CO3
Chief Officers 3rd Sector

SCOPING STUDY PROJECT 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.

LTCANI
Long Term Conditions Alliance Northern Ireland

Dormant Accounts FUND NI

Delivered by
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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 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 7 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

BACKGROUND AND AIMS OF THE SCOPING STUDY PROJECT

2.1 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 and social care organisations to work effectively in partnership with each other and the Department of Health in order to improve health outcomes in Northern Ireland.

2.2 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. Details of project partners are found in Appendix One.

2.3 The project was developed in response to the perceived opportunity and challenge presented by the Integrated Care System (ICS). It follows comprehensive discussion by CO3, the Long Terms Conditions Alliance, and members of the Integrated Care System Community & Voluntary Workstream (ICS CV).

2.4 In 2011, the Minister for Health, Social Services and Public Safety announced that a review of the provision of health and social care services in Northern Ireland would be undertaken. Since then, considerable work, consultation and planning has taken place to explore the most effective ways to deliver health and social care services in Northern Ireland. The implementation of an Integrated Care System was subsequently recommended and a framework awaits adoption at local government level (as of Nov 2023).

2.5 The new Integrated Care System will see partnership groups across the region use local knowledge to plan integrated and continuous health and social care services for their local communities.

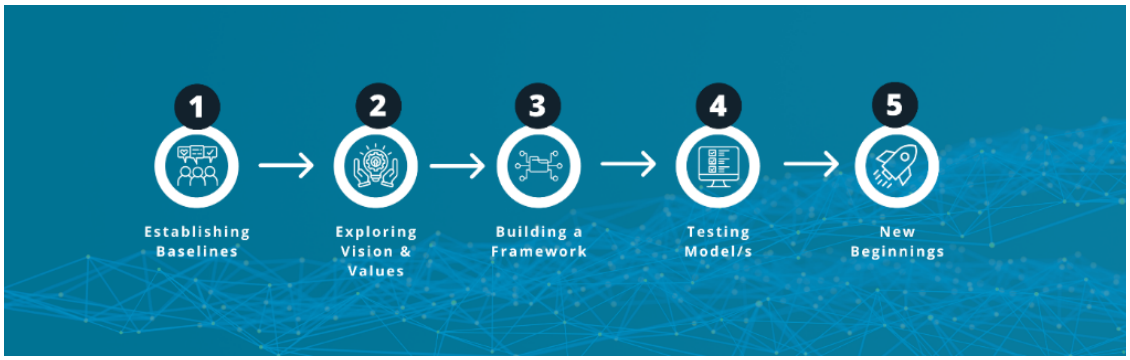
2.6 This Scoping Study Project sought to engage directly with VCSE health, social and community care organisations to ascertain and understand their views on how the sector can work more effectively together and with the Department of Health to improve health outcomes in Northern Ireland.

2.7 To support the delivery of the project, a Delivery Support Group was established. Throughout the life of the project, this group met regularly to receive updates on the progress and methodology of the project and to offer advice and support. This group was comprised of representatives from:

- CO3 Health SIG
- Long Term Conditions Alliance
- Rural Community Network (RCN)
- Volunteer Now
- Healthy Living Alliance
- Department of Health

PROJECT STRUCTURE

2.9 The project had 5 phases which are outlined below:



Establishing Baselines

Phase One – Establishing Baselines

- To build an understanding of how the VCSE sector contributes to the development and delivery of health and social care services.
- To get a snapshot of funding and the value of VCSE sector contribution in terms of staff, funding, volunteers, and partnerships.
- To understand the sustainability issues currently facing VCSE organisations.

Exploring Vision & Values

Phase Two – Exploring Vision and Values

- To identify the common ground and purpose within the broad sector of the VCSE organisations working in health and social care.
- To explore the shared values of the sector.
- To understand the nature of the relationship between the statutory and VCSE sector and how the VCSE sector might want that relationship to change and develop.

Building a Framework

Phase Three – Building a Framework

- To identify potential models of VCSE collaborative working and engagement that might transform the relationship between the VCSE and the Department of Health and othe r statutory health agencies.

Testing Model/s

Phase 4 – Testing Models

- To build consensus among the VCSE sector regarding potential proposed models.
- To identify what resources might be required for any proposed models.

New Beginnings

Phase 5 – New Beginnings

- To provide a firm proposal for a model to support the VCSE sector working in partnership with the Health and Social care system, based on the engagement process.

2.10 Across the 5 phases of the project, 152 interactions with 98 separate organisations took place through a mix of online questionnaires and focussed engagement sessions. Some organisations took part in multiple interactions (questionnaires and engagement session) and some organisations took part in only one interaction. In some instances, more than one person engaged on behalf of the same organisation. A list of the organisations that engaged with the project are found in Appendix Two.

CONCLUSION

2.11 The introduction of the ICS in Northern Ireland presents an opportunity and a challenge for VCSE health, social and community care organisations. The Scoping Study Project aimed to explore the context in which the sector is working.

2.12 The work sought to identify common ground and values within the sector and identify potential models for the VCSE to work in partnership with each other, the Department of Health and other statutory agencies to improve health outcomes. This was achieved through direct engagement with VCSE health, social and community care organisations to understand their perspective and opinions on a number of issues. This feedback was then further tested with the sector and a model identified.

SECTION 3

PHASE ONE - ESTABLISHING BASELINES

3.1 In order to explore how to unite and utilise the collective expertise of VCSE health and social care organisations, it is important to look at the context in which the VCSE sector operates in Northern Ireland.

3.2 There are a number of areas which were considered as part of this project including: Policy; Investment in the Sector; and the Value and Contribution of the Sector.

3.3 Whilst these contextual elements are important, the purpose of this section is to provide a *snapshot* of the context in which the sector works. It should be remembered that the context in which VCSE health, social and community care organisations work, is extremely complex and not the primary focus of the Scoping Exercise Project. It has therefore only been possible, given the time and resource available, to provide a snapshot of these elements of the wider environment in which VCSE health, social and community care organisations operate.

3.4 In order to fully understand any specific elements of the context which are touched upon in this report, future in-depth research would need to be commissioned and undertaken.

METHODOLOGY

3.5 To provide a snapshot of the context in which the VCSE health, social and community care organisations operate in Northern Ireland, the following methodology was used:

- A Baseline Questionnaire was developed and circulated to the VCSE sector to gain a snapshot regarding health related funding and sustainability issues impacting organisations.
- Desk research was undertaken regarding policies and strategies that form part of the landscape that VCSE health, social and community care organisations operate in.
- Desk research was undertaken regarding statutory funding in the area of health, for the VCSE sector
- Through direct contact, information was provided by regional specialist organisations with regard to the volunteering and rural contexts.

BASELINE QUESTIONNAIRE

3.6 The initial step in the Scoping Study Project was to develop and disseminate a baseline questionnaire to gather a snapshot from VCSE health, social and community care organisations regarding their contribution to the health sector. This included questions regarding their level of funding and issues they identified as impacting on their sustainability.

3.7 The questionnaire was available for completion for 6 weeks between the 19th October and 30th November 2023. The questionnaire was open to all voluntary and community groups, charities, and social enterprise organisations who carry out any services in the field of health and social care in Northern Ireland. It should be noted that this questionnaire was conducted at a time before the restoration of NI Assembly on 3 February 2024 and at a time when no Health Minister was in place. In addition, there had been cuts to the core grant programme to the VCSE from the Department of Health.

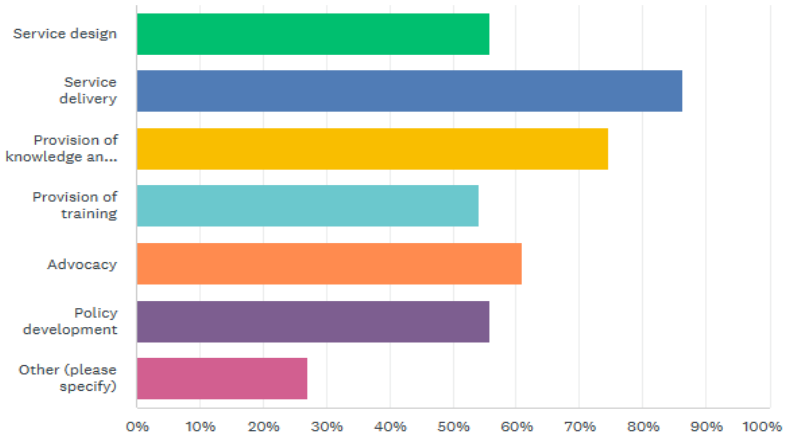
3.8 CO3 widely publicised the opportunity to participate in the questionnaire via its membership's electronic newsletters, their website and social media networks. Direct emails promoting the questionnaire were sent to 76 CO3 Health SIG member organisations and 28 organisations that form the Long Term Condition Alliance. The questionnaire was also promoted via the Delivery Support Group's networks and contacts.

3.9 Overall, sixty-four organisations completed the online questionnaire. The type of organisations that responded ranged from small locally based community organisations, those that operate across a health trust geographically, to regional and Northern Ireland wide organisations.

3.10 Respondents were asked if their organisation contributes to the development of health and social care services in Northern Ireland and if so, how. The VCSE sector provides a vast range of services related to health and social care. For the purpose of the questionnaire, strategic levels that encompass these services were identified, alongside an option to report any other services. The results are as follows:

If yes, what role does your organisation play (please tick all that apply):

Answered: 59 Skipped: 5



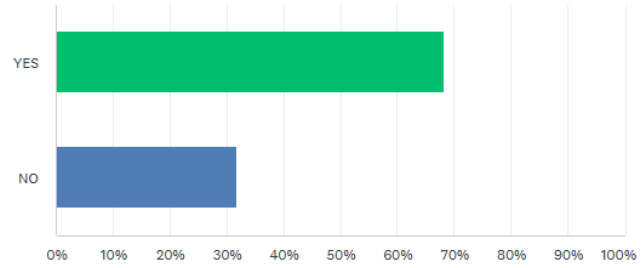
ANSWER CHOICES		RESPONSES	
Service design		55.93%	33
Service delivery		86.44%	51
Provision of knowledge and expertise		74.58%	44
Provision of training		54.24%	32
Advocacy		61.02%	36
Policy development		55.93%	33
Other (please specify)	Responses	27.12%	16
Total Respondents: 59			

3.11 A significant 86% of respondents stated that they were involved in service delivery, followed by nearly 75% providing knowledge and expertise. These figures highlight the important role VCSE organisations undertake in the area of health in Northern Ireland. (See Appendix Three for 'Other' responses).

3.12 Respondents to the questionnaire were asked if their organisation's work on health and social care was funded. The results are as follows:

Is your organisation's work on health and social care funded? If no please go to question 5

Answered: 63 Skipped: 1



ANSWER CHOICES	RESPONSES	
YES	68.25%	43
NO	31.75%	20
TOTAL		63

3.13 Twenty of the 64 organisations that completed the questionnaire stated that they do not receive any funding for their work in the area of health and social care. This could be for a variety of reasons which were not explored in this questionnaire. However, of those twenty organisations, eighteen of them responded that whilst they are not funded to do so, they do contribute to the development and delivery of services in health and social care in Northern Ireland.

