Tapping the potential

Lessons from the Richmond Group’s practical collaborative work in Somerset

Supported by:

GUY'S & ST THOMAS' CHARITY

The Health Foundation
The Richmond Group of Charities brings together 14 of the leading health and social care organisations in the voluntary sector, with the aim of improving care and support for the 15 million people living with long-term conditions that we represent.

Nearly
15 million people
across England are living with a long-term health condition and
1.2 million older people are not getting the help they need.
UNTAPPED POTENTIAL:
Bringing the voluntary sector’s strengths to health and care transformation

Report commissioned by the Richmond Group of Charities and its partners for the Doing the Right Thing project

FIGURE 1: THE ADDITIONAL VALUE THAT CHARITIES CAN BRING TO THE SYSTEM
SOMERSET SUSTAINABILITY AND TRANSFORMATION PLAN

in Partnership with

Public Health England

in Partnership with

South West Academic Health Science Network

SOMERSET Voluntary, Community & Social Enterprise STRATEGIC FORUM

The Richmond Group of Charities

And Somerset VCSE Advisory Group
Introducing 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.

A health system funding gap of £33 million in 2016/17, rising to £175 million per year by 2020/21 if no action is taken.
Introducing our work

‘It helped having an open conversation without a fixed agenda, for example about unmet need, differing perceptions of the service user experience, and opening up new links.’

Richmond Group charity

The goal is better health and care outcomes for people and reduced demand for statutory services

National Steering Group

‘In all cases I worked to try and develop relationships and communications in a way that was easiest and most productive for the individuals involved. I was flexible and willing to put the time in to meeting with people if they wanted to meet, and did a fair amount of legwork around the county consequently.’

Aimie Cole, Local Programme Manager
‘The process has been robust so far, it was done thoroughly and by consulting widely, listening to key players, it was a comprehensive exercise which took some time.’

Local health leader

Representatives from both the VCS and the health and care system reported an improved understanding of how each other works.

The partners decided against creating a formal Memorandum of Understanding, on the grounds that this would divert resource and add little value.

‘The National Steering Group... showed that the opportunity was taken seriously. Because Richmond Group are key influencers, Richmond Group also provided a really useful stream of information about national context.’

Local authority
Figure 2: Value Chain for the Group’s Work in Somerset

- Preparing for Collaboration
  - Cross-sector commitment to collaboration
  - Openness between organisations
  - Shared beliefs about value or collaboration
  - Information and data is shared
  - People explore new ideas and opportunities

- Collaboration-readiness
  - Sectors work on their collaboration-readiness
  - Information and data is shared
  - People explore new ideas and opportunities
  - Sectors build their own collaboration together
  - Sectors lined up and ready to work together
  - Trust built

- Demonstrator project cycle
  - Mapping and scoping to identify priority issues and solutions
  - Appropriate issues and solutions identified
  - Project partners agree to pursue shared practical solution

- Collaborative development or demonstrator project
  - Learning from demonstrator project
  - Mapping and scoping to identify new priority issues and solutions

- Delivery of demonstrator project
  - Ongoing cross-sector collaboration driven locally without Richmond Group

Key:
- Activity
- Outcome
- Goal

Better outcomes for people
Reduced demand on services
Ongoing cross-sector collaboration driven locally without Richmond Group
Increasing demand for GP services and especially GP out-of-hours services. The second highest level of GPs aged over 55 of all STP areas, with 31 per cent of GPs intending to retire in the next three years. Around 50 per cent of GP vacancies remain unfilled.

**WHAT IS SOCIAL PRESCRIBING?**

Social prescribing is an approach which seeks to address people’s needs in a holistic way and support individuals to take greater control of their own health. It enables GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services. Social prescribing schemes can involve a variety of activities which are typically provided by VCS organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports. There are different models for social prescribing, but most involve a link worker or navigator who works with people to access local sources of support.

‘The Britain Thinks workshop with Somerset patients really strengthened our commitment to social prescribing. It also gave us quite a good idea about how to talk about these kinds of services in a way that makes more sense than “social prescribing”.’

Chloë Reeves, National Programme Manager
Developing the work

**Funding** to test feasibility was secured from the **Life Chances Fund** and **South West Academic Health Science Network (SW AHSN)**.

Three strands to the research:

- Community research
- An evidence review by the University of West England
- Data modelling and financial feasibility testing

Local collaborative working group formed to guide the research:

**Stronger Communities for Somerset Group**

Included reps from: **Adult Social Care, Somerset CCG, primary care, Public Health, SW AHSN, VCSE Strategic Forum, Richmond Group, Health and Wellbeing board, Somerset County Council**
Agreeing a way forward

Somerset commissioners decided to **mainstream plans** for spreading social prescribing equitably and sustainably in the development of their 10 year **Health and Care Strategy**.

From the findings of the research all partners agreed:

- Key principles of social prescribing for Somerset

- **No one-size-fits-all model.**

- Shared commitment to work towards implementation in 2019.
'The Richmond Group have the ear of NHS leadership and high-profile organisations which means that people are willing to have the conversations with them.'
Local VCS organisation

'The National Steering Group... showed that the opportunity was taken seriously. Because Richmond Group are key influencers, Richmond Group also provided a really useful stream of information about national context.'
Local authority

'They’ve brought an understanding to the statutory service of the scale of what the VCS can offer, and how they can support the ambitions of the STP and of people taking control of their own health and wellbeing in the community.'
Member of STP leadership team
‘Turnover in the local statutory sector made collaboration quite difficult, but we were lucky to have [the STP SRO] who was committed to working across hierarchies to bring people together and have a genuine conversation.’
Chloë Reeves, National Programme Manager

‘The true test is going to be where we will be in six to 12 months’ time and will it be translated into something that will make a difference.’
Local authority

‘The jury is out to whether anything will change as a result – it will depend on the wider health and social care system, the financial pressure and resource constraint it’s facing.’
Local VCS organisation
Our Learning

- Coming to collaboration with **no pre-conceived ideas** about products, providers or problems unlocks a different kind of conversation;

- Turning an open-ended conversation between the community and voluntary sector and public bodies requires into a productive collaboration **requires resource**;

- Collaboration benefits from **bridging organisations** and people who make it their job to connect divergent cultures, languages and priorities;

- **Voluntary sector leadership** can offer both agility and stability to place-based collaborations in an ever-changing health and care landscape;

“What we’re learning is that there is not one straightforward route to building collaborations. It required commitment, energy, flexibility and never-ending optimism”

Aimie Cole, Richmond Group Somerset Programme Manager.
Making it easier

- Help each other to understand who is who and who does what
- Create space for people to talk
- Be open and flexible to different ways of working
- Get some basic infrastructure in place
- Find a legal ‘home’ for the project
- Think creatively about the data challenge

USE LANGUAGE THAT EVERYONE WILL UNDERSTAND!
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