

# Gaining Insight into Partnership Working

Devon Public Health and Devon Communities Together

June 2023

## 1. Introduction and Context

The Devon Public Health Community Outreach Team was set up in 2021 to take Covid testing into communities of need that were struggling to access the mainstream services for testing and vaccines. While the Team was in those communities, they sought to respond to other needs and provide brokerage to other health services those communities needed. The team ended when the Covid funding, testing and vaccine tasks had ended – however some of those other projects that were set up, providing and supporting services in isolated communities, have been sustained, have developed and are helping to inform ongoing change.

Devon Communities Together (DCT) , a charity in Devon’s VCSE sector, being the Rural Community Council for Devon, joined the Devon Public Health Community Outreach Team in Sept 2021. A period of working together from Sept 2021 to March 2022 to administer Covid 19 Self- Isolation grants, was followed by a joint project to gather insights and learning from the interesting work the Devon Public Health Community Outreach Team was doing in communities to support Covid recovery.

This was a departure from previous contract delivery arrangements between Devon Communities Together and Devon Public Health, prior to the onset of the Covid 19 pandemic and which still predominate with other service departments of Devon County Council. The project was funded through the Contain Outbreak Management Fund re the pandemic response. This led to a pace of working and test and learn that had to be responsive. In order to achieve pace it was necessary to use standard DCC templates and procedures, which led us into developing defined outputs and outcomes i.e. the normal systems – however the nature of the covid response was emergent. So the procurement tools we had to partner with DCT didn’t quite fit the need.

DCT staff joined the project as full members of the DPH Community Outreach Team. The DCC Project Leads for this Insights project were seconded to DPH from Devon County Council’s Organisational Change department, which may account for their willingness to embrace and learn from new cross sector relationships.

Devon Public Health (Local Government) and Devon Communities Together (VCSE charity) reported on this Insights project via the following outputs which are available on request from Devon Communities Together.

- **Video and audio recordings** of Devon Public Health Community Outreach Team and VCSE organisations giving insights into working together on the Insights project 2022/23
- **2-page Insight Snapshots** of achievements and ways of working with community organisations to improve health outcomes in 8 communities of Devon

- **‘Activities and Impact Report’ ( April 2023 )** Devon Public Health Community Outreach Team Insights Project to March 2022 by Devon Communities Together (DCT) – the 24 month activities of the Outreach Team, the later involvement of the DCT staff to help collect Insights - and recommendations for future activities and systems change.

## 2. Key features of the working relationship between DCC & DCT staff on the Insights project

- 2 members of DCT staff were embedded in the Devon Public Health Community Outreach Team for the duration of the programme
- A Co-design phase was incorporated at the beginning of the project that identified the key skills and experience within the team and the skills/knowledge gaps that needed to be filled by training.
- Senior DCC staff – e.g. Public Health Commissioners, brought in to provide orientation and context as well as specialist Public Health training (re Health Inclusion Groups) of the whole Community Outreach Team, including DCT staff as members of the Team.
- DCT staff delivered formal training and informal VCSE experience-sharing within the Outreach Team re DCT approaches to supporting communities.
- DCT staff used their VCSE contacts within communities to be involved and enrich the projects in each geographic area
- A ‘test and learn’ approach dominated – ‘try it, see what works and share this with the rest of the Team’.

## 3. Project Extension – Exploration of Partnership Working

As part of the evaluation of the gathering insights elements of Devon Public Health Community Outreach Team’s work, the Project Leads from Devon Public Health and Devon Communities Together met in May 2023 to evaluate the benefits and challenges of working together in partnership in an integrated team setting. It was decided to add on to the general evaluation of the Insights project, a short piece of work to review the cross sectoral collaborative approach adopted between DCC and DCT during and through this commission, to reflect on key learning points and to make recommendations for next steps in the development of DCC/VCSE partnership working in Devon.

