find out what is already out there and what different organisations offer.

**Flux:**
Significant challenge comes from the changing personnel and governance structures of statutory organisations and of the STPs, ICSs, PCNs and the initiatives that follow them.

**Duties:**
The obligations of trustees and boards to individual organisational objectives and duties can be inconsistent with collaboration.

# **Challenges** to collaboration

**Capacity:**

The health and care system is facing increasing demand without equivalent matched increases in **funding** or workforce. It is also undergoing significant transformation – at national, regional, local and community level. The VCSE sector is also operating in a constrained funding environment.

- It can be hard to find the headspace and capacity for collaboration when saving lives on the frontline, keeping organisations afloat and dealing with regulators.
- Relationship building is made even harder when one sector is reliant on the other for funding.
- Capacity within the VCSE is often limited other than for the biggest charities.

# **Challenges** to collaboration

**Time:**
More specifically short timeframes and deadlines for developing plans or new services, or accessing funding. This makes it difficult for collaborative relationships to properly develop, or even to get collaborative feedback on plans.

**Uncertainty:**
Uncertain funding, with unrealistic expectations about the VCSE being able to do things for free.

**Difference:**
Different quality, training, standards and levels of regulation.

# **Challenges** to collaboration

**Specificity:**

National directives that overly prescriptive shrink the space for collaboration to develop. Likewise tenders that are overly prescriptive, have high eligibility requirements and are focused on outputs or system outcomes rather than outcomes for people will hinder the developments of collaboration for delivery. The lack of simple commonly agreed outcomes frameworks, as well as variations in the requirements for impact measurement and justification of activities not being equal across sectors creates an unequal playing field that again hinders collaboration.

These factors can particularly hinder smaller organisations from getting involved in collaboration.

# **Why** collaborate?

**Triggers:**

- Push or pull from a particular individual, organisation, body or network. This can be within a local area, regionally or from outside.

- Push factors include changes to public sector services, through commissioning, if funding and contracts are cut or new priorities emerge. Or structurally – as systems, policy, governance and ways of working develop.

- Pull factors include identified shared objectives or beneficiary group between a group of organisations and desire to increase impact. This can be around a place, theme or specific issue.

# **Why** collaborate?

**Support:**

- Complex issues require a variety of skillsets, perspectives and approaches. Plus the support, energy and optimism of others can help get maintain momentum when faced with setbacks.

**Information:**

- Collaboration is an effective way of sharing information and learning from others about what works, what doesn't work and has gone before. It can help reduce inefficiencies and duplication of effort.

# **Why** collaborate?

**The right thing to do**:

- No single organisation or individual can deliver change at the required scale and pace. And collaboration is often the best, and sometimes only, way of increasing impact and improving outcomes for people and communities. People and relationships are vital to delivering what people need to retain control of their lives.

- This is widely understood and reflected in the genuine desire and appetite amongst the majority of VCSE and public sector to try and find ways to work more collaboratively.

# How to prepare for collaboration

1

Get to know each other before you decide whether and what is the opportunity to collaborate.

2

Help each other to understand who is who and who does what and how to contact them.

3

Create space and time for people to talk.

This can be done through the context of 'work' - e.g. mapping, research, analysis - but also by bringing people together in different settings in the outside world.

# How to practice good collaboration

# How to embed collaboration

To lay the ground for future collaboration and new ways of working in the VCSE we can build on past experiences and learning from elsewhere.

There are different models for collaboration and developing new ways of working.

- Informal networks
- More formal alliances
- Outcomes-based contracts and SPVs
- Lead providers
- Single Point of Commissioning organisation
- New legal body

# **How** to embed collaboration

The Richmond Group is itself a helpful case study for how an **informal network** approach to collaboration works. Our ways of working are:

- Deliberately not over-formalised - impact is based on strong relationships not formal governance structures.
- Respectful of difference, but interested in identifying common ground between us, our organisations and the needs of our beneficiaries.
- Make resource available from within our organisations and enable each other to lead on distinct pieces of work.
- No public facing Group ‘brand’ but acknowledgement that we add strength if we speak with one recognisable voice to senior decision makers
- We work with other partners where this enhances our ability to make change happen.
- Regular reviews of funding, governance and ways of working but aim to keep our discussions focussed on substance, rather than process.

# **How** to embed collaboration

**Operationally:**

Richmond Group members are expected to contribute (in line with their size and capacity) financially, as well as with staff engagement, as well as bringing evidence, insight, networks and contacts.

Every member is not expected to take part in all pieces of work, but all members would be expected to take part in.

There are quarterly CEO, Influencing and Service Directors meetings to inform and consult with the wider Group on strategic direction and purpose.

# **How** to embed collaboration

An **outcomes-based** contract backed by social investment may not be feasible but the process of exploring it as an option is itself often highly collaborative.

It requires collaborative exploration of the outcomes that people want, the outcomes that the system needs, who is responsible for delivering what and paying for it.

Technical consultants in this space are often very skilled and experienced at working across and within different sectors and inherently understand the pressures and different ways of working in each. They can also provide helpful challenge in discussions between collaborative partners and offer fresh, new, perspectives on the issues as well as learning from elsewhere.

We worked with Traverse (formerly OPM) but there are many others.

