

What action can I take to deliver the change in commissioning relationships I want to see?

32 responses

Share the outcome of the research with my networks and be brave!

Look for national guidance to commissioners

Network, share information, collaborate

Bridge culture chasm

Look at who is not at the table

Be brave & be persistent!

National charities can't manage quality strategic relationships everywhere they work - we need to narrow down to a few priority places where we can genuinely add value and be listened to

Feed back to my colleagues and to the BCS orgs I work with on ways in which we can operate in a more collaborative way.

Find out who I need to talk to to discover who is who

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Collect and share better data on engagement with the VCS so commissioners can better understand their reach and value

Engage with the national vcse assembly networks

Build alliances. Build understanding. Small steps towards our ambitions.

Keep pushing

Make sure people are talking and valuing shared insights with agreement on focused investment

Find out how to contact our local commissioning group.

Try and sit on some intergated partnership boards but it is difficult to find the time necessary.

Get a seat at the table. Listen to commissioner priorities. Don't assume knowledge. Be aware of impact of competition on collaboration.

More dialogue, more mutual understanding, clarity of objectives, seek common ground

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Go grass routes! Involve smaller charities and citizens trying to do good not just the big VSCEs

Refocus my efforts to understand how we can influence at ICB level

Protest

Be slick with data, reframe funding VCS as vital investment to addressing wider determinants of health & NHS front door issues

Ensure that VCSE and NHS parties have joint vision and buy in on the project

Take learning back to colleagues and share the possibilities for new models.

Develop relationships and work to help commissioners to understand 1. the challenges the VCS face on the ground and 2. organisational back office capacity (or rather the lack of)

Work on building more relationships- both with commissioners and the vcse. Work on our Community of Practice sharing knowledge to create effective collaboration.

Work with risk-averse departments to trust that other ways are OK as well!

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Challenge, share and show generous leadership esp with smaller orgs

Support VCS to evidence impact of prevention

Agree language to be used between the two

Take a seat at the table

Focus on the desired health outcomes for people

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What do we need others to do to deliver change?

30 responses

Publish organisational organograms and establish a one stop email into the service, not people as they move on.

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Listen to us at grass routes, people with lived experiences and small CICs like us!

Pul their finger out

Be open minded and willing to change

Give up some power and trust vcse

Continue transparency after the contract award - not just during the procurement process

Help us to help you.

Engage with voluntary sector meaningfully

What do we need others to do to deliver change?

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Be open to seeing outcomes differently when commissioning services from the VCSE.

Be more willing to shift funding to prevention instead of acute all the time!

The PSR commissioning bodies need to ensure that they clearly indicate their understanding of their wider VCS and how this delivers the priorities of ICS

Get out of NHS offices and visit community hubs

Listen and value the vcse sector and their insights. Also bringing the vcse in from the start of conversations

Focus on prevention, not just react after

Design services in collaboration - often VCSE has a better understanding of the need than 'commissioners'

Listen to the sectors expertise but don't expect free/cheap, unsustained gap plugging

Listen and work together. Be prepared for change and share learning. We need there to be commitment throughout and not resorting to form if/when things get difficult.

What do we need others to do to deliver change?

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Stop using social value as a stick to beat big companies with, and use it instead to encourage commissioning local VCS organisations

Understand that two sectors talk about and mean different things when talking about 'health'. VCSE - whole person v NHS conditions.

Give contracts of appropriately long periods to enable real change

Amanda Pritchard to spend more time listening to the voluntary sector

A common definition for health care would help as well as being clear for each ICB to prioritise focus around examples and value of intergrated care

Share more health and social care data with the VCS

Value VCSE as professionals who know what they are doing

Encourage commissioners to account for existing relationships with specific target groups, rather than just the service model

Stop talking and do stuff

What do we need others to do to deliver change?

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Focus on action

Lots of talk no action

Do you not think that NHS and other uk organizations are broken