## 4. Project Extension: Questions to Consider

The questions to be considered/answered as part of the project extension evaluation were;

**Which works best when commissioning – go to the VCSE organisations you already have a relationship with and know they have the skills/expertise to do the work, OR go to the market?**

**How can commissioning be done in a way that builds partnership and develops an eco-system where partnership thrives rather than being just a contractual relationship between two organisations where one organisation commissions and the other delivers?**

**What specific learning we captured from the partnership working arrangements between DCC & DCT during the delivery of the Community Outreach team Public Health Insights programme?**

## 5. Project Extension: Partnership Working DCC/DCT – Outputs

- a) Short report gathering benefits, challenges, learning and recommendations for future partnership working DCC/VCSE.
- b) Creation of an edited (to 10 min) video of interviews with Project Leads - DCC Officers Martin Barnard and Kevin Gillick and DCT officers Nora Corkery (CEO) and Hannah Reynolds (PM) - on what were the benefits and challenges of working together in partnership on the Insights project. The interviews would expand on the comments these officers made at their May evaluation meeting. This video can be found at <https://youtu.be/Dw3qqVSF8eM>.
- c) Desk research of national context of public sector/VCSE partnership working (see appendix 1).
- d) 2 case study examples of agencies involved in other partnership working arrangements in delivering health services in Devon (see appendix 2).

## 6. Partnership Working DCC/DCT: Key Benefits

The benefits of working together in a different way were outlined initially by DCC and DCT Project Leads at the May 2023 Insights Project evaluation meeting. Present: Martin Barnard (DCC), Kevin Gillick (DCC), Nora Corkery DCT, Hannah Reynolds DCT and Charlotte Maciszonek.

<b>Key Benefits of Partnership Working – Project Leads’ Experiences</b>	
<ul style="list-style-type: none"> <li>the building of one cross sectoral team of people, focussed on the same agreed project objectives.</li> </ul>	<ul style="list-style-type: none"> <li>developing mutual understanding of our different organisational cultures and drivers, to understand the blocks and challenges and learn best ways of mitigating these.</li> </ul>
<ul style="list-style-type: none"> <li>value of the skills and perspectives from outside DCC - a mix of perspective, skills and experience makes for richer learning in the team and for the benefit of the project objectives.</li> </ul>	<ul style="list-style-type: none"> <li>Sustaining and building on the capacity of DCT through investment in the charity, rather than adding to the public sector “skills drain” by DCC directly recruiting to employ VCSE staff.</li> </ul>
<ul style="list-style-type: none"> <li>non-hierarchical way of working –built a sense of team identity and inclusion.</li> </ul>	<ul style="list-style-type: none"> <li>allowing time at the beginning of the project for co-design and to embed a learning culture around defining the areas of work, rather than pre-determining what the outputs should be.</li> </ul>
<ul style="list-style-type: none"> <li>Valuing each individual member of the team’s contribution. Shown through DCC leadership of the Outreach Team - at meetings and on the direct project tasks. Also shown by social signifiers of partnership e.g. DCT officers invited to all Team events as a member of the team, DCT staff given temporary ID passes to get into DCC venues for meetings, DCC IT equipment lent to DCT staff for the project’s duration.</li> </ul>	<ul style="list-style-type: none"> <li>DCC staff invited to all DCT’s Community Learning Training Events and workshops without fee - as if a member of DCT staff – so cost effective as well as enriching the cross sectoral learning through DCC and VCSE staff learning together on these workshops.</li> </ul>

<ul style="list-style-type: none"> <li>Working with a known VCSE organisation (DCT) with an existing Service Level Agreement with DCC made it easier to 'hit the ground' running on gathering Insights, rather than having to wait if going to the market.</li> </ul>	<ul style="list-style-type: none"> <li>The pandemic and the Devon VCSE sector's efforts in supporting communities has led to a re-valuing of the sector by DCC and District Councils and loosened (temporarily) some of the system barriers and bureaucracy which can delay support reaching its target.</li> </ul>
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Table 1: Benefits of Partnership Working

