DOING THE RIGHT THING: Unlocking the voluntary and community sector’s contribution to delivering patient and service user focussed change in the health and care system

Project Overview

1. Project aims and objectives

• Influence redesign of the health and care system as part of the Five Year Forward View implementation, and other health and care transformation initiatives, such as those arising from the Manchester devolution, the Integration Pioneers, the Better Care Fund and the implementation of the Care Act by:

  o Providing key actors and agencies within the health and care system with relevant, evidence-based information about how the system could improve outcomes for individuals, and increase productivity and efficiency, drawing on the insights, expertise and experience of the voluntary and community sector (VCS) in shaping and / or delivering interventions in health and care.

• Building the case for change, by putting forward robust evidence of the current and potential value of the VCS’s contribution to improving outcomes across the health and care system by:

  1. Synthesising and analysing the evidence base that arises from service redesign and / or delivery work, undertaken by VCS organisations, which credibly and demonstrably improves patient and user experience, outcomes and the efficiency of resource use.

  2. Demonstrating the value and contribution of the VCS to addressing the key gaps identified within the Five Year Forward View - the health and wellbeing gap; the care and quality gap; and the funding and efficiency gap – through articulating how the VCS’s work supports individual and community health and wellbeing; generates improvements in efficiency and productivity across NHS, social care and public health services; and promotes individual and community engagement, resilience and cohesion.

  3. Modelling what health, wellbeing, wider social and financial benefits would accrue to the system if successful innovations and improvements were adopted at scale, across the whole health and care system.

• Creating a compelling argument for key actors within the health and care system to support the adoption of successful interventions at pace and scale, by:

  o Analysing critical success factors and barriers to large scale implementation
Identifying levers and responsibilities for improving the conditions that would enable the adoption of person focussed, holistic, upstream interventions.

Making recommendations around how we can promote the adoption of person-focussed, holistic, upstream interventions

• Arriving at a shared call to action which will establish a consensus amongst leading health and care charities and set out practical, evidence based, ambitious steps that need to be taken to achieve a better deal for people using health and care services.

Outcomes and outputs

The anticipated project outcomes are:

• A well evidenced analysis of the contribution of the VCS across the three key areas identified (see 2 above)

• An understanding and demonstration of the future potential value the work VCS, and / or the adoption of its approaches by the statutory system, could create by operating at scale

• A robust understanding of the critical factors for success (or indeed failure) in VCS initiated and/or supported service development or improvement

• A thorough analysis of levers for change, policy development and approaches to supporting implementation that could help unlock the potential of the VCS

The anticipated project outputs are:

• A high quality, independent and accessible report setting out the evidence and insights derived from impact assessments of VCS interventions in the health and care system (Phase 1 research output)

• A framework for analysing and demonstrating the value of the VCS contribution across the 3 areas (see 2 above) (Phase 1 research output)

• An analysis of the key success factors and barriers to such interventions, drawn from qualitative research with organisations involved in such projects and their statutory partners (Phase 1 research output)

• Workshops with partners and key external organisations to interrogate and disseminate the results and insights
• Modelling to demonstrate the potential value of the VCS delivering interventions at scale (Phase 2 research output)

• A set of recommendations for removing the barriers and promoting facilitative factors to VCS delivery at pace and scale across the health and care system (Phase 2 research output)

• Programme of relevant dissemination and influencing activities/products

Outline project plan

This project is expected to run for approximately 9 to 12 months (from May 2015), with work divided into three phases:

Phase 1 – June to October 2015

Key actions:

• Commission research to:
  
  o Gather, synthesize and analyse the evidence base provided by the participating organisations, setting it into the context of the wider national / international evidence base
  
  o Undertake qualitative research delving into VCS and commissioner / provider experiences of working together and developing services and/or improvements
  
  o Co-produce a conceptual framework for demonstrating the value created by, and potential of, the VCS

• Further scope influencing targets and develop influencing plan

By the end of phase 1 we will have:

• Received the initial research outputs setting out the evidence for the contribution of the VCS across the three identified areas and results of the qualitative research

• Hosted workshops to (a) interrogate the evidence and insights derived from the evidence review and qualitative research and (b) ‘stress-test’ the conceptual framework and identified critical success factors

• Engaged with key influencing targets to foster their understanding of our project aims, and to tailor our plans to meet their needs (including through the workshops noted above)

• Developed a forward plan of influencing activity
• Reassessed and refined a brief for research / analysis required during Phase 2

**Phase 2 – October 2015 to January 2016**

Phase 2 will build on phase 1 by developing two strands of work (dependent on the outcomes and outputs of the first phase) focused on understanding the potential value that VCS could add and how that ‘value’ could be better unlocked.