3.14 Organisations responding to the Baseline Snapshot Questionnaire were asked to approximate the amount of funding they receive for work in the areas of health and social care. Out of the sixty-four organisations that responded, thirty-seven organisations (58%) provided approximate figures on the amount of funding they receive working in the areas of health and social care. Across these organisations this totalled nearly £23 million (£22,940,353.71). A breakdown of these funding sources is available in Appendix Four.

3.15 There are approximately 4000 organisations registered with the Charities Commission Northern Ireland that identify health as one of their objectives. Given that fact, it would be reasonable to assume this figure for funding could be significantly higher.

3.16 There is a recognition in the VCSE sector, that additional work is carried out by groups which is not funded and/or delivered voluntarily. This figure can be difficult to quantify and is typically underestimated by organisations. In an attempt to capture this, respondents were asked if they could estimate a figure/value for any additional work that their organisation undertakes in the area of health and social care e.g. additional staff time; volunteer time; consultations etc, that is not covered by current funding.

3.17 Thirty-seven organisations provided figures to this question. (N.B. these thirty-seven organisations were not all the same thirty-seven organisations that provided figures for the funding they received in the preceding question).

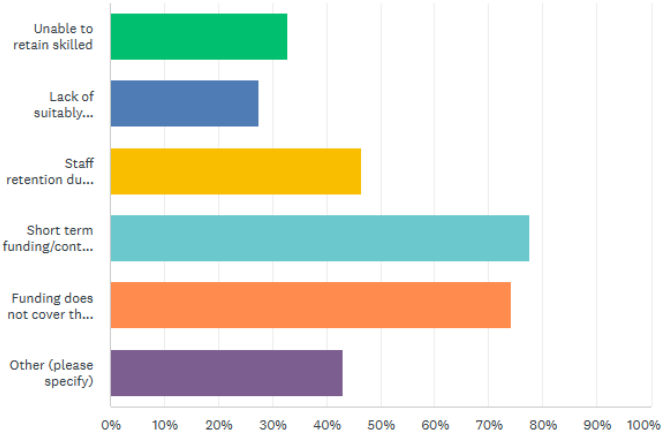
3.18 The figure provided in the questionnaire by these thirty-seven groups for the amount of additional work that is not covered by funding was £9,093,100. As this is only an estimated response, it can be assumed that this figure would be significantly higher if responses to this question had been received from all organisations responding to the questionnaire.

3.19 Whilst not every responding organisation estimated a figure for work undertaken in health and social care, which was not funded, the information provided does offer a snapshot of the valuable in-kind contribution the VCSE provides in supporting the health and social care sector in Northern Ireland.

3.20 The VCSE sector is facing significant challenges in the current economic climate in order to sustain services. This questionnaire sought to capture the issues that are currently impacting on VCSE health and social care organisations' sustainability. The results are as follows:

What issues are currently facing your organisation that are having an impact on your sustainability?

Answered: 58 Skipped: 6



ANSWER CHOICES		RESPONSES	
Unable to retain skilled		32.76%	19
Lack of suitably trained and skilled staff		27.59%	16
Staff retention due to short term funding		46.55%	27
Short term funding/contracts to provide services		77.59%	45
Funding does not cover the full cost of the services delivered		74.14%	43
Other (please specify)	Responses	43.10%	25
Total Respondents: 58			

3.21 Feedback indicates that the issue of funding remains the biggest challenge for VCSE health and social care organisations. Nearly 78% of respondents stated that the issue of short-term funding contracts impacted on sustainability, closely followed by 74% stating that funding gaps presents ongoing difficulties.

3.22 Short term funding has an additional impact on organisations with 47% stating that they face staff retention challenges due to this issue. Further feedback and comments regarding the impact of short term funding were received in 'Other' responses. (See Appendix Five – 'Other' responses)

3.23 The issues of funding and sustainability were also identified in CO3's *Valuing Our Sector* September 2022. While it is difficult to accurately quantify the economic contribution of the VCSE sector to health and social care, the feedback and information provided through the questionnaire provides a snapshot of the monetary value of the work and the additional value contributed by VCSE organisations involved in delivering health. As this is only a snapshot, we can assume that the actual figure is significantly higher.

3.24 Organisations across the sector are facing a number of shared sustainability challenges due to a wide range of issues. These range from a lack of long-term funding and related difficulties, to being able to offer comparable employment salaries, terms and conditions compared to the statutory and private sectors.

SNAPSHOT OF FINANCIAL INVESTMENT IN VCSE HEALTH, SOCIAL AND COMMUNITY CARE ORGANISATIONS

3.25 The VCSE sector is a vital part of the health and social care infrastructure in Northern Ireland. In order to be able to provide services, the sector must continually identify and secure sources of income to provide health and social care services to the community. This income is secured via a range of funding sources; either from statutory bodies such as the Department of Health, other local government departments, or from other bodies such as the National Lottery and independent trusts and foundations.

3.26 As part of the context in which VCSE health, social and community care organisations work, it is important to try to understand how much funding is invested in the VCSE sector in these areas.

3.27 The research for CO3's ***Valuing Our Sector*** (September 2022) identified that the role and value of the wider VCSE sector to Northern Ireland's economy and society is significant:

"*In revenue terms the sector's value is £2.4 billion per annum and through spending contributes 4.3% of Northern Ireland's Gross Domestic Product.*

*The sector employs 37,425 people, with a direct weekly salary contribution of £19.36 million to the economy, totalling £1 billion per annum. That means for every additional pound invested in the Third Sector which is paid as salaries, £1.71 in additional value is generated to the wider economy." (*CO3's ***Valuing Our Sector*** (September 2022))

3.28 NICVA's *State of the Sector* 2021 sheds further light on the size, scope and finances of the wider VCSE sector in Northern Ireland.

3.29 *The State of the Sector* (2021), taken from *NICVA Workforce and Volunteers Questionnaire* 2021, shows that the top three primary sub-sectors delivering services were Community Development (26.5%), Health and Wellbeing (13.2%) and Other (12.6%).

3.30 The “Other” category included organisations who worked in animal welfare, domestic abuse, conflict transformation, housing, learning disability, supported living and inclusion services and employability.

Table 1: Central Government Funding by Department 2019 -2020

Department	Funding 2019 - 2020 £	Percentage %
Dept. for Communities (DfC)	222,129,636	49.2
Dept. of Health (DOH)	131,119,702	29.5

Table 1 indicates - The Department for Communities provided the highest funding to the sector in 2019-2020 with 49.2% of the total direct central departmental funding coming for this department.

The Department of Health provided 29.5% of direct departmental funding to the sector with almost £131 million awarded from this source.

Source NICVA State of the Sector 2021

Table 2: Non-Departmental Funding by Public Body 2019 -2020

Non-Departmental Public Body	Amount 2019-2020
Northern Ireland Housing Executive	160,179,413
Health Sector	127,972,147

Table 2 - Demonstrates the strong relationship between the sector and non-departmental public bodies with over £332 million awarded by non-departmental public bodies in 2019-2020.

The Northern Ireland Housing Executive awarded the largest funding to the sector, with a total award of £160,179,413 in 2019-2020.

Source NICVA State of the Sector 2021

Table 3: Contracts awarded to the VCSE Sector

Source: Department of Finance		
Department	Funding 2019 - 2020	Percentage %
Dept. of Health (DOH)	5,053,031	45.6
The Executive Office (TEO)	5,017,431	45.3

Table 3 – indicates that the heath sector, which includes the Public Health Agency, the former Health and Social Care Board and all five Health and Social Care Trusts, provided the second largest amount of funding with almost £128 million awarded in 2019-2020.

Source NICVA State of the Sector 2021

Note: Covid and Post-Brexit UK Government Funding

The figures in NICVA’s State of the Sector 2021 do not include Covid-19-related income received from UK government (such as under the furlough scheme) or from Northern Ireland government Departments (such as the Department for Communities Covid Charities Fund), nor do they include any income from the UK Government’s ‘Levelling Up’ and post-Brexit funding such as the Community Renewal Fund’ as none or very little of this income had been received by the end of the sample period (i.e. financial year 2019/20).

3.31 It is generally acknowledged that the work of many VCSE organisations has an impact on health and wellbeing of the population, even if that is not the direct focus of their work. Therefore, it would be reasonable to conclude that some of the £222 million (Table I), that is invested in the sector through the Department for Communities in 2019/2020 (*NICVA's State of the Sector 2021*) would have also had an impact on health and wellbeing.

3.32 The level of investment from the Department of Health in 2019/2020 of £131 million noted in Table 1 (*NICVA's State of the Sector 2021)* indicates the vital role that a range of VCSE health, social and community care organisations play in supporting the development and delivery of health related services in Northern Ireland.

3.33 In order to provide as full a snapshot as possible, additional information was sought from the Funders Forum Northern Ireland, via a questionnaire. They were asked to provide information regarding the level of funding that they provided from January to December 2023 to health related projects in Northern Ireland.

3.34 The Funders Forum NI has 29 members. Of those, six independent trust and foundations responded to the questionnaire, with four trusts answering all the questions. Those 4 Trusts indicated that the amount that they awarded in the calendar year 2023 totalled £795,248. The projects that were funded covered the following areas: Mental health; Addiction; Hospice / palliative care; Counselling; physical therapy; premises adaptions to make delivery of services more accessible; Providing support to people with dementia & their carers; physical health; and wellbeing.

3.35 The information from these 4 independent Trusts and Foundations provides further evidence on the level of investment that is being made to VCSE health and social care organisations. It should not be assumed that the 23 Trusts and foundations that did not respond to the questionnaire do not fund health and social care. Rather it is likely to be the case that whilst many of them may fund this area of work, their systems were unable to provide the detail required.

3.36 In addition it should also be noted that the Community Foundation for Northern Ireland (CFNI) distributed £29,708,837 on behalf of the Department of Health over a 3 year period from 1 April 2021 to 31 March 2024.

POLICY CONTEXT

3.37 The Policy context is an important element in understanding the wider environment in which VCSE health, social and community care organisations are working. In addition to the introduction of the Integrated Care System, there are various health related strategies which have been developed in Northern Ireland over the past ten years which form part of the wider landscape. The context and landscape can change quickly with some early strategies being superseded by newer strategies which can change the environment. Appendix Six lists summary information regarding some of the key strategic documents which are part of the context in which VCSE health, social and community care organisations are working.

3.38 Two reports in particular provide context and information on the development of integrated health and social care services in Northern Ireland which has considerable impact on VCSE health and social care organisations:

NI Future Planning Model Integrated Care System NI Draft Framework (2021) Department of Health

3.39 The Minister of Health granted approval in October 2020 for the commencement of a programme of work to develop an Integrated Care System (ICS) model in Northern Ireland. This is in line with the vision set out in ***Health and Wellbeing 2026: Delivering Together*****,** which articulates the need to empower local providers and communities to plan integrated continuous care based on the needs of their population, with specialised services planned, managed and delivered on a regional basis.

3.40 A draft ICS framework was subsequently developed by the Department of Health in 2021. The Department of Health have confirmed that an updated framework has been approved by Minister on 3 May 2024. The ICS NI Framework was recently updated to reflect the development of the model and is available online: ICS NI Publications - DOH/HSCNI Strategic Planning and Performance Group (SPPG)

3.41 The updated version of the Framework was produced to reflect feedback from the targeted consultation exercise, as well as learning from the last couple of years, including the Test Area Integrated Partnership Board established in the Southern area in May 2023.

3.42 Work has commenced on the roll-out of the ICS NI model in shadow form and the Framework will be kept under review considering any emerging learning. The Minister approved the updated framework on 3 May 2024.

