



CollaborationNI
working together, stronger together

Alliance Contracting
Report

September 2016



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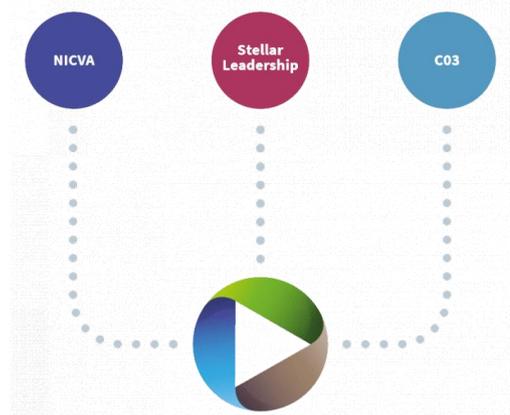
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List of Abbreviations

CCG	Clinical Commissioning Group
CO3	Chief Officers 3 rd Sector
HSCB	Health and Social Care Board
IPSA	Integrated Personal Support Alliance
LCG	Local Commissioning Group
NICON	Northern Ireland Confederation of Health and Social Care
NICVA	Northern Ireland Council for Voluntary Action
NISCC	Northern Ireland Social Care Council
HSCB	Health and Social Care Board
VCSE	Voluntary, Community and Social Enterprise

Introduction to CollaborationNI

CollaborationNI was formally launched on 30 March 2011, as a consortium between the Northern Ireland Council for Voluntary Action (NICVA), Chief Officers 3rd Sector (CO3) and Stellar Leadership, commissioned by Building Change Trust. CollaborationNI provides practical support and resources across the whole spectrum of collaborative working to Voluntary, Community and Social Enterprise (VCSE) sector organisations.



As part of Phase One of CollaborationNI, 553 events were held covering training, expert facilitation, legal support sessions, coaching and policy seminars for over 4,000 individuals from 754 organisations.

Phase Two, launched in July 2014, aims to produce deeper collaborations which will influence policy and decision makers. It will see an extension of the debate through a range of policy symposiums which will continue to challenge our thinking, examine current approaches and focus on particular models of collaboration, under a number of thematic areas, including health, social housing, young people, arts, criminal justice and older people.

The aim of the policy symposiums is to challenge, inform and develop political and government thinking about the support requirements of the VCSE sector to encourage and cultivate a culture of effective collaboration.

The broad range of discussion will also provide an opportunity for VCSE sector leaders and government officials to learn from good, and not so good, practices in Northern Ireland and elsewhere in building effective collaborations, resulting in improved services and better client outcomes.

The role of CollaborationNI is to facilitate discussions on the theme of collaboration in a way that delivers better outcomes through high quality, professional services.

CollaborationNI aims to help the VCSE sector to work better together and has provided a range of different services to over 100 organisations. The support provided by CollaborationNI can be categorised into four broad areas:

- Action planning support;
- Legal advice;
- Expert facilitation; and
- Events.



Alliance Contracting

Nora Smith, Chief Executive of CO3, opened the conference by welcoming delegates and explaining that this is the eleventh, and final, policy symposium that has been facilitated by CollaborationNI.

This was the second event that focussed on Alliance Contracting. It built on the learning experiences from the September 2015 seminar. The key question arising then was:

Is alliance contracting, the answer to radically change how public services are delivered through a partnership between the Voluntary, Community & Social Enterprise (VCSE) Sector and the Public Sector?

The first event served to introduce and explain the fundamentals of alliance contracting as a new form of partnership working to the VCSE and public sector. The feedback from that event was extremely positive and therefore, CollaborationNI decided to host another roundtable to examine the concept of alliance contracting in more detail.

In addition to receiving a broad overview on this form of partnership working, the conference aimed to specifically focus attention on the perspectives and insights from a range of commissioners in adopting this new approach.

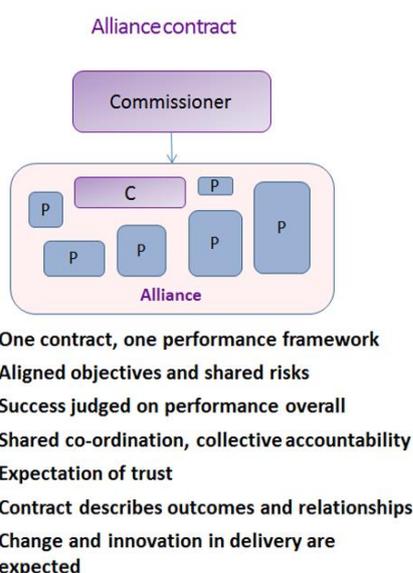
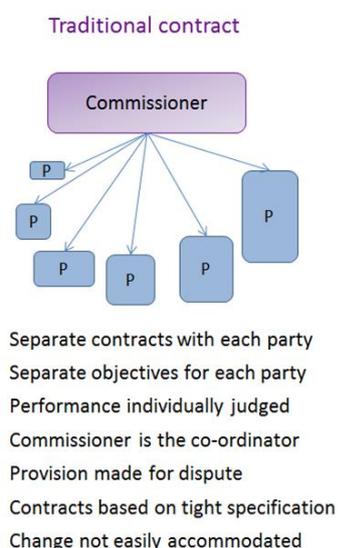
What is Alliance Contracting and how has it benefited Certitude?