## 7. Partnership Working DCC/DCT: Key Challenges

<b>Key Challenges of Partnership Working – Project Leads' Experiences</b>	
<ul style="list-style-type: none"> <li>No existing policies/protocols in DCC for this kind of embedded collaborative partnership working as part of procurement process – so existing procurement model (SLA specification/contract) was used for Insights work.</li> </ul>	<ul style="list-style-type: none"> <li>Pre-determined outputs in the brief and SLA were not conducive to the partnership way of working which evolved outputs in the Insights gathering process.</li> </ul>
<ul style="list-style-type: none"> <li>Initial confusion for DCT project staff re which outputs they should be pursuing. DCC's 'the outputs will evolve; we'll learn as we go' versus DCT's approach to 'work to the outputs in the brief' in accordance with the SLA.</li> </ul>	<ul style="list-style-type: none"> <li>Cultural differences between agencies. DCC's Outreach Team worked to non-hierarchical processes, with team meetings and autonomy given to staff team individuals to try, learn and report back into the team. DCT, as a contracted delivery partner, in this instance, has internal organisational reporting requirements re the achievement of output and targets.</li> </ul>
<ul style="list-style-type: none"> <li>There was a requirement for some project objectives and delivery outcome re-alignment meetings as the programme evolved and re-working of reports to accommodate both DCC priorities and DCT contractual requirements, which was time-consuming for both partners and staff.</li> </ul>	<ul style="list-style-type: none"> <li>Aligning the technical skills in the staff team for the Insights project. DCC Outreach team came from a wide variety of backgrounds. While this was a strength in that it enriched the team, some members of the Team could not use the digital platforms upon which the information resources were stored.</li> </ul>

Table 1: Challenges of Partnership Working

## 8. Key Learnings and Recommendations of the Partnership Working experiences on Insight Project – from Project Leads DCC/DCT interviews and video <https://youtu.be/Dw3qgVSF8eM>.

### DCC

- No existing policies/protocols in DCC for partnership working – so existing DCT SLA re Covid 19 Self Isolation Grant distribution was used for Insights work. This made working with a known VCSE organisation with an existing SLA (DCT) easier for DCC – i.e. pragmatic decision, easier than going to the market – undecided as to whether using existing relationships with VCSE or going to the market would be better – depends on circumstances.

**Recommendation: create policy and procedures for more flexible, collaboration and partnership working with VCSE organisations.**

- DCC had no prior expectations of what the metrics might be regarding working directly with communities re improving health inclusion. This was an original piece of work. MB's initial expectation was that DCT would bring prior experience of this type of work, but also he was keen that, as an original piece of work for Devon Public Health, the metrics would evolve from the project, rather than being stipulated beforehand as they had been in the specification for the SLA.

**Recommendation: Let the learning evolve. Incorporate a 'Co-design' phase into the procurement processes and contracts which DCC lets with VCSE organisations. From this co-design phase the methodologies, outputs and outcomes can emerge.**

- Creation of one team and a team working approach no matter which organisation. Through this to be able to utilise more fully the skills and talents of all members of the team to co-design and co-produce the project. Need to think 'shared Devon issues', not 'DCC issues'.

**Recommendation: create team-working opportunities e.g. joint training and embedding staff in cross sector teams. Try to let go of hierarchy and imposing own pre-conceived ideas and ways of working. Allow ways of working to evolve appropriate to the needs of the team and the project's direction.**

### DCT

- DCC culture and ways of working on this project very different from DCT's own culture – and even from the prevailing more hierarchical DCC culture in other service areas. DCT has a more contract performance-based structure than even some statutory organisations, as do many other larger VCSE organisations, due to the inherent risks and power imbalances between funder and funded. Typically, senior management in VCSE organisations take strategic responsibility for the development of project bids before delivery. These are then handed over to project managers to deliver, often with insufficient lead in time. Staff within teams may have variable levels of understanding and competence re digital systems.

**Recommendation: A co-design project planning process with staff from partner agencies to be built into project startup phase to develop common understanding of the project and build relationships with the project team at an earlier stage. A skills audit to be undertaken at the beginning of projects and a training element for staff and volunteers working on the project should be built into the project plan.**

- DCT/ VCSE organisations are often constrained under existing statutory procurement arrangements, which require an SLA or contract-based funding agreements which are often based on pre-determined outputs and outcomes. This creates challenges in mitigating against these metrics evolving as part of the project design and delivery.