Integrating health and social care - A comparison of policy and progress across the four countries of the UK (2021) Nuffield Trust

3.43 The Nuffield Trust (2021) compares the implementation of integrated care across Northern Ireland, England, Scotland and Wales. It provides an objective analysis of the strengths and challenges that are facing each nation.

3.44 The report identified that there has been an absence of national audits and evaluations through which to identify successes and barriers. The report indicated that current proposals for integrated care systems do include plans to develop a Strategic Outcomes Framework, based on priorities identified by the Department of Health, along key strategic themes and following an outcomes-based approach.

3.45 In the wider VCSE context, the Department for Communities carried out a consultation exercise in late 2023 regarding draft proposals on how it will support the wider voluntary and community sector. The Department aims to achieve this through a commitment to continued government investment in sector infrastructure and to improving the way that government works with and for the sector. The Department for Communities proposals are: ***"****geared towards the achievement of a clear ambition for what joined up government support can help achieve in the sector, underpinned by shared values and practices which aim to support the relationship between government and the sector".* (Department of Communities **Consultation on Voluntary and Community Sector Infrastructure Report** (November 2023))

3.46 ***The Concordat*** (2011) between the voluntary and community sector and the NI government is another important part of the wider VCSE sector context. This sets out the shared vision of how government and the voluntary and community sector is to work together as social partners to build a participative, peaceful, equitable and inclusive community in Northern Ireland.

3.47 A Joint Forum Voluntary and Community Group (VCG) made up of fifteen representatives from around the VCSE sector meets with the government departments three times per year as the Joint Forum. Former Communities Minister Deirdre Hargey mandated the forum to undertake a review of the Concordat as part of a reset of the Joint Forum in September 2022.

3.48 The VCS Panel began a process of engagement with the wider sector on identified issues in November 2023 in preparation for a public consultation by the Department for Communities on the values and principles of a new agreement.

3.49 Whilst that consultation was led by the Department for Communities, it demonstrates that a number of government departments recognise there is a need to work more collaboratively with the wider VCSE sector.

3.50 It would be important that any new collective voice for VCSE health, social and community care organisations is cognisant of the wider context and developments which impact on the sector.

3.51 In addition to the investment and policy context of the VCSE health, social and community care organisations it is important to be aware of other important wider context areas that impact on the sector.

VOLUNTEERING CONTEXT

3.52 CO3's *Valuing our Sector* (September 2022) identified that there are 81,492 volunteers engaged by third sector organisations and 10,849 registered as charitable trustees. That means a total of 129,000 people are directly engaged with the sector, representing 9.3% of the entire Northern Ireland population aged between 15 and 74.

3.53 Therefore, the volunteering context for the sector is significant. Volunteer Now's Chief Executive Officer Denise Hayward provided this context in April 2024:

"*Volunteering has been changing in the past decade and this has been particularly true since the pandemic. Before the pandemic, NISRA data shows that 28% of the population aged 16 and over volunteered. In 2022 this figure was 17% of the population and in 2023 this was 21% of the population. Research shows that this drop was partly due to older people and people with longer term conditions being asked to stay at home. Often there was a lack of confidence in re-engaging in volunteering. In other cases, it was simply that the break in taking part gave an opportunity to develop different interests when the volunteering habit was broken. Anecdotal evidence would indicate that the bounce back post covid continues but new data will be available from NISRA in the autumn of 2024.*

Other trends which were already evident before the pandemic were an increasing demand for flexibility in volunteering, more individualistic focus and a need to reduce bureaucracy. In recent data from NCVO, over 30% of volunteering opportunities now have some online component. This would not have been the case before the pandemic. The other challenge is a stubborn lack of diversity in volunteering across a

range of areas such as ethnicity, socio economic group and educational attainment. Building greater diversity in volunteering is vital for the future. "

RURAL CONTEXT

3.54 According to NISRA (Northern Ireland Statistics and Research Agency) statistics of 2015, over 36 % of Northern Ireland is regarded as rural. Therefore, the rural landscape of Northern Ireland is an important consideration for organisations working in health and social care. The Rural Needs Act (2016) was introduced to help ensure the needs of rural communities are met, and a *Rural Needs Toolkit for Health and Social Care* (2022) was developed to guide health professionals with planning.

3.55 The Director of Rural Community Network (RCN), Kate Clifford, provided this context in April 2024:

"The current context that many rural groups find themselves in is complex. In some areas groups are thriving and are well resourced. Those who have secured multiyear funding, who have strong and robust systems and process are doing great work. But other areas aren't fairing so well. For those who are volunteer led and managed many have found themselves without 'new blood' and a smaller than usual cohort of volunteers. We are hearing from our groups that during covid many of the skilled, older hands are burnt out and exhausted. Some also stepped away and haven't really returned in the same numbers or with the same level of ability to volunteer.

The lack of succession planning in many groups has now caused problems as the older hands and founders of many groups are finding it challenging to let go of the ropes and hand over to new people, or they haven't anyone to pass the baton to.

We are seeing increasing levels of 'founder syndrome'. Those that have held the reins of the organisation from inception don't want to let go but they are in some cases, preventing and blocking progress and change in many groups who are now less relevant or outdated in the ways in which they serve the local community.

For those groups who have paid staff the challenges and sectoral churn has been amplified with political instability, uncertain budgets, short term funding and cuts to service agreements. All of which are impacting on the ability of the group to pay for core costs. What we have witnessed are skilled community development workers leaving the sector to pursue work in the Health Service, Councils, PHA and Housing Associations all

of which are offering permanent or longer-term contracts, better terms and conditions and more regular hours. The scores of people leaving the sector leaves employment gaps. Those employment contracts being offered are generally for one year of funding or less. It is almost impossible to recruit skilled staff.

The impact of all of this is that work which could be being done and funding which could be accessed isn't happening and those who are left with existing resources are having to rely more and more on volunteers and less skilled staff to undertake the work, or in some cases the work simply isn't be achieved and whole areas are without services."

FUTURE CONTEXT DEVELOPMENTS

3.56 In addition, a number of other developments are taking place which any potential model/collective voice for VCSE health and social care organisations, would need to be aware of and connect to.

3.57 The Northern Ireland Assembly was restored on 3 February 2024, after 24 months without a functioning government. Ministers have been appointed to the 9 Departments. In Mid-April 2024, Stormont ministers indicated they need £2bn more than the amount of funding that is available for the financial year 2024/2025. (BBC 18 April 2024 Stormont budget: Demands 'three times more' than money available - BBC News) Whilst a return of the NI Assembly is welcomed by the VCSE sector, there remains a high level of uncertainty regarding what funding will be available to the sector in the coming year.

3.58 Strengthening Communities for Health is a partnership approach, led by the Public Health Agency (PHA), to enhance community centred and community development approaches to reduce health inequalities.

3.59 Andrew Steenson, Health and Social Wellbeing Improvement Manager for the PHA provided the following information on this new development:

"*Working collaboratively, a digital platform has been created to collate and show a sample of investments made in community capacity building programmes for health. The platform is being considered as the starting point for the development of a decision support tool, which could help enhance collaborative working through sharing information*

on investments to reduce health inequalities and the wider health context for investments i.e. social determinants, population demographics, etc.

Verified and mapped investment data for this phase of the decision support tool has totalled more than £60 million, which supports over 860 interventions. To date 13 organisations have provided information to inform the decision support tool. This collated information could help to identify locations where investment in capacity building for community health programmes may require further consideration, where the targeting of existing investments might be improved and opportunities to enhance collaboration across organisations.

The selection of capacity building for health programmes aligns with the work of the Strengthening Communities for Health objectives, however, the decision support tool can be applied to wider health related themes."

3.60 iREACH Health is part of the Belfast Region City Deal. It is a £62 million integrated clinical research centre led by Queen's University Belfast in partnership with the Belfast Health and Social Care Trust and HSC Research and Development. The Belfast Region City Deal project brings together innovators from the public private and not-for-profit sectors to address major health challenges in priority areas, tackle inequalities, promote economic growth and prosperity and better health for all.

3.61 In March 2024 the project received full planning approval and work is due to start on site before the end of 2024. The innovation centre will open in 2027 on two sites beside Belfast City hospital. Belfast Region City Deal | About | Queen's University Belfast (qub.ac.uk)

CONCLUSION

3.62 The context in which the VCSE health and social care sector are working is a complex one. There are a number of strategies which indicate that the direction of travel is towards integration and collaboration.

3.63 Many of the government strategies and pieces of consultation undertaken in the past 10 years, appear to recognise that there is a desire and need for the government to work more collaboratively with the VCSE sector in general. There also seems to be a recognition from government departments that the VCSE sector is an integral element of delivering services to improve the population health in Northern Ireland.

3.64 The VCSE sector is vital to the health and social care infrastructure with £131 million invested by the Department of Health alone in 2019/2020. Funding to the sector is further enhanced by funding from independent trusts and foundations. The delivery of services by VCSE health, social and community care organisations is often heavily dependent upon volunteers and the challenges regarding the recruitment and retention of volunteers will have a significant impact on organisations.

3.65 The rural context of Northern Ireland is a significant part of the backdrop for VCSE health, social and community care organisations with 37% of the population regarded as rural. Delivering services in rural areas presents particular challenges which form part of the context of how groups work.

3.66 A number of new developments have been identified as part of this project, which will have an impact on the VCSE health, social and community care sector moving forward i.e., the work of Strengthening Communities, the restoration of the Northern Ireland Assembly and iREACH Health. There are likely to be many more developments impacting on the sector in the coming months and years. It is important for the VCSE sector to be informed and connected to new developments as they are planned and developed.

3.67 It is against this complex background that the Scoping Exercise Project aimed to explore how the sector can work more effectively together and with the Department of Health to improve health outcomes in Northern Ireland.

SECTION 4

PHASE 2 - EXPLORING VISION AND VALUES

4.1 A crucial element of the Scoping Study Project was to engage with the voluntary and community sector who are working in the area of health and social care. It was important to provide opportunities to directly engage and understand the perspectives of the sector on a range of questions.

4.2 Rather than assuming what the sector would like to see regarding any collective model and that they saw merit in a collective voice, the project sought to directly engage the sector in a discussion in order to build understanding on opinions on key points.

METHODOLOGY

4.3 The following methodology was used to engage directly with the VCSE sector:

- 6 engagement focus group events were delivered between November 2023 and January 2024 in order to engage the VCSE sector directly. 5 events were in person and 1 was online. In person events were held across Northern Ireland in: Fermanagh; Newry; Derry/L'Derry; Cookstown and Belfast. In total 54 individuals attended the focus group events.

- 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.

- To ensure consistency across the sessions, the same questions were asked and the same areas discussed. These were:
  - In principle do you believe there is merit in a collective voice for the VCSE Health and Social Care sector?
  - What common Values do the VCSE hold?
  - What is the current relationship like between the VCSE and statutory sector regarding health? What would you like it to be?
  - What health related forums are you currently involved in?

- What could the purpose of any collective model be?
- What could its structure be?
- What resource would be required for the potential structure?

4.4 In order to maximise discussion, the sessions provided opportunity for individuals to work in small groups and take part in larger facilitated discussions. All feedback from the 6 sessions was collated and analysed to identify areas of consensus and issues where opinion differed.

