

The logo features a stylized flower or sunburst shape composed of colorful dots in shades of pink, orange, yellow, green, and blue, arranged in a circular pattern. To the right of the logo, the text "Wandsworth Voluntary Sector Co-ordination Project" is written in a bold, black, sans-serif font, with each word on a new line.

Wandsworth Voluntary Sector Co-ordination Project

Initial Finding and Recommendations Report June – October 2016

A response to this report is invited from the CCG, which will also be shared publicly with this report.

The project was started on the 6th June 2016 and launched to the voluntary sector and wider public at the Healthwatch and WCA Voluntary Sector Forum on the 22nd June. 35 people and representatives of 8 voluntary sector organisations attended the forum. 3 further separate focus groups took place in August 2016 and were attended by 25 representatives from Voluntary Sector Organisations. The purpose the forum and focus groups was to:

- find out what groups/orgs are currently doing or would like to do to meet the health and wellbeing needs of the people they serve
- consider challenges and solutions in; demonstrating their value; evidencing the needs of the people they support to the CCG (or other funders); working in partnership with each other or the CCG
- gain voluntary sector input in defining the objectives of the co-ordination project

In addition, a number of conversations took place over the phone and at site visits totalling direct engagement with a total of 77 voluntary and community organisations, as well as the Community Development Officers, Office of Economic Development and Communities and Partnerships Officers at the Council.

The project adopted a mailing list from Healthwatch (in compliance with Data Protection legislation) of 230 Voluntary Organisations, which has since grown to 306.

Currently, the remit of this project is defined as to:

- Help the voluntary sector to be stronger and better connected, and act as a link to the CCG
- Help evidence what the voluntary sector can do to keep people healthy, physically and mentally
- Help the CCG identify where they might invest in the voluntary sector - in projects that are helping people to get in good health, both physically and mentally
- Inform the CCG what the health and wellbeing needs are of local people, by sharing intelligence from the voluntary sector
- Identify and share good practice across the sector and with the CCG, looking for opportunities to replicate or build up projects that are improving peoples wellbeing
- Help groups or organisations form partnerships, both with each other and the CCG

One of the original intentions was for the project to establish an Advisory Group, acting as an enabler for the project to both create and strengthen partnerships and collaborative initiatives as well as develop and agree ways of measuring the voluntary sector's impact. The advisory group will inform, appraise and support the project's programme of work, and ensure it represents the voluntary sector as best as possible. It was envisaged the group would be made up of representatives from the voluntary sector, and possibly members of the CCG. 11 representatives of voluntary organisations/groups have so far volunteered to join the advisory group, and a first meeting took place mid October 2016.

This project's formal route into the CCG is through a joint working group or Clinical Reference Group (CRG), which met on the 2nd September 2016 and was attended by representatives from Public Health, Council Preventative Services Commissioners, the CCG clinical lead (who chaired) and CCG colleagues. Its purpose is:

- Reviewing data and intelligence from the CCG, Council and the voluntary sector on local health and wellbeing need, particularly those that could be addressed by the voluntary sector
- Strengthening the voluntary sector presence and capacity
- Evaluating the capability of the voluntary sector in meeting local health and wellbeing challenges
- Enhancing the knowledge of the CCG and Council/Public Health procurement processes to help the voluntary sector build more effective business cases

This CRG is in the process of defining its Terms of Reference, workplan and priorities, the latter being informed by both the current Wandsworth Health and Wellbeing Strategy, the South West London Sustainability and Transformation Plan and intelligence from the voluntary sector as co-ordinated by this project. The CRG hopes to learn the capacity of the voluntary sector in addressing these priority areas.

The project has also been administering the Seldom Heard Grants on behalf of the CCG and the Grassroots Fund on behalf of the South West London Collaborative Commissioning programme. These small grants have generated interest in the project, enabling the project manager to engage with a number of hard to reach organisations to gain insight into their capabilities in articulating their ideas, defining and evidencing their outcomes, and identifying what they can do to keep people well.

The full reports on the engagement events can be viewed on the projects webpage <http://wca.btck.co.uk/OurProjects/VoluntarySectorCoordinationProject>, however the main themes of feedback from the voluntary sector are outlined below, and this has informed a number of recommendations for both the project, its advisory group and the CCG:

In general, the voluntary sector has shown interest in the project, recognising that communication not only within the sector but with the CCG needs to be better, with a more open and accessible dialogue to work collaboratively to address health and wellbeing needs of our local population. This means a two way relationship between the CCG and the voluntary sector – with truly shared objectives, that are informed by both parties.