**Recommendation: changes to commissioning and procurement processes and attitudes to risk by statutory funding partners, to trust that better outputs will emerge through collaboration and adaptive evolution/ innovation than by pre-determination in the contract.**

- A tricky issue is how to build into contractual arrangement and funding a standard co-design stage at the beginning of each project. VCSE organisations like DCT with staff who have a strategic role may be able engage in a co-design stage, but this does not fund the co-design engagement at this early stage of project staff who will be actually delivering on the ground. It is important that this initial phase becomes a universal requirement, so that VCSE organisations are all including co-design resource in funding proposals.

**Recommendation: procurement processes to build in a costed and funded co-design stage which also allows time and money for the VCSE to engage with partners and important grass roots community stakeholders.**

- Investment in the VCSE sector's unique skills and experience is vital – rather than DCC employing their own project staff, recruited from the VCSE sector, thus draining the VCSE's pool of talented skilled, experienced staff, developed through VCSE investment.

**Recommendation: expand opportunities for co-learning through partnerships with VCSE organisations, e.g. secondments, job/role shadowing, co-training.**

Devon Communities Together

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## 9. Appendices: to add value and context re Partnership Working in Devon

### Appendix 1. Video.

10 minute video of Project Leads Martin Barnard (DCC), Kevin Gillick (DCC), Nora Corkery (DCT) and Hannah Reynolds (DCT) discussing the partnership working on the Insights Project <https://youtu.be/Dw3qqVSF8eM>.

### Appendix 2. National Context

In Oct 2022 the Local Government Association (LGA) commissioned the national charity Locality to conduct research into the state of strategic relationships between councils and their local voluntary, community and social enterprise sector. [The state of strategic relationships between councils and their local voluntary and community sector | Local Government Association](#)

The research echoes some of the comments on partnership working of the Project Leads interviewees for the Insights gathering project Devon, above.

The report by Locality identified the impact of two landmark events: the reduction in most public service budgets that followed the 2008 financial crash, and the COVID-19 pandemic. The former saw the VCSE become involved in more competitive – and less collaborative – local service provision. The latter broke down much of the bureaucracy that this approach created. Throughout the pandemic the VCSE were often able to respond quickly to community need, sometimes where councils could not. As research participants stated in the Locality report and as was also highlighted in the Devon Insights Project case studies, this led to a re-valuing of voluntary organisations and community groups, enabling councils and VCSE to work with one another more closely to support those most at risk in their communities. (***National benefits of Local Government Partnership Working – Locality report Oct 22***)

The Locality report found that not only do better partnerships between the two sectors enable councils to deliver their statutory duties and support their residents, but these partnerships also enable better relationships between sectors, strengthen communities and increase civic participation. However, despite the often shared aims and objectives between councils and their local VCSE partners, the Locality research highlighted many common barriers to working in such a strategic way. These are outlined below:

<b>National Partnership Working: Barriers</b>
<ul style="list-style-type: none"><li>• low capacity in staff/volunteer team</li><li>• reduced budgets and resources</li><li>• a lack of clarity over priorities</li><li>• poor senior buy-in</li><li>• a failure to plan together</li><li>• differences in structure and process</li></ul>

**Table 3: Locality Report Oct 2022**

The Locality report identifies a typography of 5 different relationships that currently exist between public sector organisations and VCSE.

Type of Relationship	Detail
Shaping	Formalised structure through which public sector organisations engage VCSE in strategic direction – e.g. Assembly
Ongoing	Practical mechanisms for working together day to day – e.g. local forums, project groups
Neighbourhood	Local structures for local engagement – e.g. local networks
Commissioning	Planning together strategically, based on local needs. Co-designing services to be procured. Monitoring and evaluation of projects and services. E.g. Councils for Vol Service and Rural Community Councils such as DCT
Delivery	Local delivery VCSE partners, participating in tenders, winning contracts and delivering local services

**Table 4. Typology of Public Sector/VCSE relationships**

### **Appendix 3. 2 Devon Case studies of Partnership Working between statutory Health organisations and VCSE organisations**

The two Devon case studies below were chosen to illustrate some of the key characteristics of positive partnership working between the public sector and VCSE organisations in Devon. First, the One Northern Devon/Encompass partnership highlights a partnership that is built on solid foundations of:

