

**Partnership Southwark Programme – Support for organisational and leadership development
within our place-based health and care partnership**

Request for Quotation – Ref DN554912

1. Introduction

We require expertise in organisational and leadership development to:

- Ensure we have effective partnership behaviours, ways of working and governance that enables us to transition to more mature integrated working arrangements within our local care partnership;
- Enable focused delivery in our programme workstreams so we can do a few things well that make a difference and build from there;
- Support Partnership Southwark to understand and respond to place-based governance and delivery maturity as we move to more formalised integrated care system arrangements from April 2022.

It is anticipated this support will be delivered over an 8-month period, commencing in July 2021 and completed by the end March 2021. The indicative budget for this work is between £48,000 and £64,000 (excl. VAT).

2. Process

Suppliers interested in this RFQ should submit proposals via e-procurement (<https://procontract.due-north.com>) **by 12pm on Friday 21 July**. We welcome proposals from sole suppliers and those seeking to work in partnership with other suppliers to support delivery.

RFQ proposals should include:

- A. An outline of your approach
- B. Any challenges and risks you foresee and how you would seek to mitigate these
- C. Evidence of your experience and expertise for delivering similar programmes of work. This should include two recent case studies as examples of your experience (and that of any delivery partners should this be a collaborative bid).
- D. Key milestones and deliverables; appreciating these will be further refined with the client at the outset of this work
- E. An outline of the number of days work, the delivery team, and a quote for delivering the requirements including any anticipated expenses.

If you have any questions about the requirements, please contact Hayley Ormandy, Partnership Southwark Programme Director using the correspondence tab on <https://procontract.due-north.com>

Key dates:

RFQ published on Contracts Finder	8 July 2021
Closing date for receipt of RFQ	21 July 2021 midday
Completion of evaluation	26 July 2021
Contract award	27 July 2021
Internal Approvals	28 July 2021
Contract start	30 July 2021
Initial contract completion date	31 March 2022

3. Context

Partnership Southwark is our local place-based health and care partnership within the Our Healthier South East London Integrated Care System. The Partnership brings together local commissioners and providers from across health, care and the voluntary and community sector; working closely with other non-statutory providers, service users, carers and local communities.

Our partnership was established in May 2019, building on a long history of integrated care collaborations. Our aim is to better join up services and support; tackle the causes of inequality; improve the health and wellbeing of Southwark residents.

We refreshed our programme coming out of the first wave of Covid-19, developing a Partnership Southwark recovery plan which was signed off by the Health and Wellbeing Board in September 2020.

You can find out more about Partnership Southwark in **Enclosure A**, and access a copy of our Recovery Plan which is our focus for delivery over the next year [here](#).

4. Our requirements

We have tested an outline approach within the Partnership which is outlined below; however, we are open to thoughts and ideas from experienced suppliers as to how best to structure and deliver this programme in line with objectives and timeframe available.

We require this development to be action learning based rather than continuing to talk and reflect on what we already know. We also need to build on previous organisational development work we completed in 2018/19.

Outline approach:

- 1) Engagement and diagnostic
 - a. Engagement with key stakeholders within the partnership and more widely to assess maturity of the Partnership against key domains (see **Appendix A**). This is likely to require some 1:1 interviews, a focus group with wider stakeholders or an online survey.
 - b. Feed-through of existing intelligence from local communities to identify potential gaps and inform priorities. This will require desktop analysis of existing documentation which will be provided by the Partnership Southwark programme team.
- 2) Action oriented system-leadership workshops (circa. 2 hours on a bi-monthly basis for circa. 20 people) supported by pre-thinking/pre-read prior to the session. Example areas of focus include:
 - a. Understanding our local borough – making it real (e.g. by being out in our local community doing a walk of our neighbourhoods or buddying with local VCS organisations)
 - b. Influencing change through system leadership with a focus on people and place
 - c. Developing our shared vision for neighbourhood working – empowering resilient people and communities
 - d. Putting population health and care into practice

- e. Developing our Partnership Southwark Strategic Board in the context of changing organisational boundaries
- 3) Action learning for population-based workstreams (x4 workstreams with circa 3-5 people in each team)
 - a. Action learning for workstream leadership teams and programme leads supported by access to 1:1/group coaching and regular review and reflection methods to learn from experience
- 4) Test and learn sprints – supporting our (n4) workstreams and their delivery teams to:
 - a. Incorporate experience based co-design with service users/carers and our wider workforce
 - b. Develop our roadmap for joined up care and support, early intervention and prevention and neighbourhood working – with a focus on tangible quick wins, Covid-19 recovery and how we can be more ambitious in our approach to integrated service delivery
 - c. Scope enabling activity (workforce, IT and data, estates)

Key questions that we are seeking to answer through this programme:

- How do we build buy-in to the brand of Partnership Southwark within our wider senior leadership, deep into partner organisations, and with residents and communities?
- How do we commit to and leverage Partnership Southwark as our single vehicle for place-based integrated working? What does this mean for the development of other place-based governance arrangements?
- How do we bring the important work that partner organisations are leading around wider determinants, inequalities and community empowerment to drive our work within the partnership? And how do we/will we know how effective we are at closing the gaps in inequalities and access?
- What is our agreed end-point destination for what a good local care partnership would deliver, act and feel like?
- How do we better align Partnership Southwark workstreams with core transformation and development work taking place within our partner organisations and vice versa?
- What would it take to ‘think Partnership Southwark’ first and see Partnership Southwark as ‘us’ not ‘them’?
- What does accountability for achievement look like for a local care partnership – what needs to happen vertically and horizontally and how are we accountable to members of the public?
- How have we empowered service users and the community to be more in control, shape our agenda and be involved in service redesign?
- How will we agree our priorities aligned to our Recovery Plan objectives so we can deliver a few things well that make a difference and build from there? And how do we focus the programme structure and architecture to support this?