**Understanding the potential of the VCS contribution:**

• Applying the conceptual framework to demonstrate the value delivered by the VCS across the three identified domains

• Testing the outputs of the modelling with internal and external partners

• Modelling the potential ‘value-added’ of the VCS across the three areas if promoted/adopted at scale

**Unlocking the potential of the VCS:**

• Developing the analysis of the critical success factors and testing with internal and external partners

• Identifying levers for change and barriers to action

• Using insights generated to develop policy recommendations and approaches to supporting implementation

By the end of phase 2 we will:

• Have received the outputs for further modelling / research / analysis

• Be in a position to develop further tools and products that support our shared influencing and dissemination activities.

• Be in a position to put forward a plan of further influencing and dissemination activities during phase 3

**Phase 3 – February/March 2016**

Phase 3 will focus on promoting the final outputs and engaging key stakeholders in more detailed discussion around how the findings/ recommendations could be taken forward. We will also review, in light of the findings from our research and influencing activity so far, and the future policy and implementation context, whether our partnership should take further collaborative steps.
Project mechanisms

The project will be overseen by a steering group chaired by Tom Wright (Chair of Richmond Group and CEO of Age UK) and Charles Alessi (senior advisor to Public Health England). The Group will have members from the 14 partners to the project, along with representatives from other expert audiences, including local government, NHS providers, think tanks and Arms Length Bodies.

The project will be supported by a Project Working Group made up of staff from partner organisations – primarily those with expertise in policy and influencing.

The project will be overseen by a small Project Team of Kate Jopling (Project Manager); Charlotte Augst (Richmond Group) and Ruthe Isden (Age UK).
ANNEX A: MEMBERSHIP OF THE STEERING GROUP

Co Chairs
• Tom Wright, Age UK
• Charles Alessi, Public Health England

Richmond Group
• Bridget Bergin, Stroke Association
• Jenny Hargrave, British Heart Foundation
• Fran Woodard, Macmillan Cancer Support

Project partners
• Kevin Fenton, PHE
• Norman McKinley, British Red Cross
• George McNamara, Alzheimer’s Society
• David McCullough, Royal Voluntary Service
• Liam O’Toole, Arthritis Research UK
• Sarah Hurcombe, Cabinet Office

External partners
• Fiona Russell, Local Government Association
• Local Authority representative (TBC)
• Charlotte Williams, NHS England, New Models of Care Team
• Karen Partington, Lancaster Teaching Hospital, NHS Provider representative
• Nigel Edwards, Nuffield Trust
• Dan Corry, NPC
ANNEX B: MEMBERSHIP OF THE WORKING GROUP

The Group will draw on different people’s expertise during the course of the project, the following is a list of nominees from each organisation that can act as a starting point or sign post for further involvement of others:

Project Manager: Kate Jopling

Charlotte Augst, Richmond Group
Ruthe Isden, Age UK
Duleep Allirajah, Macmillan
Chris Annus, BHF
Caitlin Barrand, Breakthrough/Breast Cancer Campaign
Bridget Bergin, Stroke Association
Beth Capper, Macmillan
Chloe Carter, BRC
Sophie Cramb, Asthma UK
Tom Gentry, Age UK
Charli Hadden, Rethink Mental Illness
Robin Hewings, Diabetes UK
Jo Anna Holmes, Age UK
Sally Hughes, MS Society (Neurological Alliance)
George McNamara, Alzheimer’s
Allison Smith, RVS
Chris Smith, Richmond Group
Hilary Tovey, BLF
Steve Wibberley, BLF
ANNEX C: KEY INFLUENCING OBJECTIVES AND AUDIENCES.

1. To influence redesign of the health and care system through the Five Year Forward View implementation programme

   Key audiences:
   - NHS Five Year Forward View leadership community
   - The collective programme boards
   - New Models of Care team and the vanguard sites

2. To influence wider health and care transformation efforts, including central initiatives and local innovation

   Key audiences:
   - The Better Care Fund
   - Devo-Manchester leadership community
   - Integration pioneers
   - Early adopters and thought leadership community across health and care (commissioners and providers)

3. To secure relevant changes that supports and sustains the findings of this work through national policy, regulation and system processes and funding

   Key audiences
   - Ministerial teams
   - Department of Health
   - HM Treasury
   - Leadership across NHS England and the Arms-Length Bodies

4. To shape and inform a broader conversation amongst policy makers and across the health and social care sector around the value of the third sector

   Key audiences:
   - Health think tanks and academics
   - Key commentators
   - Membership and representative bodies
NEW MODELS OF CARE PROJECT – DOING THE RIGHT THING

TERMS OF REFERENCE

1. Project aims and objectives

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o Providing key actors and agencies within the health and care system with relevant, evidence-based information about how the system could improve outcomes for individuals, and increase productivity and efficiency, drawing on the insights, expertise and experience of the voluntary and community sector (VCS) in shaping and / or delivering interventions in health and care.
  