Certitude is a not for profit organisation providing a range of person centred support options for 1,500 people with learning disabilities and mental health needs in London.

Certitude is one of five organisations (2 not for profits, a local authority, a Clinical Commissioning Group (CCG) and an NHS Foundation Trust) that formed an alliance to offer people with serious mental illness who currently go into long-term, expensive hospital rehabilitation wards or registered care homes the chance to live more independently in the community.

Aisling began her presentation by sharing her experiences of alliance contracting with Certitude, as part of the Lambeth Integrated Personal Support Alliance (IPSA) over the past two years. She was keen to share the benefit of her experiences and to contribute the conversation.

Aisling spoke about the traditional contracting model where a commissioner enters into a number of separate contracts with organisations, with a strong focus on outputs. Typically, progress is not rewarded and disputes are dealt with in a traditional way with one, or both sides, feeling it has not been properly implemented.



Aisling pointed out that unlike traditional contract relationships, there is an expectation of trust in an alliance contract which creates an expectation that all organisations will work together to deliver the outputs. The whole alliance contract is about leading change and transforming services, by



Aisling Duffy **Chief Executive, Certitude**

Aisling started her career in psychology and has spent the past 20 years working within not for profit organisations, seeking to improve opportunities for people with learning disabilities and people with mental health needs.

Previously Chief Executive of Southside Partnership, Aisling led the merger of it with Support for Living to form Certitude in 2010. Aisling chairs the Alliance Leadership Team that governs the Lambeth Integrated Personalised Support Alliance.

The difference with alliance contracting is that there is one contract between the commissioner and a number of providers. The contract focuses on outcomes based performances, where the objectives of the organisations and the commissioner are aligned, fulfilling the needs of all parties and addressing the needs within the community effectively.

recognising that the current system is not working for people, outcomes are not being achieved and peoples' lives are not being made better by the work that is being done.

IPSA involves two VCSE providers (Certitude and Thames Reach), a foundation NHS Trust which provides secondary mental health services (South London and Maudsley NHS Foundation Trust), a commissioner (Lambeth Clinical Commissioning Group) and the local authority (Lambeth Council).



Aisling highlighted that the partner organisations did not all wake up one morning and decide that alliance contracting was the way forward! It was because they had an established relationship, they recognised through regular meetings that stronger collaboration was needed to effect real change. This was critical to the success of their alliance that they already had very strong and established relationships and that all partners had a good understanding of each other and the problems that they were trying to address. There existed a relationship of respect and understanding of one another.

Aisling said that an important aspect of the success of their alliance was that they had a visionary commissioner (she made the point of saying that she wasn't just saying that because he was sitting beside her!) who genuinely wanted to find new ways of working and who passionately wanted to make a difference. She pointed out that in her experience that this is the exception, not the norm. As well as wanting to change outcomes there were also enormous financial pressures facing services in Lambeth. Eighteen months previous, when IPSA was being set up, the target saving was in the region of 20-25%, meaning they were attempting to transform how services were being delivered and provide better outcomes for people, in the context of simultaneously having to make significant savings.

For Aisling, IPSA is very much focussed around supporting system change. It is concerned with looking at how they can better integrate secondary care, VCSE sector services and social care to deliver the outcomes that matter to people. By using a strong evidence base to focus on the rehabilitation of people with complex mental health needs they were able to successfully make the case for a radically new approach, whilst at the same time addressing the financial situation.

Aisling turned her attention to the ongoing work of IPSA and highlighted the two driving objectives which ensure that they can deliver on their 'Big 3' outcomes for people with severe and enduring mental health and complex life issues:

"Big 3" outcomes

To support people to:

1. Recover and stay well experiencing improved
 - Quality of life.
 - Physical and mental health.

2. Make their own choices & achieve personal goals, experiencing increased:
 - Self-determination and autonomy.

3. Participate on an equal footing in daily life specifically:

- To 'connect' with e.g. family, friends & neighbours.
- To 'give' in the community e.g. community activities, volunteering, peer support.
- To 'be included' especially in relation to education, employment, adequate income and stable housing.
- To 'participate' on an equal footing with others with reduced stigma & discrimination e.g. in access to mainstream services, housing, education and employment.

Aisling also took some time to explain some of the specific characteristics of their alliance agreement. This helps to ensure that all objectives are collaboratively being worked on and do not become the responsibility of just one partner. The principles that drive the alliance are set out in their contracting arrangement and agreed by all partners, influencing everything that they do; their interactions, their delivery and how they all hold each other accountable in delivering their change programme. Aisling conceded that this can sound twee but it is about ensuring that everything they do is about delivering outcomes and improving the services for people in the local community. The principles at the heart of their alliance are:

- Co-production in everything they do;
- Service user at the heart;
- Honesty;
- Best for service decision making for service improvement and development decisions;
- Empathy and understanding of each other;
- Openness through open book reporting and accounting;
- Transparency through publication of our outcomes and performance; and
- Unanimous decision making.