4.5 7 questions were asked across the engagement sessions. The feedback from the engagement focus sessions was as follows:

In principle do you believe there is merit in a collective voice for the VCSE Health and Social Care sector?

4.6 The overwhelming feedback across the 6 sessions is that, in principle, there is merit in establishing a collective voice for VCSE re Health, social care and community health. This feedback was further tested in Phase 4 of the project via a questionnaire.

What common Values do the VCSE hold?

4.7 Those attending the sessions were asked to identify the common values that VCSE health, social and community care organisations hold. Across the 6 sessions, 28 values were listed. These included: advocacy, person centred, confidential etc. It was noted that there are many shared values which are held in common. This would indicate that there are likely to be enough common values to provide a firm basis for organisations to work together.

4.8 The list of values was further refined when the potential model was tested in Phase 4 of the project. This allowed for the list to be further condensed and the 8 most popular values to be identified. The list of values is found in Section 6 points 6.7 and 6.8 of this report.

What is the current relationship like between the VCSE and statutory sector regarding health? What would you like it to be?

4.9 Opinion across the 6 sessions indicated that whilst some individual relationships with the statutory sector were positive, in the main it was perceived that the relationship did not feel equal and that there was a fundamental power imbalance. It was perceived that this was exacerbated by the fact that the statutory agencies often held the funding and it was therefore felt they could dictate the focus and scope of the work of the VCSE sector. Feedback from participants was that in their experience, there was a lack of consistency across Northern Ireland, in the relationships of groups and individuals interacting with statutory sector agencies.

4.10 Responses from participants indicated there was a belief, within the VCSE sector, that there was a lack of respect, understanding and acknowledgement of the value and skills that VCSE organisations brought to the health sector, from the statutory agencies.

4.11 Feedback from the sessions indicated that the VCSE sector are keen to have a more equal and collaborative relationship with the statutory sector. The majority view was that the sector would like to have their skills and contribution recognised and respected. The VCSE sector would like to be recognised as a shaper and implementer of services and policies.

4.12 There was an acknowledgement in the discussions in the 6 sessions, that the VCSE sector needed to take some ownership in changing the perceived relationship between VCSE organisations and statutory agencies.

4.13 Consensus across the 6 sessions was that a collective voice for the VCSE health, social and community care organisations would help change the relationship between the sector and statutory agencies. This would be done by the sector acting collectively, collaboratively and strategically not only with the statutory sector but also with each other.

What health related forums are you currently involved in?

4.14 At each of the 6 engagement focus sessions, participants were asked to list the health related forums that they were currently involved in. Almost 100 forums/networks were identified by participants. Details are in Appendix Seven. It would be reasonable to assume, given this was a snapshot by those attending the sessions, that there are likely to be even more health related forums/networks across Northern Ireland. This indicates a high level of engagement within the sector in the area of health and social care.

Feedback from the 6 engagement events was that any collective voice should strive to ensure that it did not duplicate the work the existing forums/networks.

4.15 Participants were asked if they perceived there to be any gaps in the range of forums/networks that were identified. Feedback was there was not one strategic level VCSE focussed and lead forum/network regarding health that worked across all geographical and thematic areas in Northern Ireland. Whilst it was acknowledged that there were a number of infrastructure organisations which represented the wider sector, many felt they did not have the expertise to represent the voice, needs and diversity of VCSE health and social care organisations.

4.16 This feedback was tested in the Phase 4 Questionnaire.

What could the purpose of any collective model be?

4.17 Participants were asked to consider what the purpose of any collective voice for VCSE health, social and community care organisations might be. Consensus was that any model should be strategic and geographically wide and represent a wide range of thematic health interests. The key areas of consensus around what the collective voice's purpose might be were:

- Advocating strategically for VCSE in the Integrated Care System
- Collective approach to negotiation
- Strategic communications and support for V&C representatives on the AIPBs (and the local, community levels when they come)
- Proactive voice into government
- Training to support the sector's ICS involvement
- Collecting, analysing and reporting on relevant Data
- Education about VCSE Health sector - for public, statutory bodies,

4.18 These 7 potential purposes were tested in the Phase 4 Questionnaire to enable further refinement of the list to 3-4 key areas of purpose.

What could the structure of a potential model be?

4.19 This was a challenging question for some of those attending the session as some participants felt that the structure would be dictated by the purpose. However,

notwithstanding this, a number of points regarding structure were identified as crucial to success:

- The voice should either housed in an independent VCSE membership organisation or established as its own independent organisation
- Permanent engagement with Department of Health etc.
- Good governance
- Democratic approach
- Wide representation both geographically and thematically

4.20 These points were further tested in the Phase 4 Questionnaire to enable further clarity and understanding of the majority opinion on areas such as where the voice could be housed.

What resource would be required for the potential structure?

4.21 In response to this question a number of points were identified as vital for the success of a collective voice:

- Multi-year funding
- Dedicated paid staff to develop and run the model
- Host organisation to support the model initially – once it is established could then consider becoming an independent organisation
- Management costs for host organisation
- IT/Phone equipment and office accommodation (possibly in a host organisation)

4.22 Across the 6 engagement sessions, there was discussion regarding where the funding for any model should come from. Some participants felt that a level of support should be sought from the Department of Health and other statutory agencies as they would benefit from a collective voice and central point of contact. Others felt that it would be important to maintain independence and therefore seek funding from other sources e.g. trusts and foundations. It was felt that in time a membership fee could be explored as a way of developing financial sustainability.

CONCLUSION

4.23 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 should be housed and where funding should be sought.

4.24 The Phase 4 Questionnaire tested the feedback from the engagement sessions regarding both, areas of consensus and areas where opinion differed to confirm or identify majority opinion.

SECTION 5

PHASE 3 - BUILDING A FRAMEWORK

5.1 The purpose of Phase 3 of the project, was to analyse the information from the engagement sessions and build an understanding of areas of consensus and support for models for a collective voice for VCSE health, social and community care organisations.

METHODOLOGY

5.2 The following methodology was used to begin building a framework:

- Collation and analysis of the feedback from the 6 engagement sessions to identify areas of consensus and areas where opinion differed.
- Identifying learning from VCSE health forums in other jurisdictions. This was achieved through a mix of desk research and 1:1 discussions.

BUILDING A FRAMEWORK

5.3 From the 6 engagement sessions, clarity was emerging regarding the nature of a potential model and the support that would be required for it. The emerging themes were:

- Those who had engaged with the project considered there to be merit in a collective voice for VCSE health, social and community care organisations.
- The VCSE sector hold a large number of values in common.
- A collective voice should not duplicate the work of existing forums/networks.
- The structure of a collective voice should seek to enable broad representation both geographically and thematically.
- Two potential options were identified for where a collective voice could be based i.e. an independent organisation from the outset or housed in an infrastructure organisation in the first instance.
- A number of purposes for a collective voice were identified.
- A number of resources were identified which would be required in order to be able to establish a collective voice.

5.4 In order to understand the majority opinion on a number of issues and test the consensus on others, it was important to engage again with the VCSE health and social care sector. The Phase 4 Questionnaire was developed to summarise and further test the feedback to establish what the majority opinion was and to enable the sector to co-produce a shared position on a new ‘collective voice model’.

LEARNING FROM VCSE HEALTH FORUMS IN OTHER JURISDICTIONS

5.5 In addition to the Phase 4 Questionnaire and in order to identify learning which might be helpful for the establishment of any collective voice for VCSE health, social and community care organisations in Northern Ireland, arrangements for voluntary and community /third sector health forums in other jurisdictions were explored. This was conducted via desk research and through 1:1 conversations where possible.

5.6 The arrangements in three jurisdictions were explored: Scotland, Republic of Ireland and Wales.

Scotland

5.7 In Scotland there are two forums – The Health and Social Care Alliance Scotland (The Alliance) and Voluntary Health Scotland.

5.8 The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for health and social care. Their vision is of a Scotland where everyone has a strong voice and enjoys their right to live well with dignity and respect.

5.9 The ALLIANCE was established and constituted in 2006. Over the past 16 years it has grown and developed to have a membership of over 3,500 organisations and individuals. It originated from the Long Term Conditions Alliance Scotland. At the time of its establishment, it was felt there was a need for a 3rd sector organisation to come together as a collective voice for campaigning and that the sector would be stronger together. The ALLIANCE - Health and Social Care Alliance Scotland (alliance-scotland.org.uk)

5.10 One of their key aims is to "*Champion and support the third sector as a vital strategic and delivery partner and foster cross-sector understanding and partnership*." Membership is free to professionals and individuals and membership fees apply to organisations.

5.11 They are a strategic partner of the Scottish Government and have close working relationships with many NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

5.12 Voluntary Health Scotland (VHS) is the national intermediary and network for voluntary health organisations in Scotland. Their mission is to address health inequalities, improve

health-related policy, foster collaboration, and promote healthier lives for people and communities. Voluntary Health **Scotland** — The national intermediary and network for voluntary health organisations in Scotland. (vhscotland.org.uk) One of their charitable purposes is: **"***Working to make effective collaboration and partnerships on health related matters between the public and voluntary health sectors normal and valued*".

5.13 Although VHS isn't directly government-funded, it sees its role as acting as a bridge between voluntary health organisations and health-related policies in Scotland.

5.14 Their members range from large national charities to small community groups and individuals and includes specialist health charities, but also community and grassroots organisations whose work supports people's health and wellbeing, and third sector interfaces. They have a tiered membership approach with full membership being open to voluntary organisations concerned with improving health or health care.

Republic of Ireland:

5.15 IBEC – Health and Social Care Network speak on behalf of Irish businesses campaigning for changes to the policies that matter to business. IBEC is a fee paying membership organisation.

5.16 The Health and Social Care Network sits within IBEC. Health and Social Care network - IBEC This is a networking and learning forum for members who work within the health, social care, voluntary and charity sectors. The network includes members from charities, social partnerships, health care, health screening and health products providers as well as social support groups and childcare**.**

5.17 The group meets twice a year with meetings hosted virtually to ensure flexibility and suit the working requirements of the members. The network is designed as a channel to share best practice.

Wales

5.18 Cardiff Third Sector Council (C3SC) is the County Voluntary Council (CVC) for Cardiff. It is the umbrella infrastructure organisation for the third sector in the city. It facilitates third sector representation on strategic partnerships. It acts as a conduit for policy information, supporting networks around key themes and areas of interest, with the aim of ensuring that policy and decision makers understand the needs of the third sector organisations in Cardiff.

5.19 Within the C3SC, the Health, Social Care and Wellbeing Network is a collective group of over 400 members who work in health, social care and wellbeing in Cardiff. Membership of the Network is open to individuals working in third sector organisations whose area of benefit is Cardiff. C3SC Networks | C3SC - Cardiff Third Sector Council

5.20 The Health, Social Care and Wellbeing Network is a collective voice from the third sector and facilitates and encourages involvement in joint planning groups. It influences local, regional and national policy by responding to consultations and co-ordinates and maintains communication channels between the voluntary and statutory sector. It identifies gaps in provision and responds to unmet needs and campaigns/lobbies for better, integrated services.

CONCLUSION

5.21 It can be seen from the arrangements in other jurisdictions that there are various models in place and that no one model is applied consistently.

5.22 A key focus that three of the forums hold in common, is they aim to act as a collective voice for the VCSE health and social care sector. They seek to support communication, cross sectoral partnership and collaboration within the VCSE sector and with Government.