- *Listening to the people and agencies already doing the work on the ground*
- *Client/patient - centred approaches -services based on what people actually need*
- *Taking time to develop personal relationships, building confidence and trust between agencies working on the project*
- *A team-based, shared way of working from senior management buy-in to operational delivery*

#### **Case Study One: Partnership between One Northern Devon and Encompass Southwest**

**One Northern Devon is a partnership of organisations working together to improve health and wellbeing for the people and communities of North Devon and Torridge.**

**Conversation recorded by Devon Communities Together with Andrea Beacham from One Northern Devon (Partnerships & GP Liaison Lead and One Northern Devon Programme Manager. NHS employed). Recording date 13/04/23.**

*Before recording started, Andrea spoke about the often unhelpful divide between ‘this is the statutory service and this is the VCSE sector’ approach to working together. She feels that at One Northern Devon they are trying to work all together as a team.*

#### **Reasons for Partnership:**

“We in One Northern Devon were looking to see whether there was something that we could do together to support people with complex needs who were very frequent users of public services, emergency services mainly. We went around and spoke to lots of people. We spoke to people who needed services and we spoke to the voluntary sector organisations who also, like us, supported



people with complex needs. And Encompass had loads to say. We spoke to the Chief Exec, Claire Fisher, and they had loads to say about what they felt was the problem and what we hadn't spotted.

Discussion with Claire Fisher helped us see the way public services supported people wasn't really conducive to helping them, even though we spent a lot of time with them. We were spending more time and money on ourselves and in finding people with complex needs - and not actually supporting people with what mattered most to them.

#### **Partnership arrangements:**

The most important thing is Claire and I have got a really good relationship. So it's much more of a 'we'll just get on the phone' relationship. For example, If I was getting a bit confused by how much budget we had for our flow stuff, – I'll send her my spreadsheet, she'll send me her spreadsheet and we're like 'Oh yeah, okay. That's where it is'.

It doesn't tend to be that formal. I mean, we do have Service Level Agreements, but we haven't been out to tender for any of this work because it's very specifically kind of codesigned with them (Encompass).

We expect reporting from Encompass. Encompass have got their own Advice Pro reporting system and then they download that into our Google spreadsheet – obviously it's got no patient identifiable info on it –and then I use that on a monthly basis to explain what's been done. But we don't really have targets as such because it's very person-centred. The target is to try and support people. Support people with what they need. And for us, it's more the values that services have got that's important. If we found that there was something that we needed for some document or some agreement we need to make, the fact that they've got a 'trauma informed', person-centred approach is the most important thing. And that they support all their staff to be like that.

#### **Difference the partnership has made to project outcomes:**

We can definitely see outcomes of (agency partnership) from the people that we're able to support. We get feedback from the people with complex needs, from case studies, from Encompass staff, from the hospital staff - and it's exactly what we were hoping to achieve. But what it hasn't done yet is transform the way we work in general. With the service providers that can afford to put this service on, it has transformed ways of working. It does exactly what we want it to do. But yeah, it hasn't changed the system yet."

**Conversation recorded by Devon Communities Together with Claire Fisher from Encompass Southwest (Chief Officer) on 14/04/23. Encompass Southwest is a local charity based across North Devon, Torridge and West Devon offering free and confidential advice on a variety of issues including, Money and Debt, Rough Sleeping, Housing and Accommodation, Young People's Housing and Homelessness Support.**

#### **Partnership arrangements:**

"One of our most successful partnerships is with One Northern Devon and we are the delivery partner for all of their high flow work. Our work tends to be focused very much on people with high complex needs and multiple disadvantages. We host the staff posts for this area of work with OND, but I'd say as it's gone on, we probably do more than host the posts.

It is a real collaborative approach working with One Northern Devon to secure funding. Interestingly, whilst they fund us, we've also been able to go out for funding ourselves and been able to fund some

of *their* posts – not in Health but in their other VCSE- supported posts as well. So, we've been able to bring that funding in, which has been quite unique in terms of it not just being us relying on them for funding.