Aisling subsequently explained the benefits of a VCSE sector organisation, such as Certitude, being part of an alliance contract. She spoke about how, at the outset of this process, the board of Certitude were a combination of sceptical, anxious and concerned about the prospect of entering into an alliance contract. What drove their desire going forward was the absolute commitment to being part of making system change that could make a massive difference to the people they were supporting. Whilst Certitude had been supporting people in Lambeth for 25 years they knew their clients needed more. They didn't just want to work in silos, criticising others; they wanted to do things differently. Aisling highlighted that there was already huge alignment between the vision and values of all members within the Alliance. Without this shared vision alliance contracting would not have worked for them. For the alliance to be a success they had to be absolutely confident that the vision of partners matched the vision of Certitude.

Aisling pointed out that one of the most appealing aspects of alliance contracting is that it allows each organisation to retain their own identity and status, without having to create a new legal entity. The structuring of risk management was also important as everyone signed up to the same outcomes, with an associated gainshare/ painshare linked to the achievement of their agreed outcomes. In essence this means that if outcomes are achieved all partners win (there is a financial gain) but if outcomes are not achieved all partners face a pain (a financial penalty). The fact that all

partners benefit, or suffer, means that everyone is driven towards achieving the outcomes. Each provider is allocated a different budget against the parts of the contract that they have to deliver on, ensuring that painshare/ gainshare is proportionate to income, which is an important part of mitigating risk, especially for smaller VCSE organisations.

Eighteen months into the contract the results have been extremely positive and are making a real impact on the lives of people in Lambeth. Some of the highlights include:

- 60% reduction in admission rates to inpatient rehab wards;
- New integrated team of VCSE organisations, social workers, nurses, occupational therapists and consultant psychiatrists intensively supporting people at home;
- Flexible Medication Management Support service – VCSE led;
- In reach and outreach;
- Residential care use reduced by 67% and discharges increased by 30%;
- A 7-person intensive support rehabilitation step down and 9 new studio apartments within a peer support hub;
- Brokerage service accessing independent flats;
- New advice surgeries to support change; and
- On course for circa 20% savings by year 2.

In addition to these practical successes, there have also been significant learnings. They have learned that relationships are absolutely critical, and that if you do not establish them effectively from the outset, when things become difficult, as they often can, there is nothing to fall back on. This is central when the partners negotiate the 'concept' of redesigning services. In reality organisations tend to redesign services for their own benefit, so everything they did had to be 'people-centred'. She also recognised that people in different organisations involved in partnerships will have different ways of working and will face different challenges. This means that it is essential that partners are respected, their concerns are heard and solutions are found through a partnership approach. Aisling suggested that understanding how other organisations operate, allows you to adjust your expectations on how they will deliver services. For example, a member of staff from a VCSE organisation, who has never worked closely with a statutory organisation in the past, may not realise that due to bureaucracy and procedure sometimes it takes the statutory organisation a long time to sign off on a decision. Through understanding these cultural differences, the partners develop a sound understanding of how the alliance will work in practice.

Aisling made the particular point that they had great difficulty in discovering how and where money was being spent before the alliance contract, at the point when they were trying to finalise the contracting arrangements. It is important to know how the money is being spent so that all partners can understand the scenario that they are trying to change. If this has not been done from the outset it may result in unnecessary difficulties, slowing down the process.

Another key learning that Aisling made reference to was the need for belief in what you are doing. At times of doubt, when things are not going entirely as they are supposed to, that is the time for you to remember why you started this journey and what you are trying to achieve. All of the partners faced challenges and everyone had to overcome some form of difficulty as they were all working differently.

Aisling highlighted two service users, Michael and Chad, who had experienced first-hand the work of the partnership and who had seen a real improvement to their lives.

Michael *Everyone has the right to a good life.*

"I currently live at some newly developed supported flats in Brixton and I am hoping to move on to my own place in Clapham in a month or so. I have had to learn how to live my life and accept challenges that come along. Life is for living and I want to make it constructive and meaningful. I like helping people; I find it very fulfilling. I have learnt a lot through groups and people I have worked with. It has been helpful to me in my own way and has helped me as a person.

Professionals and family involved in my support have helped me move things forward and make decisions. I always try to respond positively to what is being said to me. I now feel I have more input and control into everything and I listen to people, and my mum, more. When I first moved to the flats in Brixton, I wasn't familiar with the community or the staff team, but now have got used to it. I have built good relationships and I have been helping out with reception and activities, which I enjoy."

certitude

Chad *Everyone has the right to a good life.*

"Chad's journey to wellbeing, independence and hope has been long and enduring. I so admire his sweetness and resilience in the face of this debilitating mental illness that choked his dreams and offered only despair to one so young. He was only nineteen when diagnosed with schizophrenia. As a family we rallied around him, protecting him from the outside world.

