CO³
Chief Officers 3rd Sector

SCOPING STUDY PROJECT SUMMARY REPORT

JUNE 2024

An exploration of how to unite and utilise the collective expertise of VCSE health, social and community care organisations, so that they can work effectively in partnership with each other, with the Department of Health and other statutory agencies to improve health outcomes in NI.

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SECTION ONE
EXECUTIVE SUMMARY

1.1 The aim of the Scoping Study Project was to explore how to unite and utilise the collective expertise of Voluntary, Community and Social Enterprise (VCSE) health, social and community care organisations in order to work effectively in partnership with each other and the Department of Health to improve health outcomes in Northern Ireland.

1.2 This was a joint project between Chief Officers of Third Sector (CO3) Health Special Interest Group (Health SIG) and the Long Term Conditions Alliance and was funded by the National Lottery Dormant Accounts Fund.

1.3 The introduction of the Integrated Care System (ICS) in Northern Ireland presents an opportunity and a challenge for VCSE health, social and community care organisations.

1.4 The Scoping Study Project sought to explore the context in which the sector is working and to identify common ground and values within the sector. It aimed to identify a potential model(s) for the VCSE to work in partnership with each other, the Department of Health and other statutory agencies to improve health outcomes.

1.5 The project had 5 phases with 3 opportunities for the VCSE sector to directly engage with the process.

1.6 Through direct engagement with VCSE health, social and community care organisations the project aimed to understand their perspective and opinions on a number of issues. 98 separate organisations engaged with the project through 152 interactions.

1.7 A number of contextual areas were considered as part of this project. These included: Policy; investment in the VCSE sector; and the value and contribution of the sector; volunteering; rural context; and future developments such as IReach, Queens University Belfast (QUB) and Strengthening Communities for Health, Public Health Agency (PHA). The purpose of this was to provide a snapshot of the context in which the VCSE sector works in Northern Ireland. This work highlighted that the context in which the VCSE operate is complex and constantly changing.

1.8 The VCSE sector is vital to the health and social care infrastructure in Northern Ireland, with £131 million invested by the Department of Health alone in 2019/2020. Funding to the sector to deliver on health related outcomes, is further enhanced by grants from independent trusts and foundations.

1.9 The Baseline Questionnaire identified that organisations across the VCSE health, social and community care sector are facing a number of shared sustainability challenges due to a wide variety of issues. These range from a lack of long-term funding and related difficulties to being able to offer staff comparable employment salaries, terms and conditions compared to the statutory and private sectors. Some of these issues have an impact on staff

1.10 recruitment and retention. These challenges have a direct impact on the sustainability of VCSE organisations and their long term ability to continue to deliver services.

1.10 The delivery of services by VCSE health, social and community care organisations is often heavily dependent upon volunteers. Therefore, the challenges regarding the recruitment and retention of volunteers have a significant impact on organisations.

1.11 The rural context of Northern Ireland is an important element of the backdrop for VCSE health, social and community care organisations. 37% of the population are regarded as rural. Delivering services in rural areas presents particular challenges and this forms a key part of the environment in which many organisations work.

1.12 6 Engagement events were held across Northern Ireland between November 2023 and January 2024. There were both in person and online.

1.13 The purpose of the events was to provide an opportunity/space to understand if there was an appetite for some form of a model for a collective voice for VCSE health, social and community care organisations and if so, to discuss areas regarding what the model might look like.   The areas explored in the sessions were: Merit of establishing a collective voice; common values of the sector; potential purpose of a collective voice; possible structure; Resources required; where the voice could be housed; and where funding should be sought.

1.14 The focussed engagement sessions provided an opportunity for VCSE health, social and community care organisations to discuss and share opinions on the 7 key questions. Common ground and consensus were identified in a number of areas i.e. purpose and values. However, there were differing opinions regarding a number of questions i.e. where a collective voice could be housed and where funding should be sought.

