This document contains the raw write up of the table discussion notes from the reimagining services workshop at the Stronger Together conference on the 7<sup>th</sup> July 2015.

## **Reflections on reimaging services**

Clarity of vision is essential – vision need to be shared across community – where do we want to get to? – " a service user led vision.- clients need to be involved "

- 1) Set outcomes
- 2) Develop services

Resilience and wellbeing – short term contracts and outcomes are the enemy of planning for resilience and prevention

NCC/commissioners – "these are the outcomes – how are you going to deliver?

- This gives VCSE freedom to deliver
- Not inputs and outputs

Bottom up process – residents/clients – driving the change upwards

Change in culture less egos

Not chasing targets and missing the point

Cultural shift needed – closer relationships with commissioners, particular shift in the commissioners outlook, they should listen more.

We need to provide choices

Transport links stifle clients choice/links. Need support for clients to get to services

Be inclusive if all VCSE partner organisations – transparency

What do we need? What impact do you (NCC) want to make? Invite agencies relevant to this area, invite them round the table, see what creative solutions they can provide. Share terms of reference

When is the brave new world?

Its hard to think out of the box with inherited assets/attributes

Competition is not conclusive to sharing and collaboration

There can be strength in consortium/partnership working

Groups need to play to their strengths more

How do we convince big providers such as CCGs & NCC that preventative work done by VCS is the most valuable contribution

Anecdotal evidence of personal impact should be as valid as hard data

Does it need reimagining – Yes

Concern that NCC has expanded when we are cheaper

Concern bout TUPE and unwillingness to recognise costs of comparable pension scheme

The VCSE are not always the best provider – the right provider may be the local authority

Needs to be more joined working between children and adult services – departmental silos are unhelpful – get rid of the artificial constructs whole life whole system

Health engagement in reimagining?

Not invited to table at service design stage but at procurement stage – its too late

The VCSE have replicated all those silos – need to change that

Feeling that intention are genuine but progress is limited

Needs identified, solutions identified but not broken up

Not seen as equal professional partners

Need political honesty- not just we can really do more with less

Voluntary sector organisations feel they are played off against each other

Too much self-justification form filing no spontaneity

## What are the key areas/client groups to focus on?

Looking at all people/community in need – must be holistic

Each vol org will have different perspective

Difficulties cause by rurality

Whole person whole life whole communities – services should look different in different communities

The why not the what and the how

Prevention work whether for children and young people or older people

Vulnerable people – families and disabilities

Early intervention – investment needed here. Shocked by NCC statistics of 18-64 yr olds in residential services

More hubs

No wrong front door

More communication – network lunches

Breakfast clubs need time

Its the why - not the what and how

Vulnerable groups

Focus on wellbeing of the individual

Pre O upwards

Ways of working

1) Service user hubs, packages of services-building support around the individual e.g. early help hubs

- 2) No wrong front door policy
- 3) Co-location
- 4) Securing the rights of vulnerable groups in contract agreements for universal services
- 5) Vulnerable groups address inequality

## How do you want to be involved on the process? In terms of structure/activities/events/approach?

Relevant vol orgs need to be part of restructure – early year hubs etc – from the outset

Actual agencies not just 'representatives' of the sector – when focused is service delivery, more than representative if it is about policy/service development

Recognise experience of vol org that run services not funded by statuary sector – comic relief. HIf etc – broader scope

CAN could contact all invited parties and keep them informed and invite involvement of all that want to

Small groups have a right to be heard

We are the experts

Commissioners cannot be experts isn't it time we acknowledged that it is not reasonable tor a small commissioning team to know – there isn't the scope/resources to do proper needs analysis so need to trust us.

Adults in residential care – the problem has existed for years, the VCSE have offered solutions but no action has ever followed- why not have a task force to address this issues (not talking shop) invite us to ask questions not just provide answers

Need a far reaching consultation and invite those that respond to further consultation meeting

Foster culture of collaboration by the way this process is rolled out

VCS want to be more involved in asset mapping and using that information for their own communities

VCS is the shape it is because of past ways of working – what shape does it now need to be?

To be open to change

Free training if commissioned to deliver project develop work force

Share knowledge of different providers and what they do

Providing a consortium of organisations to work together on bigger projects

Clear terms of reference and transparency

Don't excuse cock-ups' e,g, who is invited – get professional systems and structures

Free and consistent training to commissioned services

Vision needed – outcomes can be defined via the vision. The clients need to be involved in what the vision is

Needs analysis is often three years old and it needs to be up to date-find out what people want now

Too much of a commissioner provider split – change in attitude and behaviour towards those working on the ground

Voluntary sector are flexible and can shift but contracts need to be longer

Prevention is the 'drop of oil' that stops equipment grinding to a halt

Focus on prevention not cure – less cost

Activities – needs analysis must be thorough, fast/up to date, ongoing mapping of VCSE services

Approach – longer contracts beyond 3-month & 12 month, co-ordination bottom-up representation

Events – networking events

## What does success look like? For the sectors involvement? For the reimagining process?

Base services in what people need

Organisations should not replicate services- it's a waste of money, creates competition. We should be referring clients to organisations that have the strength to deal with collaboration not competition

Ongoing mapping should happen at district level – possibly county level – need to be truthful

Visions and outcomes should be apolitical – to much politics in local government – too many egos to change culture immediately- like a Venn diagram

Up to date directory with staff services to avoid obligatory mapping exercise every time new commissioner starts in post

Mutual accountability high expectations of vol sector but not always reciprocated

Work force development of NCC

Joined up inductions

Allow the agencies to update their own details on website services

Advertising the website to service users – more promotion

Well educated children with a sense of self

Healthy relationships (intergenerational)

Older people socially engaged

Design development that encourage community living and a 'care friendly' society

Community hubs which are actually in the community – help create a social infrastructure

Where NCC listens and learns from those practicing prevention models

Equality of performance management between VCSE and local authority – much higher expectations on VCSE – failure in the public sector not managed in the same way

Mutual respect – not enthusiastic amateurs

Co-location co-production – not co-procurement

Need overarching consistent process for bidding

Consistency to services specs or flexibility enough to allow interpretation

Reduce monitoring requirements – make it proportionate

Parity with statutory agency – recognition of expertise/professionalism

Change in commissioning behaviour

- Timely engagement
- Confidence and trust in VCSE sector
- Be flexible and responsive
- Collaboration

Comprehensive market (understanding mapping) of provider

Closer relationships with commissioners

VCSE must be seen as...

- Not well meaning amateurs
- Agile
- Skilled/experts
- Long term
- Local