It works really well. We've been working in that way for probably the last three years, I would say maybe longer than that before COVID. We started off with one project and we've now got five projects.

#### **Reasons for partnering:**

Well, I think we recognised the work that OND did, and I think for us it was about embedding ourselves into a different area and being able to do some work within Health. We weren't funded through Health prior to that. So that was a good opportunity for us because we recognised that there are absolutely links to the work that we do. So that was probably our main reason - and to be able to have access to wider support as well.

#### **Team working:**

Flow Workers are based in the hospital, and I have to say it's been a learning curve for us. They're based in the hospital, and they've got a Direct Line Manager who is employed through the hospital. And then obviously because we host the posts in our organisation, there's been a bit of learning in terms of that. The Flow Workers were saying was that they feel quite detached from our organisation. So, we've started to do more work with them about how we can make sure that they still feel involved in our Encompass work but are located in the hospital. It's just making sure that we have regular meetings with them, they're invited to all of our supervision meetings and all of our group well-being meetings. So, it's been a learning curve and we're still kind of learning on that. Other posts are generally either located in our office or within the community, so they're a little bit easier to manage.

#### **Different organisational cultures:**

We haven't really seen any issues with different organisational cultures (One Northern Devon and Encompass) because the Flow Workers come under our policies and procedures. It does work, it works well. They are connected to it all of our systems and it's great because if they have a patient they're working with, they've also got access to all of the other Encompass resources. I think it's been really open in the conversations; it's been really transparent. Because we've been doing this for a little while now, they (OND) know our culture and how we work and so on. So actually, it's been really transparent - but that might just be down to the people that are doing it.

#### **Value to your organisation:**

It's opened us up to wider resources. We're now having conversations with the Southwest Health Science Academic Network. It's opened us up to different training opportunities to be involved in and to meetings we wouldn't have been in otherwise. Having access to wider NHS meetings and support has been great. So, I guess from a networking perspective and from giving us a voice in the voluntary sector within health, it's really given us that. That's probably been the most successful part of it.

#### **Systems change:**

There is a lot that's happened, but we haven't had that space to be able to reflect on it yet. But I would say it definitely has changed the systems because how it works is quite unique. For example, you've got a voluntary sector organisation hosting posts at the moment in the hospital. Well, that doesn't happen anywhere else. If we can get that embedded, then that's part of system change actually. You've got the two partners working together and communicating regularly on things.

And there is also what we're doing with the team in the hospital and the support they get around well-being, which doesn't happen normally. If you work for the NHS, you don't always get group reflection, critically reflective supervision, well-being offers, you often don't get any of those things. So, there's

some system change in there because we're offering that to those Flow Workers we host. The fact is that they're embedded and hosted by a voluntary sector organisation - and actually there's no blurred lines, it's all very collaborative. Those posts would be otherwise NHS funded and the staff employed by NHS. As part of this project, they're not. So, for me, that's part of a system change.

What we're doing now is creating the system for health changes that we might not see in our lifetime. But we're starting to make those ripples and that's what I think is important. If we think we're going to completely transform the system, that's not going to happen. What has to happen first is those small bits of work which we're doing – and which we're evidencing that they really work.

So I think it's developing, you know, really taking the learning from what we've done over the last four years and starting to implement that into other areas.”

#### **Links:**

[High Intensity Programme - Encompass \(bpag-encompass.org.uk\)](http://bpag-encompass.org.uk)

[Microsoft Word - High Flow Service Specification- Final.docx \(onenortherndevon.co.uk\)](http://onenortherndevon.co.uk)

### **Case Study Two – Devon Virtual Wards (VW) Pilot Project**

This case study was chosen to illustrate a project at its early stages with a number of VCSE partners working alongside NHS staff to deliver an at home ward service. Each of the partners has a role which was defined in the project specification, rather than being developed in a co-design phase of delivery. Internal monitoring reports that it has taken some time at the beginning of the project for partners to settle into their role and to feel confident in the partnership.

All three acute hospital trusts within the Devon ICS plan to pilot Virtual Wards (VW) in 2023, where patients are discharged to home with clinical and community support.