5.23 There are two major independent networks operating in Scotland. The Alliance in Scotland is funded by Scottish Government and is seen as a strategic partner. Voluntary Health Scotland is not funded by Scottish government and sees its role as to act as a bridge between voluntary health organisations and health-related policies in Scotland. Both organisations in Scotland are now well established charities and have membership fees and structures.

5.24 The health networks in both Wales and the Republic of Ireland sit as part of another organisation.

5.25 This arrangement is sometimes referred to as a 'host' organisation. 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. Networks which are based in a 'host' organisation are often part of the 'host' organisation's wider work and are not independent legal entities.

5.26 In the case of Wales and the Republic of Ireland, both networks host organisations operate a membership fee. The health network in IBEC, is not established exclusively for the VCSE sector but also has members from other sectors. In Wales the C3SC, the Health, Social Care and Wellbeing Network has been established specifically for the VCSE sector but is not a Wales wide network.

5.27 There are benefits and drawbacks to each of the models that exist across other jurisdictions.

5.28 A model that is established as its own legal entity, will have a clear identity and independence but will require a separate governance structure, sustainable funding and staff resources to ensure that they continue to be able to deliver their work. This model is likely to require a higher level of funding as it would need to establish all the systems and processes required to run and support an organisation. This type of model would need to consider where long term funding for the work can be secured and potentially implement membership fees to support its sustainability.

5.29 A model that is 'hosted' as part of an already established VCSE infrastructure organisation benefits from: the governance; organisational support and resources; processes and procedures of the infrastructure organisation. Whilst such a model would not be a separate legal entity, it would be possible for it to have a clear purpose and identity whilst being part of the 'host' organisation. Consideration would need to be given by the 'host' organisation as to where long term funding for the work can be secured from.

SECTION 6

PHASE 4 - TESTING MODEL/S

6.1 The purpose of the Phase 4 Questionnaire was to test the feedback and information that had been collected via the engagement sessions. The aim of this was to identify a shared position and build an understanding of majority opinion around a number of key areas for a new 'collective voice model' to support the sector.

6.2 The purpose of the questionnaire was to both test areas of emerging consensus and also to understand the majority opinion regarding areas where there were a number of potential options.

METHODOLOGY

6.3 The questionnaire was available for 6 weeks from 27th February until 9th April 2024 and was open to all voluntary and community groups, charities, and social enterprise organisations with an interest in the field of health and social care in Northern Ireland.

6.4 The questionnaire was promoted via regional networks, social media and direct emails. Direct emails promoting the questionnaire were sent to the 76 member organisations of the CO3 Health Special Interest Group and to the 28 organisations which form the Long term Conditions Alliance. CO3 widely publicised the Phase 4 Questionnaire via its membership's electronic newsletters, their website and social media networks, along with being promoted via the Delivery Support Group networks and contacts.

6.5 A total of 34 responses were received.

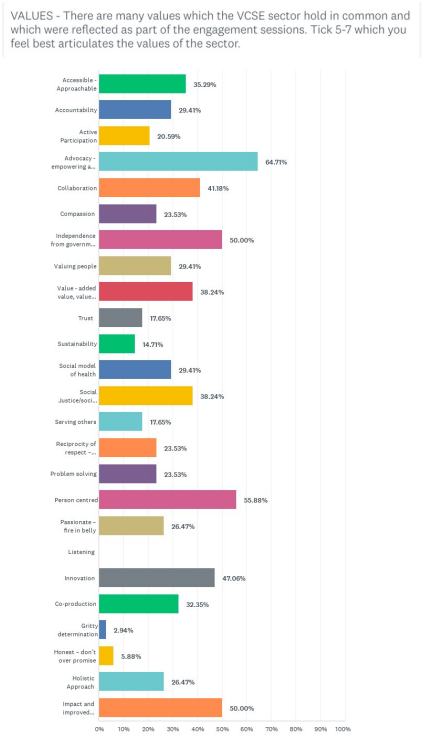
6.6 Engagement session feedback on 7 areas of a collective voice were tested in the questionnaire. These were:

- Values
- Purpose
- Structure
- Resource required
- Where the model should be based
- Funding for the model
- Merit of a collective voice

RESULTS OF PHASE 4 QUESTIONNAIRE

Values

6.7 Through the engagement sessions it was clear that there are many values which the VCSE sector hold in common. To help refine the list of values compiled through the engagement sessions, the questionnaire asked respondents to tick 5-7 values from the list, which they feel best articulates the values of the sector. The results were:



ANSWER CHOICES	RESPONSES	
Accessible - Approachable	35.29%	12
Accountability	29.41%	10
Active Participation	20.59%	7
Advocacy - empowering and enabling people to improve lives	64.71%	22
Collaboration	41.18%	14
Compassion	23.53%	8
Independence from government – we aren't interested in replicating a broken system	50.00%	17
Valuing people	29.41%	10
Value - added value, value for money	38.24%	13
Trust	17.65%	6
Sustainability	14.71%	5
Social model of health	29.41%	10
Social Justice/social inclusion/human rights	38.24%	13
Serving others	17.65%	6
Reciprocity of respect – valuing people	23.53%	8
Problem solving	23.53%	8
Person centred	55.88%	19
Passionate – fire in belly	26.47%	9
Listening	0.00%	0
Innovation	47.06%	16
Co-production	32.35%	11
Gritty determination	2.94%	1
Honest – don't over promise	5.88%	2
Holistic Approach	26.47%	9
Impact and improved outcomes	50.00%	17
Total Respondents: 34		

6.8 From the results of the questionnaire the VCSE sector values with the highest scores are:

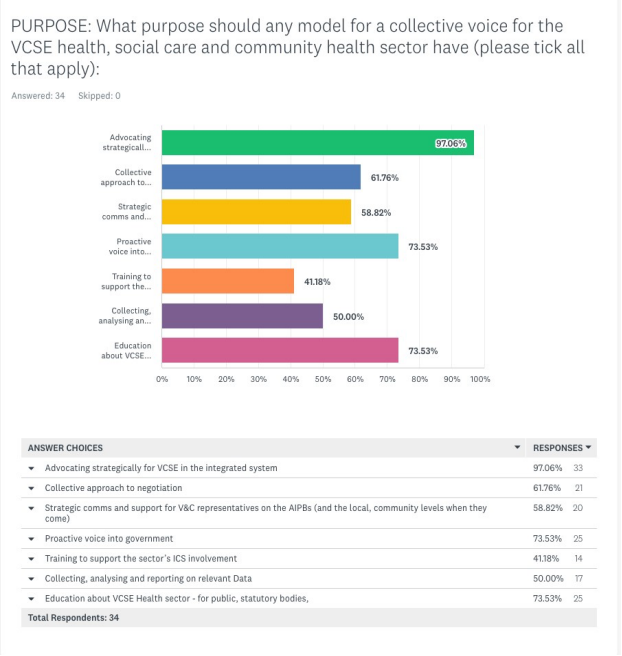
Advocacy	**64.71%**
Person Centred	55.88%
Independence from Government	50.00%
Impact and Improved Outcomes	50.00%
Innovation	47.056%
Collaboration	41.18%
Social Justice and Social Inclusion	38.24%
Value – added value for money	38.24%

6.9 Even though these 8 values had the highest scores, the other values that were identified through the engagement sessions are also important to the VCSE sector.

6.10 A collective voice for VCSE health, social and community care organisations would be able to utilise these 8 values as a foundation for working together.

Purpose

6.11 In order to ascertain the majority opinion regarding the purpose of a collective voice for the VCSE health and social care organisations, respondents were asked to tick all the purposes that they felt applied, from a list identified through the engagement sessions. The results are as follows:



ANSWER CHOICES	RESPONSES	
Advocating strategically for VCSE in the integrated system	97.06%	33
Collective approach to negotiation	61.76%	21
Strategic comms and support for V&C representatives on the AIPBs (and the local, community levels when they come)	58.82%	20
Proactive voice into government	73.53%	25
Training to support the sector's ICS involvement	41.18%	14
Collecting, analysing and reporting on relevant Data	50.00%	17
Education about VCSE Health sector - for public, statutory bodies,	73.53%	25
Total Respondents: 34		

6.12 Respondents to the questionnaire identified the following as the top 3 statements regarding the purpose of a collective voice for VCSE health and social care organisations:

Advocating strategically for the VCSE in the Integrated Care System	**97%**
Proactive voice into Government	73.53%
Education about VCSE sector for public and statutory bodies	73.53%

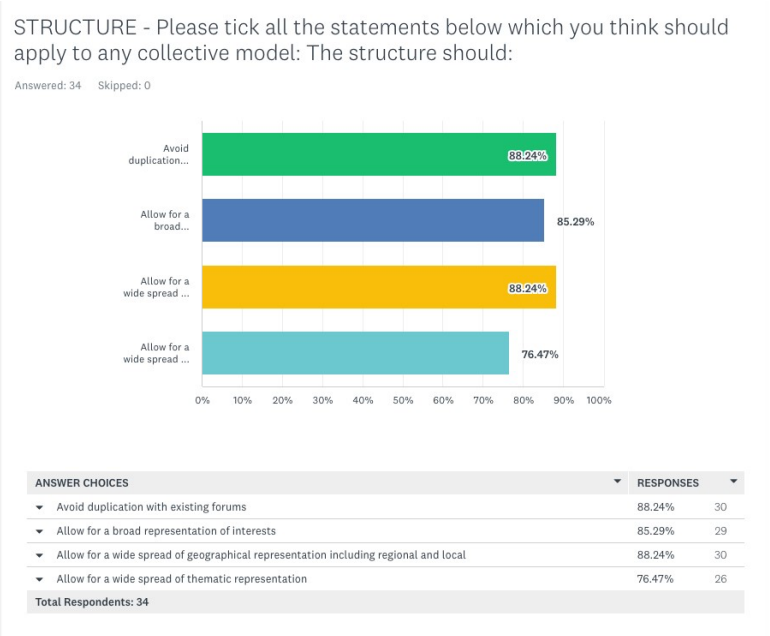
6.13 Whilst it would be important to be cognisant of the other potential purposes identified through the engagement sessions, the top 3 areas identified should be the primary focus of a collective voice for VCSE health, social and community care organisations.

6.14 These 3 key purposes would enable the voice to work towards the following outcomes:

- Enhance understanding of the role VCSE can play in improving health and wellbeing.
- Input into HSC systems, policies, and models of working to achieve better health and well-being outcomes.
- Improve sustainability through long-term planning and appropriate resourcing of VCSE services within health and social care.
- Facilitate collaborative working, sharing resources and intelligence, to increase influence over decision making which impacts the capacity and resilience of the VCSE health sector.
- Improve strategic planning in the VCSE sector.