5. Additional information

- Administrative support would be provided by the core Partnership Southwark programme, with the key point of senior contact our Partnership Southwark Programme Director and sponsorship from our Independent Chair.
- We would seek to bring together a small oversight group to facilitate touch-points with the supplier.

Enclosure A



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Appendix A - Capacity and capability development

To support our development, we will need to build the following capabilities aligned to our commitments in the Partnership Southwark Memorandum of Understanding.

Domain	Where we are now?	Where we need to get to?
Recognise and accept the need for partnership working for the benefit of our population	<ul style="list-style-type: none"> - It can feel like PSWK is merely badging existing work; not using the collaboration to drive true locality based transformation 	<ul style="list-style-type: none"> - Identification of quick wins to inspire and keep workforce and residents motivated, confident and engaged (https://www.humanlearning.systems/)
Clarity and realism of purpose	<ul style="list-style-type: none"> - Covid has changed a great deal for our communities, it is timely to reset our vision and purpose with a more current lens - While there is a shared sense of longer-term vision, there is less clarity and consensus on what's needed to deliver on this vision - Need to sharpen strategic priorities and be clear on/lock in what we are seeking to deliver 	<ul style="list-style-type: none"> - Shared vision and direction around action to close the inequalities gap - "real work happens when real work gets done"
Maintained relationships based on trust, enabling constructive debate, resolving difficult issues and demonstrating commitment to the partnership and collective accountability	<ul style="list-style-type: none"> - Partners do not hold colleagues/ workstreams to account for delivery - There is a perception that we are waiting for another level of hierarchy to monitor us and there is not enough constructive challenge in our meetings - Historical/organisational differences can seep through to ways of working in the partnership - Meetings are not always purposeful or active participation can vary - Not all partners invest time in developing trusted relationships with one another and understanding different organisational cultures, pressures and ways of working 	<ul style="list-style-type: none"> - Partners demonstrating leadership when partnership behaviours are not displayed - Creating the right safe and informal spaces to address and resolve historic or difficult conversations and issues

<p>Clear and robust partnership arrangements, minimising duplication with existing structures/governance</p>	<ul style="list-style-type: none"> - Integrated care planning and development takes place in parallel structures - Difference in approach between workstreams with some workstreams badging existing work and others driving new pieces of work to address gaps - Partners are challenged by other strategies/agendas, cultural differences and structural barriers – we need to streamline and align as much as we can 	<ul style="list-style-type: none"> - Working with HWBB to reframe the flow of policy / strategy leadership with delivery and then assurance. - Enabling architecture around commissioning in place (transition from BBB)
<p>Ensure engagement and involvement with key stakeholders and partners, including non-statutory providers of care and local communities, service users and carers</p>	<ul style="list-style-type: none"> - Can feel sporadic and project based – with existing work ‘badged’ as partnership working rather than using Partnership Southwark to drive true place-based transformation - More to do around involving service users in their own care – strengths-based practice, service user preference, shared decision making, embedding vital 5 - Limited communication and engagement “as one” under the guise of the Partnership - Previous lack of capacity to create PS comms and engagement strategy and drive activity - Often need to blend strategy and operational delivery into the same meeting structures which can mean we do not deliver on either element well 	<ul style="list-style-type: none"> - Infrastructure and culture in place to demonstrate excellent delivery of the ‘participation pyramid’ / ladder of engagement https://www.england.nhs.uk/participation/resources/ladder-of-engagement-2/ - Establish agreement to engage and communicate as “Southwark Partnership” rather than as individual organisations - Increase visibility amongst partners and public of scope, ambitions, progress and successes, thereby building buy-in to PS brand (led by system leaders modelling appropriate behaviours) - Focusing on those who’s voices are not being heard and the most appropriate way to have those voices heard
<p>Monitor, measure and learn through continuous improvement</p>	<ul style="list-style-type: none"> - No established or agreed outcomes framework/dashboard to drive the work of the partnership 	<ul style="list-style-type: none"> - Being clear in the outcomes we want to achieve with a particular focus on inequalities, and create delivery goals and accountabilities links to those outcomes - Robust data and reporting to ensure we focus on the population and not the organisational picture

	<ul style="list-style-type: none"> - Some work done around Bridges to Health and Wellbeing as a framework for outcomes (phase 1 – frailty) 	<ul style="list-style-type: none"> - The ability to track the impact of workstreams meaningfully and without duplication of reporting - Celebrating successes and opportunities for improvement through shared stories and learning
Aligning budgets and resources where possible to make best use of the Southwark pound to improve health and wellbeing and address inequalities	<ul style="list-style-type: none"> - Incomplete story around maturing approach to joint commissioning, and targeting inequalities across organisations - Plans need to be realistic and resourced effectively to support delivery – there is often a gap between scope and infrastructure 	<ul style="list-style-type: none"> - Greater alignment of joint commissioning and integrated service delivery to drive transformation within Partnership Southwark - Shared understanding of budgets and outcomes at a population-level - Shared planning around joint posts and ICS transformation monies