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• Creating a compelling argument for key actors within the health and care system to support the adoption of successful interventions at pace and scale, by:
  
o Analysing critical success factors and barriers to large scale implementation
  
o Identifying levers and responsibilities for improving the conditions that would enable the adoption of person focussed, holistic, upstream interventions.
Making recommendations around how we can promote the adoption of person-focused, holistic, upstream interventions

Arriving at a shared call to action which will establish a consensus amongst leading health and care charities and set out practical, evidence based, ambitious steps that need to be taken to achieve a better deal for people using health and care services.

2. Steering Group: scope and purpose

Purpose of the Steering group:

To ensure good governance and to maximise the project’s influence, a Steering Group of senior representatives of project partners and external experts will be established to determine the overall direction of the project and oversee delivery of project plans.

The Steering Group will be chaired by Tom Wright, Age UK, and Charles Alessi, Public Health England.

A full list of Steering Group members is attached as Annex A.

Functions of the Group

1. To define key objectives, outputs and milestones of the project
2. To guide the direction and shape of the project, taking account of the changing external environment, to ensure it is fit for purpose
3. To ensure that the programme is outcomes focused and based on robust evidence and best practice
4. To ensure that the programme is influential, providing guidance and support to the programme’s influencing activities
5. Act as a source of guidance, support and technical expertise
6. Act as a source of up-to-date intelligence and connection with the external policy and practice environment
7. To hold the Project Manager and Working Group to account on progress against deliverables and to provide support and challenge
8. To oversee and monitor how funding is spent to deliver best value
9. To work between meetings, if appropriate, to secure progress on programme
delivery and outcomes

**Meetings**

The Steering Group is predicted to meet four times throughout the duration of the
project (May, September, November 2015 and February/March 2016). Additional
meetings or discussion held via email or teleconference may be arranged between
meetings as required and agreed by the Group.

At its last scheduled meeting, the Steering Group will make decisions about project
legacy or any follow on work.

Meetings will be arranged by the Project Manager who – together with the Richmond
Group Partnerships Manager and Working Group – will also prepare papers and
provide secretariat support.

**Expenses**

Members will not be remunerated but reasonable travel expenses can be
reimbursed.

3. **The Project Working Group and Project Team**

The project will be supported by a Project Working Group made up of staff from
partner organisations – primarily those with expertise in policy and influencing.

The project will be overseen by a small Project Team of Kate Jopling (Project
Manager); Charlotte Augst (Richmond Group) and Ruthe Isden (Age UK) who will
take forward the day-to-day work of the programme.
ANNEX A: MEMBERSHIP OF THE STEERING GROUP

Co Chairs
- Tom Wright, Age UK
- Charles Alessi, Public Health England

Richmond Group
- Bridget Bergin, Stroke Association
- Jenny Hargrave, British Heart Foundation
- Fran Woodard, Macmillan Cancer Support

Project partners
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- David McCullough, Royal Voluntary Service
- Liam O’Toole, Arthritis Research UK
- Sarah Hurcombe, Cabinet Office

External partners
- Fiona Russell, Local Government Association
- Local Authority representative (TBC)
- Charlotte Williams, NHS England, New Models of Care Team
- Karen Partington, Lancaster Teaching Hospital - NHS provider representative
- Nigel Edwards, Nuffield Trust
- Dan Corry, New Philanthropy Capital
DOING THE RIGHT THING: PROJECT STEERING GROUP

Note of meeting held on 20th May 2015

Attending:

Tom Wright (co-chair)  Age UK
Charles Alessi (co-chair)  PHE
Kevin Fenton  PHE
Norman McKinley  BRC
Bridget Bergin  Stroke Association
Duleep Allirajah (deputising for Fran Woodward)  Macmillan
Ruthe Isden  Age UK
Nadia Kalam  Age UK
Dan Corry  NPC
Sarah Hurcombe  Cabinet Office
Gavin Terry (deputising for George McNamara)  Alzheimer's Society
Lindsey Sokolich (deputising for Charlotte Williams)  NHS England
Fiona Russell  LGA
David McCullough  RVS
Liam O'Toole  Arthritis Research UK
Kate Jopling  Project Manager
Jenny Hargrave  BHF
Charlotte Augst  Richmond Group

Apologies:
Karen Partington  LTHTR
Nigel Edwards  Nuffield Trust
1) Introductions