Structure

6.15 Through the engagement session, a number of key areas were identified that should apply to a collective voice. These were listed in the questionnaire and respondents were asked to tick all the statements which they thought should apply to a collective model. The results are as follows:



ANSWER CHOICES	RESPONSES	
Avoid duplication with existing forums	88.24%	30
Allow for a broad representation of interests	85.29%	29
Allow for a wide spread of geographical representation including regional and local	88.24%	30
Allow for a wide spread of thematic representation	76.47%	26
Total Respondents: 34		

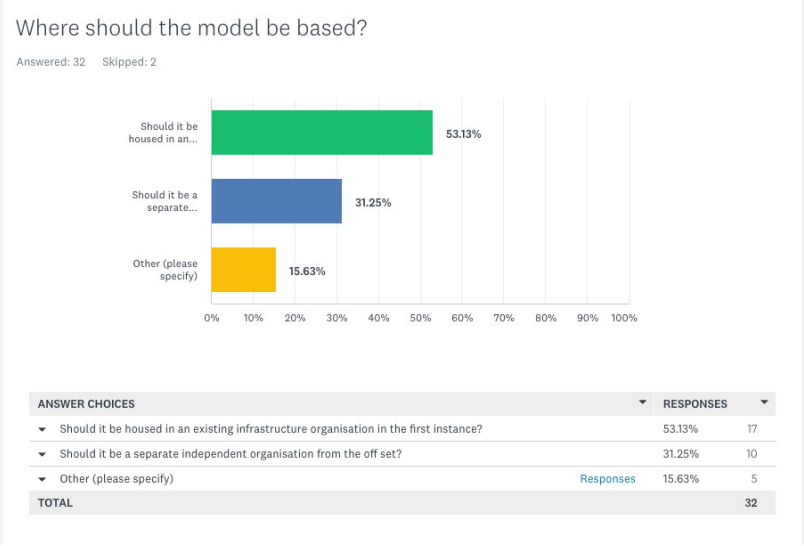
6.16 All 4 statements scored above 75% and were ranked as follows:

Avoid duplication with existing forums	**88.24%**
Allow for a wide range of geographical representation	88.24%
Allow a broad representation of interests	85.29%
Allow for widespread thematic representation	76.47%

6.17 It is clear that respondents feel, any collective voice should seek to avoid duplicating the work of existing forums. As mentioned in point 4.14 of Section 4 of this report, in the engagement sessions almost 100 existing forums were identified through the snapshot exercise. Any collective voice for VCSE health, social and community care organisations should be structured in order to, as far as possible, avoid duplication with existing forums and ensure a wide range of geographical representation. The structure should also seek to enable a broad representation of interests and thematic representation.

Where the model should be based

6.18 Respondents to the questionnaire were asked to indicate where they thought a collective voice for VCSE health, social and community care organisations should be based. The results are as follows:



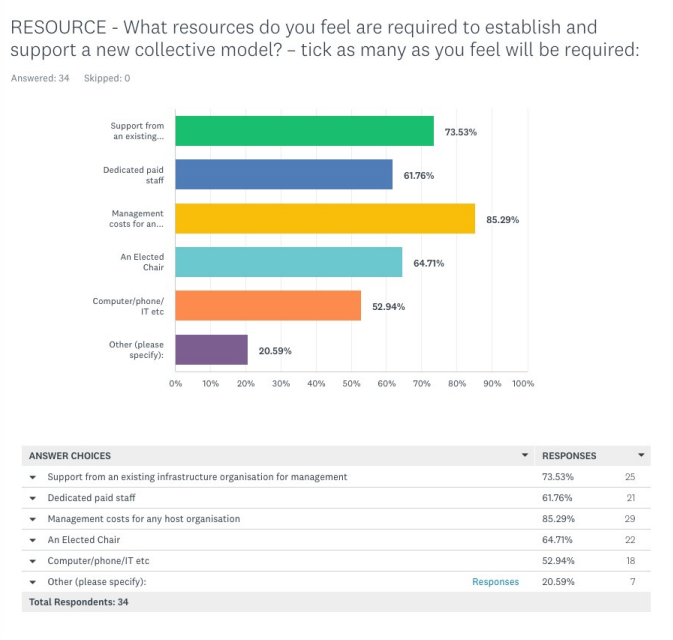
ANSWER CHOICES		RESPONSES	
Should it be housed in an existing infrastructure organisation in the first instance?		53.13%	17
Should it be a separate independent organisation from the off set?		31.25%	10
Other (please specify)	Responses	15.63%	5
TOTAL			32

6.19 The majority of respondents, 53.33% indicated that they felt that a collective voice should be housed in an existing infrastructure organisation in the first instance. 31.25% responded that it should be based in an independent organisation from the outset. Of the respondents, 15.63% responded other. Of those who responded 'other', some respondents indicated they would be happy with either base for the collective voice. Some responses indicated that they felt they could not answer the question until they had more clarity regarding the purpose and structure of the voice.

6.20 Based on the feedback from the engagement sessions and the Phase 4 Questionnaire, the preferred option of the majority is to base a collective voice in an existing infrastructure organisation. Once established, consideration could be given to the collective voice becoming an independent organisation.

Resource required

6.21 Through the engagement sessions a number of resources were identified that would be required to establish and support a collective voice. Respondents were asked to tick as many resources as they felt would be required. The responses are as follows:



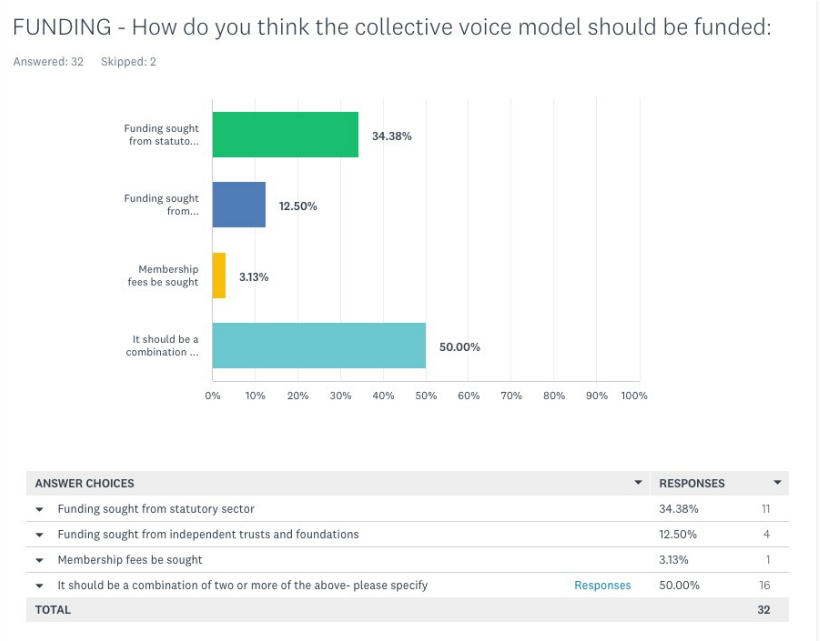
ANSWER CHOICES		RESPONSES	
Support from an existing infrastructure organisation for management		73.53%	25
Dedicated paid staff		61.76%	21
Management costs for any host organisation		85.29%	29
An Elected Chair		64.71%	22
Computer/phone/IT etc		52.94%	18
Other (please specify):	Responses	20.59%	7
Total Respondents: 34			

6.22 The majority of respondents, 85.29%, felt that management costs to any host organisation was the top priority resource that would be needed to ensure the collective voice could be established and supported. This was followed by support from an existing

infrastructure organisation with 73.53%. Having an elected Chair, (64.71%) and dedicated paid staff, (61.76%) were seen as the next key priorities for resourcing. Suggestions for additional resources were identified in the 'other' category as: a research and engagement budget; a website/online portal to support shared communications and reimbursement framework so that senior leaders can commit without it negatively impacting their own organisation.

Funding for the model

6.23 The Phase 4 Questionnaire asked respondents to indicate how they thought a collective voice should be funded. The results are as follows:



ANSWER CHOICES		RESPONSES	
Funding sought from statutory sector		34.38%	11
Funding sought from independent trusts and foundations		12.50%	4
Membership fees be sought		3.13%	1
It should be a combination of two or more of the above- please specify	Responses	50.00%	16
TOTAL			32

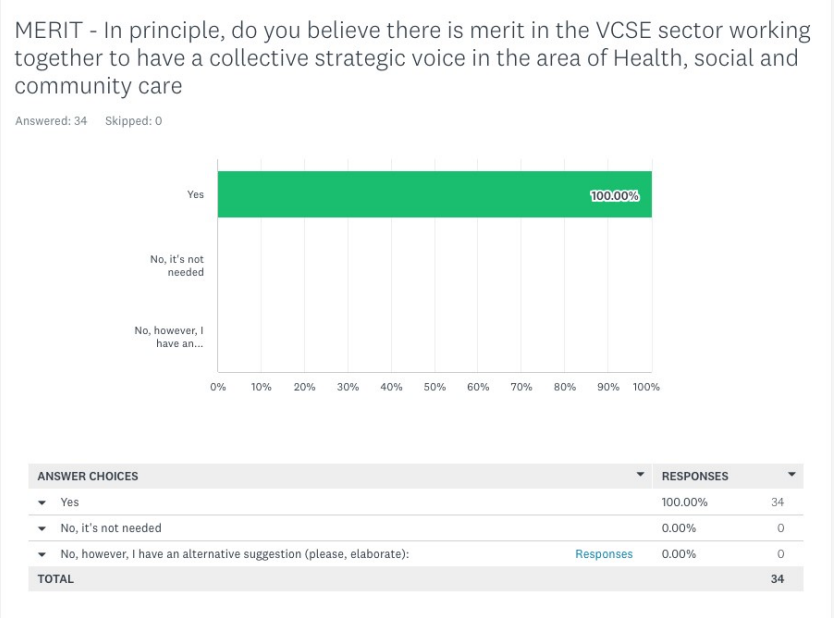
6.24 The majority of respondents, 50% thought that any VCSE health and social care collective voice should be funded through a combination of at least 2 sources from the following: statutory funding, independent trusts and foundations and membership fees.

6.25 Some respondents felt funding should be sought as a combination of all 3 options whereas other responses suggested a combination of either statutory funding and membership fees or independent trust and foundation funding with membership fees.

6.26 34.38% of respondents thought that funding should only be sought from statutory agencies with 12.5% believing it should only come from independent trusts and foundations. Only 3.13% thought that funding should be sought from membership fees alone.

Merit

6.27 Respondents to the Phase 4 Questionnaire were asked if in principle, they believe there is merit in the VCSE sector working together to have a collective strategic voice in the area of health, social and community care. The results are below:



ANSWER CHOICES		RESPONSES	
Yes		100.00%	34
No, it's not needed		0.00%	0
No, however, I have an alternative suggestion (please, elaborate):	Responses	0.00%	0
TOTAL			34

6.28 100% of respondents to the Phase 4 Questionnaire believe there is merit in the VCSE sector working together to have a collective strategic voice in the area of health and social and community care.

CONCLUSION

6.29 The Phase 4 Questionnaire provided an opportunity to test feedback which had been received through the focussed engagement sessions and gain clarity regarding the majority opinion on a number of key areas of a model for a collective voice.

6.30 The process confirmed that there is overwhelming support from the sector for the establishment of a collective voice for VCSE health, social and community care organisations.

6.31 8 values were identified which would provide a foundation from which to develop the work of a collective voice.

6.32 Consensus was identified regarding the key purpose of a collective voice and there was clear support for the voice working at a strategic level and proactively with Government.

6.33 A clear message is that the VCSE sector are keen that a collective voice should avoid duplicating the work of existing forums and that it should seek to enable broad representation both thematically and geographically.

6.34 The majority of opinion indicated that a collective voice should be housed in an existing infrastructure organisation and that the key resources it would require are: dedicated staff; support from an existing infrastructure organisation and management costs for the host organisation.

6.35 The Phase 4 questionnaire confirmed that the majority opinion is that funding for a collective voice should be sought from a mix of independent trusts and foundations and the statutory sector.