1.15 The Phase 4 Questionnaire tested the feedback from the engagement sessions regarding not only areas of consensus but also areas where opinion differed, in order to confirm or identify the majority opinion.

1.16 Arrangements for VCSE health forums in other jurisdictions were reviewed to understand different models of practice. From this review, it is clear that there are various models in place, and no one model is applied consistently across the different geographical areas.

1.17 The Phase 4 Questionnaire confirmed that there is overwhelming support from the VCSE sector for the establishment of a collective voice for VCSE health,

social and community care organisations. 100% of respondents to the Phase 4 Questionnaire believing that there is merit in a VCSE sector collective strategic voice in the area of health and social and community care.

1.18 The project process identified 8 common values and 3 key purposes for a collective voice. These could provide a foundation and common ground when establishing the new model.

1.19 The Phase 4 questionnaire confirmed that the preferred option of most respondents, was that the collective voice should be housed in a 'host' organisation and not be established as an independent entity, in the first instance. A host organisation is one which 'houses' a network, project etc., and often provides support through: seeking funding for the work; providing line management; providing access to the organisation's resources; and providing access to the organisation's governance structures etc.

1.20 The Majority opinion was that the collective voice should be 'hosted' in an existing infrastructure organisation. The key resources that would be required for a collective voice were identified as: multi-year funding; support from an infrastructure organisation; dedicated staff; and management costs for the host organisation.

1.21 The Phase 4 Questionnaire confirmed that the majority of respondents believe that multi-year funding for the collective voice should be sought through a combination of at least 2 sources from the following: statutory funding, independent trusts and foundations and membership fees

1.22 A key message emerging from the project process was that any collective voice should seek to avoid duplication of the work of existing forums and enable wide thematic and geographical representation.

1.23 9 recommendations have been identified which reflect the majority of opinion on the key issues of: Merit of establishing a collective voice; Values; Purpose; Structure; resources; where the voice could be housed; and where funding should be sought.

1.24 Based on the feedback and learning of the project the model that is recommended is that the collective voice should be comprised of representatives of existing forums. This would reduce the risk of duplication and provide a wide geographical and thematic spread.

SECTION TWO
RECOMMENDATIONS

PHASE 5 - NEW BEGINNINGS

2.1 The Phase 4 Questionnaire which tested feedback from the engagement sessions with the sector, indicated that there is overwhelming support for the development of a new collective voice for VCSE health, social and community care organisations, with 100% of respondents believing there is merit in the concept.

2.2 Based on the feedback from the focussed engagement sessions, the Phase 4 Questionnaire and the learning from other jurisdictions, the following recommendations are made regarding a model for a new collective voice for health, social and community care organisations in Northern Ireland:

RECOMMENDATIONS

Recommendation One

2.3 The engagement sessions and Phase 4 questionnaire have confirmed that there is overwhelming support for the establishment of a collective voice for VCSE health, social and community care organisations.

2.4 It is recommended that a collective voice be established for the VCSE health, social and community care organisations in Northern Ireland.

Recommendation Two

2.5 The Scoping Study Project has identified 8 key values that the VCSE health and social care sector hold in common. These values are: Advocacy; Person Centred; Independent from Government; Impact and Improved Outcomes; Innovation; Collaboration; Social Justice and Social Inclusion; and Value for Money.

2.6 It is recommended that the values identified through the project process, should be part of the foundation of a collective voice. They form the base and common ground from which the collective voice can develop its principles for working together. Once the collective voice has been formed, the values and principles can be further refined and developed by the membership.

Recommendation Three

2.7 The following 3 priorities for a new collective voice have been identified through the project:
- Advocating strategically for VCSE in the Integrated Care System.
- Proactive voice into government.
- Education about VCSE sector for public and statutory bodies.

2.8 Learning from other jurisdictions, is that health forums have positioned themselves as a strategic partner, a bridge and/or an advocate for the sector with government agencies. This has enabled them to maximise their role.