However, the irony was that he needed the help of professionals. I will be forever grateful for high standard of support that Chad now receives. When I recently visited Chad at The Turrets I could not believe that he was actually using public transport on his own, preparing simple meals and shopping. I asked him how he felt and he said "I feel much better now". Tears filled my eyes and my mother's heart leapt for joy as I saw that rare quality 'hope' light up his gentle brown eyes."

Marcelina • Chad's Mum

certitude

Aisling concluded her presentation by reminding everyone that ultimately everything that they were doing was about improving peoples' lives. She highlighted examples of life changing work that the partnership was involved with and the huge impact that these new working arrangements had on their quality of life.

Alliance Contracting from a Commissioner's Perspective

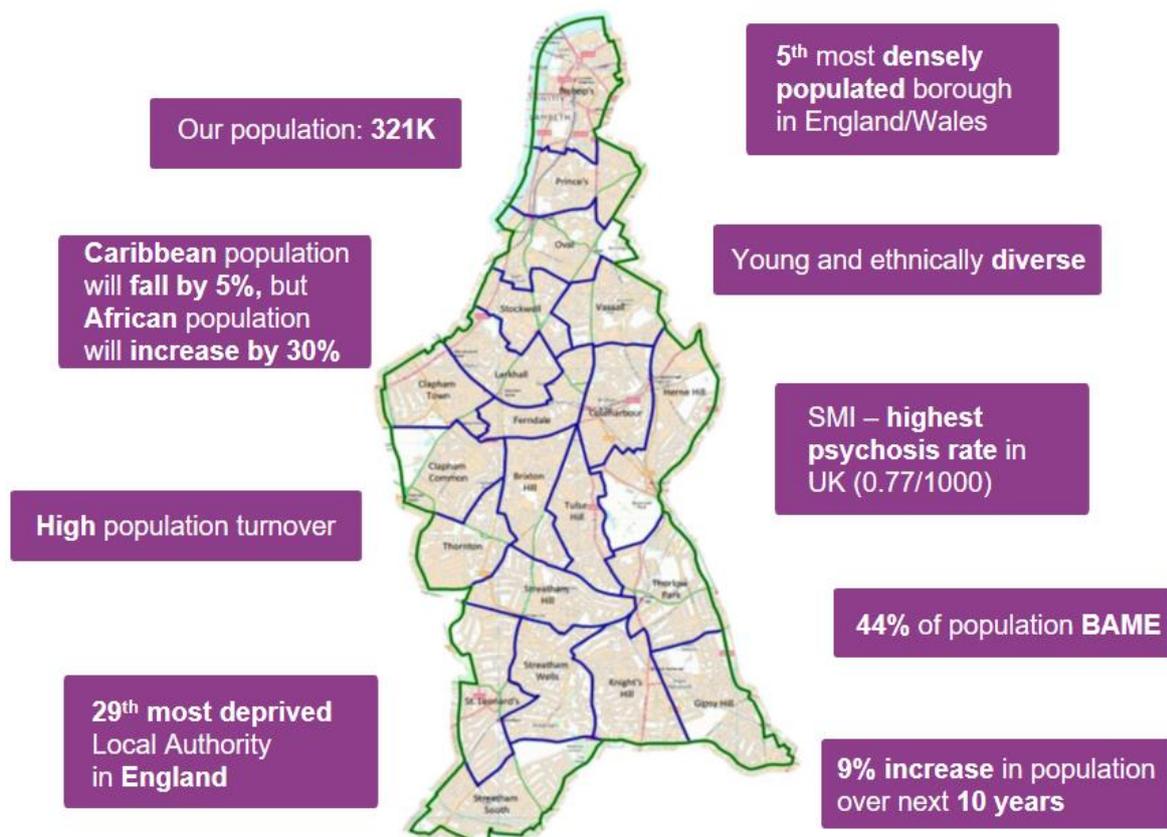
NHS Lambeth Clinical Commissioning Group (CCG) is responsible for commissioning healthcare services for the people who live and work in the London borough of Lambeth. The group of 47 GP practices in Lambeth work together with their partners in the local NHS - pharmacists, dentists, hospitals and mental health providers, Lambeth Council and local community groups, to improve health and wellbeing, reduce health inequalities, and ensure everyone has equal access to healthcare services. They are responsible for spending £430m each year on hospital and community health services for patients, in a way which ensures the most effective services are available.

Denis began by telling delegates that he intended to talk about the experience of Lambeth in providing adult mental health services to people with severe and enduring mental health problems over the past decade.

He explained his role working for Lambeth CCG, which holds the commissioning budget for the area, and how he leads on adult mental health commissioning for the Lambeth local authority area.