Steering group members introduced themselves and their aspirations for the project outcomes. The project should:
- Be based on openness and collaboration between project partners and with wider stakeholders
- Be influential and impactful – leading to a real shift in how the health and care system perceives the voluntary and community sector’s role
- Provide a robust evidence base of the voluntary and community sector’s impact
- Draw learning together, so that partners can learn from one another, improve collaboration and speak with one voice
- Recognise the role local authorities and local communities
- Link-up with wider initiatives
- Clearly articulate the value added by the voluntary and community sector
- Clearly articulate the cost-effectiveness of the sector’s contributions

2) Project overview

The rationale and background to the project was discussed. This came out of discussions between partners, recognising a shared sense that the sector holds some of the solutions to the problems facing the health and care sector, but that this is not yet properly recognised. While the project will commission research this is not a research project, but is intended to be an influencing programme, to create change in the way the voluntary and community sector relates to the health and care system.

The current project papers do not fully reflect the project’s intentions around influencing. We need to bring rigour in the influencing side of the programme as much as to the research side, by starting our influencing work now.

The project will have a range of audiences, who will be interested in different aspects of our work, and different metrics. We need to be clear about the outcomes we are going to be measuring, making sure that we recognise the outcomes the sector values, and not just those things which the current system is interested in – including in particular the way the sector works alongside people, rather than doing things to people.

Action: Project team to revise project papers to clarify emphasis on influencing

Action: Project team to bring an outline draft influencing strategy to next steering group meeting

3) Steering group terms of reference
The draft terms of reference were discussed.

The work of the project will be taken forward by the project team, supported by a project group drawn from partner organisations. Another group of research experts has also been brought together to discuss the research brief and to support the selection of researchers.

Given the emphasis on influencing, it will be important to draw together people with expertise on influencing to support the development of an influencing plan.

**Action:** Members to notify Kate Jopling of any changes to project group membership, in light of emphasis on influencing.

**Action:** Project team to amend terms of reference need to place clearer emphasis on the influencing component

The project aims – noted in the Steering Group terms of reference – were discussed.

In the current climate, it will be vital that the project draws out the financial benefits of voluntary and community sector interventions, however it will be important to ensure that we define this clearly, with the emphasis on how the sector is able to improve how money is spent; rather than on delivering cashable savings.

It is important that we make clear that our aim is to create a “call to action” for system change.

**Action:** Project team to amend project aims and objective in light of comments.

The project budget was discussed.

The budget is very tight overall. In particular the budget and timescales for phase 2 may be insufficient.

As the Cabinet Office will no longer be able to support the project financially - but will instead offer in-kind support - the total committed funds for the project now stand at £90K.

It was agreed that the first phase of the project should continue as planned with a research budget of £50K. The budget for phase 2 research and for dissemination will be reviewed as Phase 1 progresses. It was noted that a number of other organisations were interested in the project and could be brought in as partners.

**4) Research brief**
The draft research brief was discussed. As the project is complex it is difficult to capture every nuance on paper – the intention is therefore to use the research brief to open discussions with researchers.

We need to make clearer in the brief how project partners will support and accelerate the process of gathering evidence together.

We need to add a note to make clearer who the audiences of this project will be.

We need to be realistic and open to the fact that the research may not find sufficient evidence of some of the impacts we hope to demonstrate. Partners need to be open to seeing this project as a shared learning exercise. We need to avoid over claiming the impacts of the sector, however we should be optimistic about the potential of bringing our collective knowledge together.

The current domains of impact that are outlined in the brief (and taken from the Realising the Value programme) may not effectively capture the unique contribution of the sector in fostering individual and community, engagement, resilience and cohesion. We should avoid “parroting” the NHS’s values back to it, but should define our own terms.

We should make clear that the key gaps identified within the Five Year Forward View – the health and wellbeing gap, the care and quality gap, and the funding and efficiency gap – are of interest, but that we are focussed particularly on the forms of value that the sector contributes within these.

**Action: Project team to revise brief to reflect comments**

The brief is to be sent to selected researchers, and will also be made available via a web-link for partners to send out / circulate.

The current list of potential researchers includes:

- Kings Fund
- Nuffield Trust
- New Philanthropy Capital
- NCVO
- ICF international
- Natcen
- 2020 Health
- Improving Care

New Frontier Economics and Price Waterhouse Coopers should be included in this list.
Action: Members to forward names and contacts for potential researchers to Kate Jopling

Action: Project team to arrange to post research brief online and circulate link

5) Dates of future meetings

Meetings will be held in September, December, and March

Action: Project team to arrange future meetings and circulate dates

6) Member update

A number of other relevant initiatives were noted including the Vanguards programme, the Realising the Value programme and the DH/ PHE/ NHS England Programme looking at voluntary sector funding. The project team have already established links with these.

Action: Project team to write out to key stakeholders introducing the project