# **How** to embed collaboration

*"The needs of the many outweigh the needs of the few – or the one." Mr SpoC(k)*

VCSE Single Point of Commissioning Organisations – SPoCs – were developed within the VCSE sector to try and improve current commissioning approaches, specifically to prevent exclusion of smaller organisations in delivery. NAVCA are working to spread uptake of the model.

SPoC acts as an 'honest broker' on behalf of provider organisations in the VCSE sector. Benefits cited as:

- sharing intelligence and ideas between providers
- increased fair and transparent access to contracts
- reducing risk (especially for smaller organisations)
- improved working with commissioners and public service managers.

# **How** to embed collaboration

*"The needs of the many outweigh the needs of the few – or the one." Mr SpoC(k)*

Can be a single org or a partnership of orgs. Can serve one purpose (i.e. health) or many (i.e. health, welfare to work, people with complex needs).

Four essentials of successful SPoCs:

- Mandate from local community and VCSE organisations
- Knowledge about the local VCSE sector
- Understand local relationships and politics
- Be trusted by commissioners and able to fulfil its role.

Many examples to learn from including Voluntary Action Rotherham (SPoC for social prescribing), Commsortia Northamptonshire (SPoC for welfare to work and wellbeing service), Southern Derybshire Voluntary sector single point of access (for social prescribing), City and Hackney Together, Somerset Wellbeing Service.

# **How** to fund collaboration

Collaboration needs investment in resources – money, people, time etc.

It requires capacity. But organisations have more of this if they believe change will happen as a result.

Personal relationships / shared responsibility - the success of collaboration often hinges on key individuals, need to find ways of sharing responsibility and power or a permanent structural home for the collaboration that transcends individuals.

# **How** to lead collaboration?

In collaboration there is often a ‘knitter’ who brings others together and finds common purpose. But everyone has a role to play. **Within sectors**:

- The statutory sector is best placed to lead the effort to increase collaboration amongst public services and professionals.
- VCSE have fundamental responsibility for improving collaboration amongst themselves.

But, the external environment, and particularly public sector commissioning practice, has a major influence on the VCSE ability to collaborate so there is a public sector responsibility to create an enabling environment for collaboration.

At the same time bridging organisations within the VCSE – like the Richmond Group, local forums and networks, and infrastructure groups - sitting outside public service silo’s can play a helpful bridging role and bring together different parts of the public sector in a collaboration.

# **How** to lead collaboration?

**Across sectors:**
Senior system leader support for the collaboration will help ease decision-making from the top-down. Voluntary sector leadership can offer both agility and stability to place-based collaborations (such as Sustainability and Transformation Partnerships and Integrated Care Systems) in an ever-changing healthcare landscape.

Voluntary sector leadership can also play a crucial bridging role and bring in citizens, communities and smaller VCSE groups into a collaboration with public services from the bottom up. In this way the voluntary sector can play a role from the 'middle out' in the space between public services and communities.

At the other end of the spectrum added value can come from national and regional bodies, offering expertise, capacity and another perspective.

# **How** to lead collaboration?

An individual, or group of individuals, can drive things. Some people are naturally more collaborative in nature, but the skills can be learnt and staff can be empowered to work in a collaborative way with the right leadership. This includes:

- Making sure people really understand the point of their work and gets the importance of making things happen
- Empowering them to make decisions and act fast when needed
- Allowing them to become more accountable to the collaboration than they are to their organisation
- No elaborate reporting structures, letting go of control.

# **How** to lead collaboration?

Lots of good people out there - in communities, charities, public services and regional / national bodies - who make it their jobs to connect divergent cultures, languages, and priorities. Those that are rooted for the long-term in local areas can help reduce the 'flux' problem. This might include:

-Medical Directors, who are often deeply rooted in a place

-Police, fire, schools/ colleges and other local public services

-VCSE forums / networks outside of health

-Activity and Sports Partnerships

•PPGs and community leaders at more local levels

•Providers of existing directories of local activity (NB. Note this may be a local authority given their statutory duty in this area, but it could also be a GP federation, or VCSE.)

•Councillors.

External collaborators to explore include the AHSNs, funders, the Richmond Group, National Voices, and others like the Design Council and Nesta.

# **Summary** principles of collaboration

- Always maintain a focus on the end beneficiaries.
- Be prepared for highs and lows. Make sure you have a trusted support network / sounding board that is informed yet has distance.
- A practical, tangible project will help get into the collaborative mindset and ways of working - it almost doesn't matter what this practical project is.
- Start with the people that want to start.
- Identify the people that need to 'sign off' – first for others to work collaboratively, and the on decisions that the collaboration needs to progress.
- Be happy to have anyone in the room, even if they pose challenge.
- If time and resources are tight then focus on collaboration within your own sector first, and interface across second.
- Try to avoid governance unless / until you really need it.
- Try to understand behaviours and always remember you never have the full picture about what is going on in someone else's organisation, and life!

# Questions?


age UK
Alzheimer's Society
United Against Dementia
asthma UK
breast cancer care
breast cancer now
Uniting to create one charity for everyone affected by breast cancer
British Heart Foundation
British Lung Foundation
BritishRedCross
DIABETES UK
KNOW DIABETES. FIGHT DIABETES.
MACMILLAN CANCER SUPPORT
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Stroke association
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