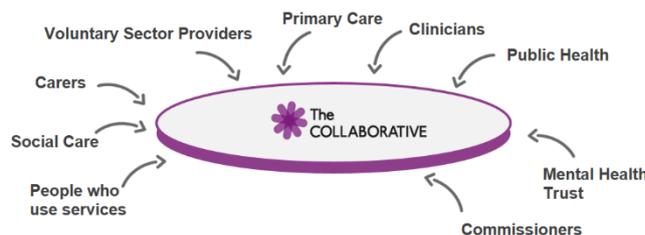
Denis O'Rourke
Assistant Director of
Integrated Commissioning
in Mental Health, Lambeth
NHS

Denis is the Assistant Director, Integrated Commissioning in Mental Health for NHS Lambeth CCG. Denis deals specifically with strategic aims of The Collaborative and the Collaborative Commissioning framework.



Lambeth is one of 32 London boroughs, which has undergone massive population change in the past decade but still remains one of the most ethnically diverse, densely populated areas in London. It has one the highest rate of psychosis in western Europe.

The transformational journey in Lambeth started approximately six years ago, when a number of the local mental health organisations got together and decided that the current system, which was dominated by the statutory sector had failed to give a powerful voice to service users. It required a radical overhaul. As commissioners they believed that their role was to enable, not dictate, the discussion. Very often discussions around adult mental health centred on beds, and in Lambeth the 70 beds that they funded had a 120% occupancy rate. Denis made the point that 80% of patients in beds are known to service providers and that to really make a difference they needed to support them more effectively to reduce the likelihood of them ever needing a bed.



In order to address these issues, they formed the Lambeth Living Well Collaborative, which brought together a wide range of mental health experts, clinicians and service users. They made the explicit decision not to have these meetings at the local NHS offices or in Lambeth

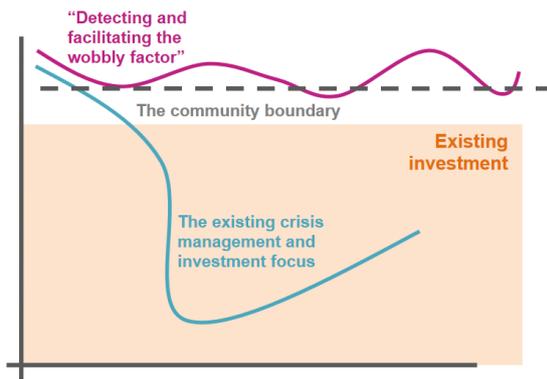
Council headquarters, but met monthly for breakfast so that they could have conversations about change and better outcomes. Out of the meetings came a shared vision for the way they wanted to do things and how they would start to work differently. Denis pointed out that they came to a shared understanding that the problems around delivering mental health services all stemmed from how they engaged with people. People treated, as patients with problems rather than as the fully rounded, complex individuals that they were. They spent considerable time talking about co-production which asked people how they could help them retake control of their own lives again, rather than simply treating the symptoms, not the causes, of their problems.

“We will “work to” provide the context within which every citizen whatever their abilities or disabilities, can flourish, contribute to society and lead the life they want to lead.”



Denis spoke about how they wanted to address ‘3 big outcomes,’ which were:

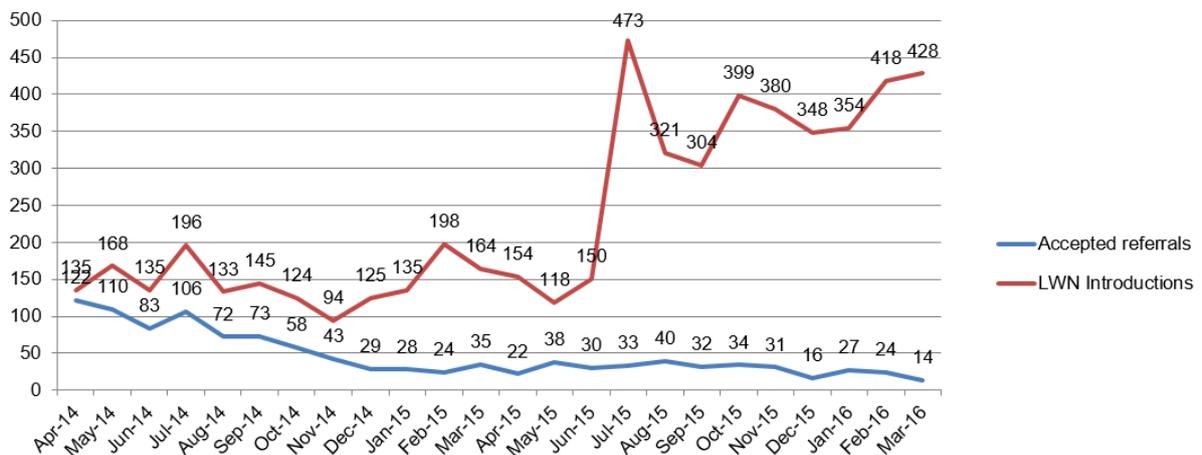
1. Recover and stay well,
2. Make their own choices & achieve personal goals, and
3. Participate on an equal footing in daily life.



They also undertook an audit of where money was being spent and they came to the realisation that the bulk of spending was tied up in services that people could not access unless they had reached crisis point. This realisation was incredibly important and there was general consensus that they had to turn this model on its head and structure the system in a way that would enable support to be accessible at an earlier stage, hopefully ensuring that the crisis point was never

reached.