2.9 It is recommended that the top 3 purpose priorities identified through the project process should frame the purpose of the new model. The collective voice should position itself strategically and seek to influence government and advocate for the sector within the health system. Once the new voice has been established, the purpose of the model should continue to be reviewed as it develops.
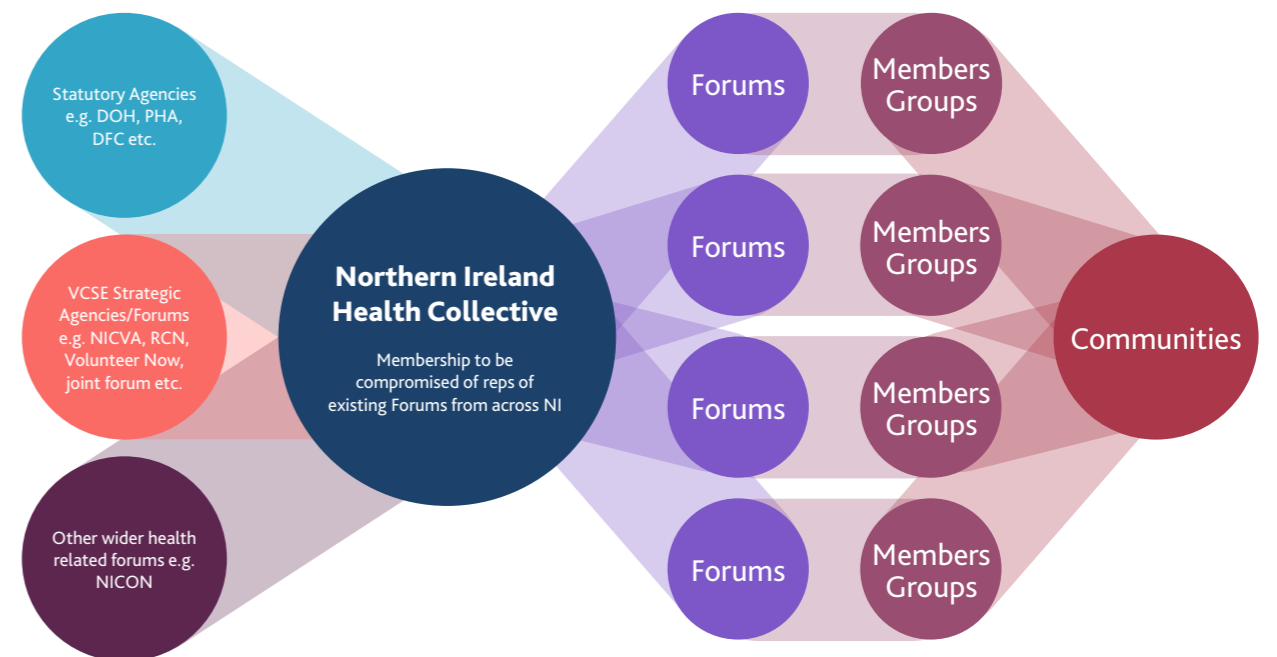
Recommendation Four

2.10 Feedback through the project process has indicated that any new structure for a collective voice should seek to avoid duplication with existing forums and allow for a wide range of geographical and thematic representation.

2.11 In response to the feedback and learning from the project, it is recommended that the new collective voice for VCSE health, social and community care organisations is established as a forum whose membership is comprised of representatives of existing forums. This would reduce the likelihood of duplication of the work of existing forums and ensure widespread representation both geographically and thematically.

2.12 It is suggested that a potential name for this forum is: Northern Ireland Health Collective.

2.13 It is envisaged that existing forums/networks would nominate a representative to attend the new collective voice. This representative would enable two way communication between the new collective voice and their existing forum. This would ensure that a range of perspectives were represented through the new collective voice.

2.14 Once resources for the new voice are in place, the membership of the new collective voice would be developed. This process would utilise the feedback gained through this project regarding existing forums, together with the extensive networks of CO3, Long Term Conditions Alliance and the Delivery Support Group members, existing forums would be contacted and encouraged to send a representative to be part of the new collective voice.   It is likely that the development of the membership will be an evolving process over a period of time.