SECTION 7

PHASE 5 - NEW BEGINNINGS

7.1 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.

7.2 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

7.3 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.

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

Recommendation Two

7.5 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.

7.6 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

7.7 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.

7.8 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.

7.9 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

7.10 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.

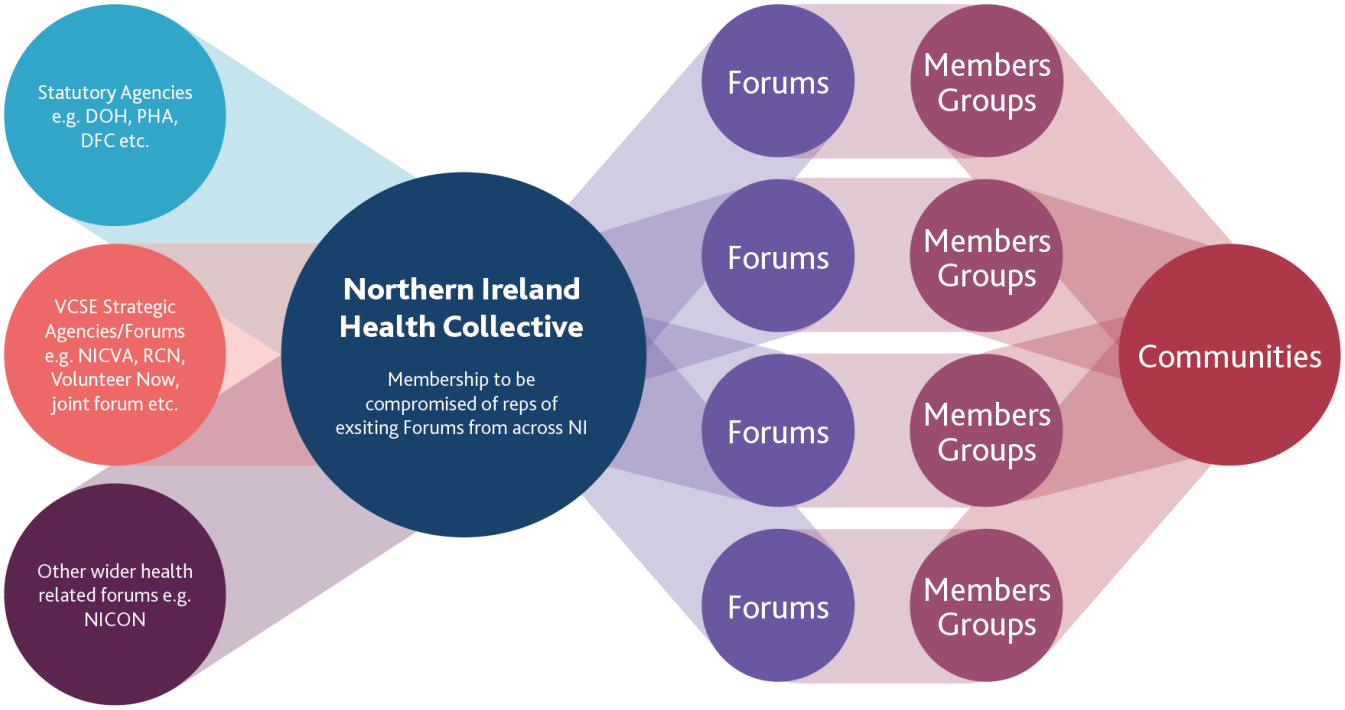
7.11 In response to the feedback and learning from the project, it is recommended that the new collective voice for VCSE health, social and community care organisations is established as a forum whose membership is comprised of representatives of existing forums. This would reduce the likelihood of duplication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

7.12 It is suggested that a potential name for this forum is: The Northern Ireland VCSE Health Forum.

7.13 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.

7.14 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:



Recommendation Five

7.15 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.

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

Recommendation Six

7.17 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.

7.18 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

7.19 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.

7.20 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

7.21 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.

7.22 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.

7.23 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

7.24 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

7.25 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.

APPENDIX ONE

Scoping Study Project Partners

CO3 – Chief Officers Third Sector

With a rich history spanning almost 40 years, CO3 was originally formed in 1985, by a group of chief officers who started meeting to share good practice, information and peer support, to help them be more effective leaders.
CO3 is a registered Charity and today, the organisation's 856 members are Chief Executives, Senior Managers, Chairs and Trustees leading third sector community and voluntary organisations and social enterprises across Northern Ireland.

We provide a range of leadership development programmes and connect and convene members and decision-makers together to learn from and share with one another through a range of forums, events, and networking opportunities. Complimenting and collaborating with other established networks, forums, and organisations, such as Northern Ireland Council for Voluntary Action (NICVA), Community Development and Health Network (CDHN), Healthy Living Centre Alliance (HLCA), Long Term Conditions Alliance NI, Volunteer Now & Rural Community Network (RCN), on key common issues and themes. CO3 represents the views of members at a policy level and is an influential thought leader.
The CO3 Health Special Interest Group was established in 2018 and is a leading coalition of health and social care charities and social enterprises with expertise in the care and support of people living with a wide spectrum of conditions, diseases, and disabilities. The member organisations work across the broad remit of health and social care connecting us with the experiences of people and communities in every part of Northern Ireland. Our role is to reflect the views of our members and influence policy that leads to better health and social care outcomes. Through the **CO3 Health Special Interest Group,** we provide an important and visible point of contact and vehicle for the Department of Health, its associated agencies, and government more broadly to engage the sector in strategic decision making, co-production, and continuous improvement within health and social care.

The Long-Term Conditions Alliance NI (LTCANI)

LTCANI is an umbrella body for voluntary and not for profit organisations that work with and for people with long term health conditions. Long-term conditions include a wide range of illnesses, health problems and life limiting conditions that can affect all aspects of people's lives. People with long term conditions need long term support in minimizing the impact of their conditions, managing symptoms and maximizing their independence and quality of life. They need timely and effective health and social care interventions. They need information and support in managing their conditions on an ongoing and daily basis. As an Alliance we are committed to working in partnership across sectors and with all government departments because 'Health is everyone's business'.

APPENDIX TWO

List of organisations that engaged with the Scoping Exercise Project

- There were 3 distinct opportunities for organisations to engage with the project throughout its duration:
  - The Baseline Questionnaire
  - Focussed Engagement Sessions
  - Phase 4 Questionnaire
- Some organisations engaged with the project and others engaged a number of times.
- In total 98 different VCSE organisations engaged with the Scoping Exercise Project.

Organisations that engaged with the Scoping Exercise Project
Action Cancer
Action for Children
Action Mental Health
Advantage
Advocacy VSV
Aghalee Village Hall
Aisling Centre
All about us - ASD teens
Alzheimer's Society
Angel Eyes NI
Arc Healthy Living
Arts Care
Ashton Community Trust
AWARE NI
Barnardo's NI
Belfast Healthy Cities
Bolster community
Brain Injury Matters
British Heart Foundation Northern Ireland
British Red Cross
CAN - Compass Advocacy Network
Cancer Focus Northern Ireland
Caring Breaks
Carrickfergus Community Forum
Cause
Cedar Foundation
Centre for Effective Services
Centre for Independent Living NI
Charis Cancer Care

Children's Heartbeat Trust
Children's Law Centre
CILNI
CLARE-CIC
Community Organisations of South Tyrone & Areas Ltd (COSTA)
Connect Fermanagh
Creative Local Action, Responses and Engagement (CLARE)
Cruse bereavement support
Dementia NI
DePaul Northern Ireland
Developing Healthy Communities
Diabetes UK Northern Ireland
Disability Action
East Belfast Community Development Agency
Epilepsy Action Northern Ireland
Erne East Community Partnership/ Oak Healthy Living Centre
Family Care Adoption Services
Family Mediation NI
Former senior manager with responsibility for Physical & Sensory Disability in Belfast HSC Trust
Forthspring Inter Community Group
Fresh Minds Education
Harper Adams in Ireland
HDANI
Health Special Interest Group, CO3
Home Start Newry & Mourne
Homestart
Inspire Wellbeing
Links Counselling Service
Listening Ear
MACS
Marie Curie
Mental Health Foundation
Mid and East Antrim Agewell Partnership
Mind Wise
MND Association
MS Society
Nexus
NI Union of Supported Employment
NIRDP - Northern Ireland Rare Disease Partnership
Oak Healthy Living
Omagh Healthy Living Network
Omagh Volunteer Centre

Orchardville
Parent Action
Parenting NI
Parkinsons UK
Positive Life
Rauiri Og CLG Cushendall
Relate Ni
Rural Action
Rural Support
Samaritans of Omagh
SHELTER
Social Enterprise NI
Stroke Association
SWELL Cancer Support
TAMHI
The Cedar Foundation
The Resurgam Trust
The Royal Osteoporosis Society
The Turnaround Project
Tullycarnet Community Support Services Ltd
Vasculitis Ireland Awareness
Versus Arthritis
Volunteer Now
Wellness Loft CIC
WISHING WELL FAMILY CENTRE
Women's Aid
YOUTH INITIATIVES NI

APPENDIX THREE

‘Other’ roles identified in the Baseline Questionnaire that are carried out by organisation in health, social and community care.

- The information below was provided by respondents under the category of ‘other’ to the question regarding the roles carried out by organisations in health and social care.
- The wording and terminology are that of the respondents.

We provide employment, training, upskilling and volunteer opportunities to local people.	Engaging other sectors in improving health and wellbeing and reducing hea inequalities.	Bringing expertise/knowledge directly from WHO Europe.
PPI, Service User Feedback etc.	Service delivery such as employment, training and living options.	Health prevention, early interventi and post-vention programmes in local communities
Participation in Working groups on Policy and on new Legislation	Commissioning	Research and evidence
Volunteer support and funding opportunities	We receive no statutory funding but w with policy makers and HSC staff to improve service provision and delivery	Volunteer-led peer support in managing long-term health conditions PPI, stakeholder engagement
We also support as secretariat the Al in Rare Diseases and we also suppo the work of the Northern Ireland Rare Disease Implementation Group, especially around community voice a engagement work	We deliver services that reduce demar on clinical services specifically at prima care level & support people to access support they need from a range of statutory services including health.	Responding to consultation processes Involvement in PPI group looking at suitable Electroni care system which would meet the needs of health system in NI. Current patient representation in delivery of ENCOMPASS.
Respond to government consultatior to help shape future services and strategies	Freephone listening service for all to reduce the number of deaths by suicid	Amplify the voice of lived experien & support coproduction of service and strategies.
Engage with & reach communities th statutory services cannot.	Design innovative and cost-effective n services that help to address common health challenges such as mental heal	Leading provider of counselling services, tailored to the needs of people affected by MS, in Norther Ireland.

Fund clinical research to inform serv developments & undertake our own research and patient engagement to provide evidence & insight on health related issues for example, our 2019 Struggling to Recover research is be used by the Department of Health as blueprint for improving post-acute support.	Involved in health and social care foru and networks, such as the regional Stroke Network which provides strateg direction & leadership to improve strok services in Northern Ireland, and chair certain groups such as the Long-Term Support Group which aims to optimise patient outcomes via the commissionir and continuous improvement of post-acute services	Connect and convene stakeholde to share learning and best practic for quality improvement purposes.
Act as advocates for local communities, lobbying on their behal also supporting them to campaign ar lobby stakeholders such as the NI Assembly and Department of Health	Deliver support services directly to people affected by stroke, ensuring people do not feel abandoned when th leave hospital and helping to ease pressure on statutory services.	