Denis then spoke about how, four years previous, the work of the Lambeth Living Well Collaborative began to evolve into IPSA. They began to develop their ‘front door’ approach to people with mental health problems. This brought more focus onto their ‘3 big outcomes’ and allowed people to have rounded conversations, challenging the idea that diagnosis was all that mattered. As part of a pilot scheme they also identified a dozen patients with extremely complex mental health needs and agreed a joined-up support plan for them. They identified similar patterns in these patients, crisis after crisis, multiple admissions to hospital, lack of any basic conversation about their needs and this allowed them to design a new ‘front end’ system which has changed how patients are helped.



Denis spoke about how prior to November 2013, the local health trust was receiving 120 GP referrals each month to the community mental health teams, of which only 20/25 were accepted. By speaking to GPs they discovered that once they referred a patient to the community mental health team, they would not hear whether they had been assessed, let alone treated. Most people who did receive treatment only did so when they were admitted to hospital; clearly the system was not delivering for people. When the Living Well Hub opened in November 2013, it began to receive 120/130 introductions each month (now over 400 per month) whilst the number of people accepted by referral to the community mental health team has remained in the 20s. Denis stressed that this is significant as more people are receiving low-level support, at a time when social care is facing enormous financial pressure. He pointed out that, faced with these budget pressures, the traditional, cost-cutting approach is to increase eligibility criteria, in order to limit the number of

people who can receive care; they did the exact opposite. They did so in the knowledge that most people only wanted to access services every now and then. When a conversation was not sufficient, they would signpost patients to other relevant forms of support. One of the key outworkings from the hub is that the number of in-patient stays for adults with severe mental problems has decreased, meaning clinicians can now spend more contact time with clients. People who had previously been waiting months for a referral have now seen waiting times decrease and they are able to receive care much quicker. Denis spoke about how they also work closely with housing and employment services, partially to help reduce sanctions on patients who had missed appointments as a result of their condition.

In terms of funding IPSA, Denis spoke about how a £12m pooled budget had been allocated towards the alliance, with £7m being directed towards the NHS (for patient rehab) and £5m to patients in residential care. Denis outlined how he wanted to see the role of commissioner adapt and change to become that of a facilitator, moving away from the big-boss, command and control model, given the challenges that they are facing. He identified ten 'takeaways' which he felt should form the thinking for future working:

1. Commissioners should be facilitators and enablers – letting go and supporting a whole system conversation.
2. Believe in people and their assets - it's not about 'fixing' people.
3. It's not just about care – housing, work and community are all parts of the solutions.
4. Design led thinking – prototyping, use of stories etc.
5. Changing money flows and investing in good data is critical to inform decision making.
6. Cultures can be changed by working together.
7. Decision making best for outcomes.
8. Old to new ways of working is challenging with lots of people and systems keen to stop us!
9. Longer term contracts support and incentivise change.
10. It's all about relationships which take longer than you think!

Whilst wanting to address the successes of IPSA, Denis also spoke about the difficulties which they continue to face in Lambeth. He discussed how they face increasing demands and reduced resources; an increasingly complex, bureaucratic system which is highly inefficient and is not outcome focussed; and widespread societal inequalities.

Before concluding his remarks, Denis took a few moments to discuss where they hope to go over the next few years, and key to this is the idea of a whole system alliance. This would involve pooling up to £66m into one alliance contract which may be the only way to deliver services in the future as they face further restrictions on their budgets. The whole system alliance will focus on early intervention and really challenge the old models of care which are still being used. A big part of this new alliance will be about driving change across the health system and realigning thinking between a number of different agencies. With many systems having been designed over 30 years ago there are many opportunities, through the use of new technologies and fresh thinking, to radically redesign service delivery.

Panel Members' insights and perspectives to Alliance Contracting

Following on from the keynote presentations a panel of local practitioners gave their perspective on alliance contracts. Below is a summary on their remarks and the question and answer session which followed.

Colum Conway, Chief Executive of Northern Ireland Social Care Council (NISCC)

Colum spoke about how he does not have a commissioning or procurement relationship with anyone but has a regional, strategic view of social care across NI, how it is being delivered and the impact it has.

Social care, as a market in NI, has a value of over £500M and as a result of demographics it is a growing market, with a requirement for more services. There are almost 500 different employers, employing over 30,000 people, across NI, with forecasts indicating that this workforce will have to increase by at least 18% by 2025.

Colum spoke about how the current model is a traditional procurement model with straight vertical lines between commissioners and providers, information across the sector is at a premium. The current model is not sustainable; we need to consider different models of social care in the future on the same basis as has been done in the past. The current model is heavily focused on risk management, governance and inputs, and not so much on outcomes of service delivery and responding to need, which is something that must change as we go forward.