The initial ‘proof of concept’ is being delivered in the Eastern LCP area, starting in March 2023 with the creation of a single Management Hub to streamline delivery of services and ensuring that patients only have to tell their ‘story’ once.

Virtual Wards is a partnership delivery model of:

- NHS - responsible for:
  - All clinical aspects of the pilot.
  - Provision of the necessary tech, i.e. digital equipment provided to patients. It is expected that up to 40 patients with frailty and respiratory issues will be the first to trial VWs.
- Voluntary, Community and Social Enterprise sector (VCSE) organisations – responsible for:
  - Digital support for patients admitted to a Virtual Ward on referral from the Acute Hospital at Home team (AHAH) at Royal Devon University Healthcare Trust (RDUHT)
  - Community support (e.g., non-regulated care services providing support such as help with getting prescriptions, shopping, dog walking, gardening, companionship etc) for patients on a VW in the Eastern Local Care Partnership geographical area on referral from the Acute Hospital at Home team (AHAH) at Royal Devon University Healthcare Trust (RDUHT)
  - Activity and Impact reporting for Steering Group meetings of the key agencies involved in the pilot
  - Project evaluation, including patient surveys, and impact report at project end.

The rationale for the partnership approach is that although NHS have the clinical expertise, some of the emotional and digital skills needs of the patients may be better met by local community based VCSE organisations. Digital Befriending is the "golden thread " applying to most Virtual Ward patients. Befrienders will visit the patients on the VW pilot, check and address any issues of web connectivity and increase the individual's digital ability and confidence, helping them with the digital devices that the hospital has given patients for monitoring. Other wraparound support includes:

- Give assistance with shopping, prescriptions, dog walking or transport
- Provide company
- Offer support to family and unpaid carers
- Signpost patients to other services to support them when they are discharged from the Virtual Ward.

Central Co-ordination and patient triaging are made through the Hub.

Evidence for this partnership approach to supporting patients at home came from a number of sources including the work of two projects undertaken by Devon Communities Together, Wellmoor, Teignbridge CVS, Netfriends and other partners December 2021 to March 2022.

The first programme, "Rural Digital Health Inequalities" - a joint cross-sector initiative addressing digital inequality in clinical pathways was funded by NHS and delivered by Devon Communities Together and Wellmoor. The second programme was a Contain Outbreak Management Fund (COMF) Digital Inclusion Partnership, which provided Digital Befrienders and upskilling support.

Both programmes provided comprehensive insight into the problems and challenges faced by some people about digital access - particularly those living in areas of deprivation and/or in very remote rural locations. It was therefore decided that digital skills and confidence support to patients using the technical equipment supplied by NHS was a vital part of the pilot.

In addition, the Waiting Well Programme, led by Living Options Devon, demonstrates how the VCSE are well placed to receive referrals and ensure they receive the support they need within their communities through a Community Helpline supporting them throughout their NHS journey from waiting list to discharge.

Neither of the projects above evaluated the partnership working approach. Virtual Wards will include an assessment of the partnership approach as part of its evaluation.

The Devon Voluntary Action, Devon Connect VCSE platform, linked to the new Joy App social prescribing tool, adds value to the pilot by linking the patient with local social prescribers, local voluntary and community groups, primary healthcare services and hospital discharge support workers to provide a strengths-based element into the model.

This partnership model, although initially complex to deliver, brings a wealth of experience and expertise to person-centred approaches in response to need.

## 10. References

### Interviews

Kate Ogilvie – User Engagement and Co-Design Manager South West Academic Research Network

Andrea Beacham - One Northern Devon (Partnerships & GP Liaison Lead and One Northern Devon Programme Manager)

Claire Fisher - Encompass Southwest (Chief Officer)

Martin Barnard – Devon Public Health Community Outreach Team (Head of Operations)

Kevin Gillick – Devon County Council (Organisational Change)

Nora Corkery – CEO Devon Communities Together

Hannah Reynolds – Project Manager Devon Communities Together.

## **Report**

[The state of strategic relationships between councils and their local voluntary and community sector | Local Government Association Oct 2022](#)

**Devon Communities Together July 2023**