1. The project will act as a conduit for intelligence to flow between the CRG, advisory group and wider voluntary sector by publicly sharing regular reports from the voluntary sector, overseen by the advisory group.
2. To inform these reports, the project will continue to build knowledge and understanding of the voluntary sector through direct engagement and consultation, using a dynamic and adaptable approach and a variety of methods, including going to groups where they are at.
3. The CRG should consider how they will share information and intelligence with the project and therefore the advisory group and wider sector.
4. The advisory group will need to consider how they might endeavour to be representative of the wider sector.

Securing and maintaining funding, including collecting data and reports for funders is often overburdensome, and does not always capture actual outcomes. Some organisations or groups are in need of considerable support or investment to articulate their outcomes, while others that are confident in evidencing what they do need an established route and defined parameters to demonstrate this within, including a motive to do so. There is little understanding within the voluntary sector of how the CCG allocates funding, resulting in a perceived lack of transparency, equitability and assurance.

5. The project will review monitoring and evaluation of voluntary sector services, building on learning from the toolkit developed by the Community Resilience Project.
6. The project will help develop skills and capacity in the sector – particularly in collaboration and impact evaluation by increasing access to existing opportunities; co-ordinating free/in-kind training; applying for funding to roll out this training.
7. The CCG should consider publicising a clear schedule of what they intend to commission with a clear budget and route.
8. The CCG should consider sharing intelligence on actual costs of clinical pathways to give voluntary organisations a baseline to evidence their value against.
9. The CCG, supported by this project, needs to review what organisations or groups are already providing services, and support them to be better, rather than inventing new services.

The existing work of WCEN, Lifetimes is acknowledged as supporting and strengthening the sector, as well as a number of often provider led networks. In addition, there are many established routes for the CCG and voluntary sector to inform commissioning, including the existing CRGs, Thinking Partners, Health and Wellbeing Partnership Board.

10. The project needs to understand the scope of all of these in order to ensure its activities add value and avoid duplication. By inviting those existing networking and supporting organisations to participate in the advisory group, co-design of the project and evaluate project plans duplication can be avoided, shared initiatives can be explored and value added to existing activities.
11. The project manager or a representative will attend the Thinking Partners Group and Health and Wellbeing Partnership Board.
12. The CCG will need to be clear about how the new CRG relates to the existing routes.

Partnership working presents many challenges. Voluntary organisations are competitors for the same funding, and joint bids are not always financially viable. Organisations struggle with identifying who they might share objectives with, because of a lack of awareness and understanding of each other. A need for mapping out of voluntary services and networks has been identified. The CCG and the voluntary sector are separated by a common language – although they may share objectives they are articulated and perceived differently.

13. The project will provide a platform for organisations to share their work, network and discuss shared issues through the voluntary sector forum, supported by a quarterly newsletter.
14. The advisory group and the forum will begin to develop a space where organisations find common ground, form relationships and tackle shared issues together.
15. The project will explore how to contribute to existing mapping initiatives (such as by WCEN) or develop mapping systems in partnership that can integrate with current systems
16. The project will co-ordinate seminars/extraordinary meetings – attended by the project’s advisory group and members of the CRG, wider CCG and other statutory providers in which to share intelligence, learning and begin to develop a shared language and understanding. Initial topics would include mapping and impact evaluation tools.
17. The project will help to increase awareness among front line medical professionals of voluntary services through the CCG’s reach to GPs, therefore increasing awareness of local people of voluntary sector services. The CCG will need to play a key role in activating this, starting with the locality meetings as an opportunity for voluntary organisations to present at.

Specific areas highlighted by the voluntary sector already have been around a lack of support for people with Autism, including high functioning and carers, leading to (avoidable) poor Mental Health. In addition organisations with LGBTQ focus may benefit from some support to develop networks.

Other themes identified that may be outside the remit of this project but nevertheless important include –

- Need for information sharing between statutory/clinical and voluntary services
- The provision of transport to enable vulnerable and less mobile people to engage in voluntary and community services is absolutely essential

18. These themes should be considered by the CCG through the CRG in meeting its objectives of strengthening the voluntary sector's presence and capacity.

Lauren Ashley-Boyll 28th October 2016