DIAGRAM OF STRUCTURE OF NEW COLLECTIVE VOICE MODEL:

RECOMMENDATIONS

Recommendation Five

2.15 It would be important in order to support the initial establishment and development of the new Collective Voice that an advisory panel is created. This advisory panel would provide advice and support to the host organisation to enable establishment of the Voice. It is envisaged that this group would support the initial creation of an Action Plan together with processes and procedures e.g. electing a chair and creating working groups/subgroups. These could then be reviewed by the membership once it is established.

2.16 It is recommended that an advisory panel is established to support the development and creation of the Collective Voice.

Recommendation Six

2.17 The majority of respondents to the Phase 4 Questionnaire indicated that they believe that a new collective voice should be housed in an existing infrastructure organisation in the first instance. This would enable the new voice to benefit from the governance and support from an existing organisation during its establishment. It would be hoped this would in turn maximise resources.

2.18 It is recommended that the new voice be housed in an established infrastructure organisation in the first instance. Once the voice is established and functioning, if appropriate, some consideration could be given to the function becoming an independent entity at some point in the future.

Recommendation Seven

2.19 The majority of responses (85.29%), regarding the resources required for a new collective voice, indicated that management costs for a host organisation are a key resource that is needed to establish a new model. 73.53% indicated that the next most important resource would be the support from an existing infrastructure organisation. This feedback has been reflected in Recommendation Four. Two further key resources were identified as important for the establishment of a new collective voice. These were an elected Chair and dedicated paid staff.

2.20 It is recommended funding be sought to ensure that there is dedicated staff resource for the new collective voice and that this function is housed in an existing infrastructure organisation. It is further recommended that management fees and support costs for the host organisation are sought as part of any funding package. It will be important once funding and a staff resource have been secured, that further work

is undertaken in conjunction with the members of the collective voice, on the details of the processes and procedures e.g. election of a Chair, membership of the forum etc.

Recommendation Eight

2.21 With regard to how the work of a collective voice should be funded, feedback from the focussed engagement sessions and the Phase 4 Questionnaire, indicates that the majority of respondents are in favour of a mix of funding sources for any new collective voice. The results of the questionnaire indicated that the majority of respondents were in favour of funding being sought from independent trust and foundations and statutory agencies.

2.22 By seeking to secure a mix of funding sources, this would ensure the collective voice is not overly dependent upon the statutory sector and therefore enable it to have a higher level of independence. A minority of respondents indicated that membership fees could be sought to fund the work. Given the current financial pressures on the VCSE sector, this is unlikely to be a viable funding option at this current time.

2.23 It is recommended that funding for the collective voice is sought from both independent and statutory funders. Once the voice has been established and has been functioning for a period of several years, it is recommended that the potential to introduce membership fees is reviewed and considered as an additional funding source.

Recommendation Nine

2.24 It is recommended that the Collective Voice's Action Plan and all processes and procedures e.g. membership, electing a Chair, funding etc. are reviewed and assessed regularly. This would help to determine if they were/are successful and achieved the outcomes that were intended or if adjustments were required. It would be envisaged that the first review is undertaken no more than 12 months from the establishment of the Steering Group. It is recommended that progress is then reviewed annually for the next two years. The timeframe for subsequent reviews should then be determined by the Steering Group and membership of the Collective Voice. Processes etc. should continue to be adapted and evolve as a result of ongoing reviews.

CONCLUSION

2.25 The VCSE sector is a vital element of a successful Integrated Care System. A collective voice for VCSE health, social and community care organisations would provide a central point of communication which would be of benefit not only to the sector but also the Department of Health and other statutory partners. It would provide a vehicle that would enable VCSE health, social and community care organisations to work more effectively in partnership not only with each other but also with the Department of Health and other statutory agencies to improve health outcomes in NI.

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Brenda Kelly
Consulting