Colum also spoke about how he sees alliance contracting as a step on a journey which is about opening up more conversations and bringing about a culture shift. Once you start on this particular journey you can then start to examine the logistics around procurement and contracting, devising new ways to make them work. He also saw the importance of a commitment to collaboration at the outset of the journey, which made him question whether a similar commitment to collaboration currently exists in the system in Northern Ireland.

Dr Sloan Harper, Director of Integrated Care, Health and Social Care Board

Sloan spoke about the change which is currently happening in social care, with a move from service provision being primarily delivered by the statutory sector, to being delivered more closely with the VCSE sector.

Sloan spoke about the role of Integrated Care Partnerships (ICPs) which he feels are similar to the work that is being undertaken in Lambeth. He sees ICPs as an alliancing network between a number of service providers, VCSE organisations and commissioners and is hopeful about the role that local government community planning will play in the development of ICPs over the next few years.

He made the observation that during the design of ICPs they worked closely with practitioners from north west London and learned a lot from their experiences. He welcomed the fact that, in Northern

Colum Conway
Chief Executive of
Northern Ireland Social
Care Council (NISCC)

Iain Deboys
Commissioning Lead,
Health and Social Care
Board (HCB)

Dr Sloan Harper
Director of Integrated
Care, Health and Social
Care Board

Heather Moorehead
Director, NI Confederation
of Health and Social Care
(NICON)

Ireland, we have the advantage of having an integrated health and social care system, as opposed to the English model which splits health and social care.

Within ICPs, GPs sit down with representatives from the VCSE sector, medical practitioners and social workers, with a focus on improving long-term conditions in elder care. As part of this conversation they learned from patients and service users that they are more interested in improving their experience when they are in hospital, rather than where the hospital is located, which helped feed into the Transforming Your Care review on the provision of health and social care in Northern Ireland.

In concluding his introductory remarks, Sloan made the point that whilst ICPs do not have a budget, which are held by the LCGs, they have entered into a number of projects, which effectively operate as alliance contracts.

Iain Deboys, Commissioning Lead, NI Health and Social Care Board (HCB)

Iain began by agreeing with Colum that we have been on a journey over the past few years and that he believes that alliance contracting will work best when there is a partnership of equals between providers, with no single, dominant provider.

Iain spoke about the need for time to be spent developing relationships, and a culture of equality, between Health Trusts and VCSE organisations. To illustrate this point, he suggested that each year, when Trusts are asked to find savings, their first suggestion is often to reduce the funding to VCSE organisations. He made the point that this is not a good place to start and shows just how far we have to travel to develop equal relationships.

Whilst he could see the benefits of alliance contracting he spoke about the steps taken to achieve closer collaborative working that have already been implemented. Examples include Memorandums of Understanding, consortiums, federations, partnerships and mergers. He suggested that the ambition behind a whole system approach is admirable, and despite having similar sized budgets for mental health provision, he feels it is unlikely that Belfast would adopt the Lambeth model in one step, but it is important that we are on that journey.

He gave the example to note of Belfast in primary care talking therapies, which recognise the issue of people not being offered the opportunity for recovery in the early stages. Instead of GPs referring people for secondary care, and being bounced back and forward through the system, they worked with the ICPs to design a pathway where GPs refer patients into an integrated hub, which is a formal consortium of VCSE organisations, who offer evidence based therapies. A similar Hub is being developed for Chronic Disease Prevention which will move from relying on signposting by GPs to a more formal coordination of VCSE preventative services.

Heather Moorehead, Director, NI Confederation of Health and Social Care (NICON)

Heather began her remarks by saying how it was positive to hear from people in the public sector who not only talk about new ideas, but who are actually implementing them. She made the point that whilst conversations like this have been going on for the past 20 years, this is the perfect time for action, as the new Programme for Government is supposed to be about outcomes, so everyone

will be working towards an outcomes framework. Heather spoke about the opportunities that will emerge through community planning and how there will be opportunities for more joined-up services. She made the point that together community planning and an outcomes focused Programme for Government have the potential to embrace new business models and radically change how services are delivered. There is now a real opportunity for better linkages between the public, private and VCSE sectors, and between local and central government, with everyone focused on delivering better services for the people that use them.

Heather concluded that whilst it is easy to talk about making changes to the system, in reality things are much harder. Heather finished by talking about the number of amazing people out there who are doing everything that they can to bring about system change, against the backdrop of large budget cuts. Fundamentally the only way to develop better health and social care is by devising new ways to deliver services.

Question and Answer Session

Q. We have seen some steps in Northern Ireland towards closer working relationships between the public sector and VCSE organisations but what advice is there for VCSE organisations who want to be part of future solutions?

- Whilst the VCSE sector has to get its act together, there is an onus on the statutory sector to do more to reach out. Very often it is the VCSE sector that has fresh ideas but the statutory sector is not prepared to listen or sees obstacles when it should be seeing opportunities.
- Service provision should rest within the community and be delivered locally. At present there is a failure to leverage community assets. There is too much emphasis within service delivery of looking for economies of scale as the only way to manage large amounts of money. We need to do more to look at the value which exists within communities and the services they can deliver which, for example, can keep older people in their homes rather than sending them to residential accommodation. We also need to challenge how we deal with procurement issues which can disadvantage local, community based groups.
- VCSE organisations can do a lot by connecting with each other, as very often larger VCSE organisations work alone. This helps the public sector manage their relationship with VCSE organisations and gives the organisations greater say. VCSE organisations also need to connect with their communities and should work with them to lobby politicians and ask them what they are doing to create a level playing field between the VCSE organisations and the statutory sector. VCSE sector organisations should use this opportunity to explain to politicians what is wrong with the system and the role they can play in making things work better.

Q. Are we ready for this form of partnership working and is there an appetite for closer, collaborative working?

- We are on a journey and we are all at different stages on that journey. There are different issues and conditions but to get us ready we need to continue to build relationships within, and between, sectors.
- There is amazing work going on and we need to go to where there is amazing leadership and support it. We all know that we are not spending money well enough and, as we see more and more examples of how some people do things well, there will be pressure brought on those

who are not delivering. We need more tools as we seem to be stuck in traditional processes- we know where we want to go but at present we don't seem to be able to get there.

- This is about leading change and it is up to all of us to decide what role we are going to play in the change that we all know needs to happen. We are all dissatisfied with the current system but we need to decide how we want to move forward together. The challenge we all face when we leave here is not to say 'that was a very interesting conversation but who is going to drive this forward?' instead we all need to commit to driving this forward.

Q. At the moment there are countless strategies which overlap and interact with each other.

When you are devising new methods of working and delivering and services how do you fit in with these existing strategies and do they help or hinder the process?

- There is a constant tension between trying to be new and innovative and fitting in with existing governance guidelines. Very often government is slow to come around to new ways of thinking and they can often be reluctant to embrace new ideas. There is a need to be constantly asking them what it is they want to achieve, and to have an evidence base that shows that new methods of working actually deliver.
- Policy is what you make of it- often it is not a barrier. Commissioning and procurement are often tied up in government strategies and this can make it difficult for fresh thinking to feed into this. That is why it is important to pick your timing and to decide when and where to test out new ways of working. Collaboration is only collaboration when there is accountability and everyone involved has to do more than just turn up- they have to deliver and government has a role to ensure that they spend money in a way which is accountable.

Q. There are many drivers towards collaboration but what support was there in Lambeth for IPSA and how important was it?

- We had support from LH Alliances (Linda Hutchinson spoke at the CollaborationNI event in September 2015 on her role supporting IPSA) in order to facilitate the collaboration coming together and to develop the outcomes and commercial frameworks. This assisted them in creating a partnership of equals and allowed them all to access the risk (and potential gains) involved in what they were trying to do.
- LH Alliances enabled them to set up shadow governance arrangements well before they started operating the contract. Again this allowed them to develop their relationships and plan the way forward.

Feedback and Key Messages

Following the conclusion of the presentations delegates were asked to complete a feedback form to capture the key messages related to the potential benefits of co-design and co-production. The key messages that were identified from the feedback forms were as follows:



To government

We need government to:

- Understand the value of alliance contracting and the opportunities that it can create.
- Do more to encourage alliance contracting and make it a viable option for VCSE organisations in Northern Ireland.
- Recognise the importance of VCSE organisations and the significant contribution they make.
- Commit to proper collaboration whilst at the same time review the commissioning process so that value-added and social investment is given a proper weighting.

To politicians

We need politicians to:

- Get serious about collaboration and commit genuine support and funding, rather than merely pay lip service to the notion of collaboration.
- Adopt an outcomes based approach to their decision making, to ensure that they deliver the most for the greatest number of people, rather than focussing on their own narrow interests.

To the VCSE sector

The VCSE sector needs to:

- Be willing to look beyond their own organisation and ensure that the work they do benefits as many people as possible.
- Understand that they are not in competition with each other and should understand that by pooling their resources all sides can benefit.
- Ensure the commissioning and procurement process is not seen as a barrier to VCSE organisations but as an opportunity.
- Be willing to share learning with each other so everyone can benefit.

To funders

Funders need to:

- Provide the necessary resources- both financial and organisational- to facilitate collaboration.
- Engage at an early stage with organisations who are considering collaboration so that they can better understand the type of support that is necessary and the difficulties that may arise during the process.
- Provide a strategic drive to support genuine collaboration and not see it purely as a cost cutting exercise.



94% of respondents said that the overall input was either Excellent or Very Good. 100% of respondents Strongly Agreed or Agreed that they found the input useful and 100% of respondents Strongly Agreed or Agreed that the input increased their knowledge.

Delegates were asked to reflect on the event and below are some of their comments.

“Such a worthwhile conversation. Let’s keep talking to each other.”

“The input from the speakers and panel was very insightful and provided evidence of what is achievable through collaborative working.”

“Collaboration is key to better health and social care outcomes. ICPs are the vehicle to build and promote the relationships and cultural change and drive this collaboration.”

**“Fantastic event, great speakers and panelists, all expertly guided by Ricky.
An amazing learning and sharing experience.”**