APPENDIX FOUR

List of funding sources identified by organisations through Baseline Survey

- This list is designed to provide a snapshot of the vast range of funding sources identified by VCSE respondents to the Baseline Questionnaire.
- It is not and is ***not intended*** to be seen as a definitive list of funding sources Northern Ireland.
- The funding sources listed in this appendix have been gathered from feedback the responses to the Baseline Questionnaire.
- The funding sources identified are reflective of the knowledge and experience of the individuals completing the Baseline Questionnaire.
- Every effort has been made regarding the accurate recording of the names of but as information is based on participant feedback there may be inaccuracies.

List of funding sources identified by organisations through Baseline Questionnaire
Antrim and Newtownabbey Council
Arts Council
Asda Foundation
Belfast City Council
Benefactor Grants
Causeway Coast and Glens GP Federation
Children in Need
Commissioned services
Community Foundation Northern Ireland
Department for Communities
Department for Levelling Up, Housing and Communities (DLUHC)
Department of Health

Department of Justice
Donations
Early Years
Education Authority
Fundraising
Halifax Grants
Health Trusts - BHSCT, WHSCT, SHSCT, NHSCT, SEHSCT
Kings Fund
Macmillan
National Lottery Community Fund (NLCF) - various
Public Health Agency (PHA)
Special EU's Programme Body (SEUPB)
Strategic Planning and Performance Group (SPPG)
Ulster Garden Villages

APPENDIX FIVE

Summary of 'other' responses received to Baseline Questionnaire regarding question: *What issues are currently facing your organisation that are having an impact on your sustainability?*

- The information below was provided by respondents under the category of 'other' to the question regarding sustainability issues for organisations in health and social care.
- The wording and terminology are that of the respondents.

Financial pressures and potential funding efficiencies 24/25	Expected to do more for less	Staff retention
The community sector cannot compete wi others in term of pension contributions, salaries and year on year contracts etc.	Staff morale - heavy workloads placir pressure on staff	Appropriate skilled staff is a huge issue currently.
Buy in from groups. Certain amount of apathy at grassroots level yet there is a w documented need.	% of Management Fees is unrealistic cover staffing and operational costs during a time of economic crisis.	Competitive tendering arrangeme that ignore local delivery track record and rather than supporting existing services favour the lowes tender. This can undermine neighbourhood initiatives already struggling and the appointed part may struggle to deliver.
Funding does not include development which is the most expensive part of our of	Reliant about 90% on grants which obviously need to be replaced in a space which is increasingly competiti with seemingly less and less resourc	Our counselling service is delivere by volunteers. It is vulnerable as w are dependent on the continuing goodwill of people giving time voluntarily to sustain a service.
Reduction in public fundraising	Commissioning and partnering to deliver services.	Lengthy approval processes to recoup monies
Contracts are outdated. Do not cover full cost recovery.	Lack of volunteers. Recruitment and retention of volunteers is an issue.	Cuts to core funding
Continuation of temporary contracts pendi service redesign which is paused or processing slowly.	No commitment or strategy or policy pathways to embed successful programmes in CVS into funded pathways	Lack of parity across sectors for s with same role and function - pay and T&C
Challenge of MDT duplication within CVS	Statutory services using us for delive without paying us for the work.	With small scale, short term fundi it is a real challenge to scale up a

	expand our provision to meet the challenge of these numbers who require direct and immediate help/support/signposting and assistance and also the kind of equitable support that is their right

APPENDIX SIX

Snapshot of policy context for VCSE sector as of January 2024.

- This list is designed to provide a snapshot of the vast range of policies and strategies which contribute to the context in which VCSE health, social and community health organisations operate.
- It is not and is ***not intended*** to be seen as a definitive list of polices and strategies in Northern Ireland.
- The policies and strategies listed in this appendix have been gathered from desk research during the lifetime of the project.
- Every effort has been made regarding the accurate recording of information of but given the breath of information some inaccuracies may remain.

Strategy	Date	Aim / Objectives
Programme for Government (PfG) - ICS NI draft framework	2021	The draft Programme for Government is based on a shared and strategic vision for the future which aims to improve wellbeing for all. The Department of Health has lead responsibility for delivering against the outcome that we all enjoy long, active, healthy lives. The proposed draft Programme for Government Framework presents a picture of the kind of society the NI Executive want to see https://www.niassembly.gov.uk/globalassets/documents/committees/2017-2022/health/primary-legislation/hsc-bill/departmental-correspondence/6-28-may-2021-doh-paper-on-the-ni-future-planning-model.pdf .
HSC Northern Ireland - Digital Strategy 2022-2030	2022	Making lives better for the people of Northern Ireland, using digital to transform the way we deliver health, care and wellbeing services.
Mental Health Strategy 2021-2031	2021	Our vision for Northern Ireland is a society which promotes emotional wellbeing and positive mental health for everyone with a lifespan approach, which supports recovery, and seeks to reduce stigma and mental health inequalities.
New Decade New Approach	2020	"The parties have agreed on a way forward for a restored Executive to begin the urgent task of strengthening public services and to tackle immediate challenges in key areas such as growing the economy, health, education and housing. A restored Executive brings with it urgently needed local political oversight and decision-making. The Executive will bring positive changes in areas that impact greatly on people's lives such as the economy, overcrowded hospitals, struggling schools, housing stress, welfare concerns and mental health. There will be a multi-year Programme for Government, underpinned by a multi-year budget and legislative programme."

Health and Wellbeing 2026 - Delivering Together	2016	The focus is on enabling people to stay well for longer. Where care or support is needed it will be wherever possible provided in the community setting. If specialist interventions are required these will be of high quality and delivered in a safe and timely way.
Making Life Better - a whole system framewo for public health (2013-23)	2014	"Through strengthened co-ordination and partnership working in a whole system approach, the framework will seek to create the conditions for individuals and communities to take control of their own lives and move towards a vision for Northern Ireland where All people are enabled and supported in achieving their full health and wellbeing potential. The aims are to achieve better health and wellbeing for everyone and reduce inequalities in health."
Family Matters - DHSSI	2009	"This strategy, in conjunction with Care Matters NI, provides an integrated approach to ensure that needs based support is provided to all children and families, and that through investment in early intervention and prevention there will be a positive impact on families and a reduction in need for higher levels of support. Being healthy – enjoying good physical and mental health and living a healthy lifestyle free of alcohol and drug abuse, with access to the services to maintain such a lifestyle. Families should be able to develop the confidence and capabilities to love and protect their family members"
Rural Needs Act (Northern Ireland)	2016	The Department of Agriculture, Environment and Rural Affairs (DAERA) has produced guidance for public authorities on the Act “A Guide to the Rural Needs Act (NI) for Public Authorities (Revised)” (‘the guidance’) to assist public authorities in understanding their statutory duties under the Act and in fulfilling their statutory obligations. The guidance states that “the purpose of the Act is to ensure that public authorities have due regard to the social and economic needs of people in rural areas when carrying out certain activities and to provide a mechanism for ensuring greater transparency in relation to how public authorities consider rural needs when undertaking these activities” It also states that “the Act was introduced to ensure that consideration of the needs of people in rural areas become more firmly embedded within public authorities. The Act seeks to help deliver fairer and more equitable treatment for people in rural areas by requiring public authorities to have due regard to rural needs when developing, adopting, implementing and revising policies, strategies

		and plans and when designing and delivering public services."https://www.daera-ni.gov.uk/topics/rural-needs/rural-needs-advice-guidance-information
Rural Needs Toolkit for Health and Social Care	2022	The Toolkit seeks to help those in the health and social care sectors to address the needs of their rural populations when they develop strategies, initiatives and service delivery plans.
A report on the review consider the most effective mechanism/structure b which the community and voluntary (C&V) sector can come togetl to use its collective experience, knowledge skills, and background to shape the implementation of the Mental Health Strategy and the development o mental health services.	March 2023	Department Health A key recommendation is that a resource should be funded on a multi-year funding basis, to support a C&V voice to be established. The C&V voice would be a mechanism/structure by which the C&V sector can come together to use its collective experience, knowledge, skills and backgrounds to shape the implementation of the Mental Health Strategy and the development of mental health services.
Support For Communit and Voluntary Sector Engagement In ICS NI	June 20	The report is the result of engagement with the Community and Voluntary Sector (C&V sector), that was conducted by an independent facilitator over a 3 month period from April to June 2023. The purpose of the engagement was to build an understanding of the C&V sector opinion on a number of key questions regarding the involvement and support of the C&V sector in the Integrated Care System (ICS).
Integrating health and social care - A comparison of policy a progress across the fo countries of the UK	Dec 2021	The Nuffield Trust This comparative study analyses how the four home countries are progressing with implementing integrated care in their respective areas. It provides a valuable insight into the challenges surrounding its implementation across varying existing health and social care infrastructures in the four countries https://www.nuffieldtrust.org.uk/sites/default/files/2021-12/integrated-care-web.pdf
Concordat between the voluntary and commun sector and the NI government	Sept 2011	The Northern Ireland Concordat sets out the shared vision of government and the voluntary and community sector. It is an agreement how sectors will work together as social partners to build a participative, peaceful,

	equitable and inclusive community in Northern Ireland. It is currently under review. https://www.communities-ni.gov.uk/publications/concordat-between-voluntary-and-community-sector-and-ni-government

APPENDIX SEVEN

Snapshot of health related forums identified through Engagement focus group

- This list is designed to provide a snapshot of the vast range of existing health related forums/networks in Northern Ireland.
- It is not and is ***not intended*** to be seen as a definitive list of the existing health related forums/networks in Northern Ireland.
- The existing forums/networks listed in this appendix have been gathered from feedback the engagement sessions.
- The forums/networks identified are reflective of the knowledge and understanding of the individuals attending the engagement sessions.
- Every effort has been made regarding the accurate recording of the names of existing networks/ forums but as information is based on participant feedback there may be inaccuracies.

Health Related Forums/Networks Identified by Participants in Scoping Study Project Engagement Sessions
ABI Working group – Brain injury
Age friendly networks across NI
Age NI
All Party Groups; Children and young people; older people; mental health and suicide
ARC
BDACT
Befriending Network
Belfast City Council VCSE panel on health
Belfast community of interest mental health and suicide prevention
Belfast Trust
Better Day Chronic Pain Forum
BHSCT Disability Steering Group

Bogside/Brandywell Health Forum
Cancer Charities Alliance – new 2023
Cancer Focus
CDHN
Chamber of Commerce
Children and Young Peoples' Strategic Partnership
Children's Health Forum
Co3
CO3 SIG Health
COI Health Forum
Community Advice Fermanagh
Community Development Health Network
Community Food Initiative All Ireland Network
Community of interest South-Eastern suicide prevention and mental health
Community Planning
Council for Homeless
CPG on dementia
Creative Health Network
Children Young People Strategic Partnership
Dads Direct
DAT – Drug and Alcohol team
Derry Healthy Cities

Derry Well
Diabetes Network
Disability Employment Network
DOH Cancer Programme Board
DOH regional Disability Forum
4 x Belfast Health Forums
Early intervention Lisburn
East Belfast Drugs and Alcohol Forum
European Gynae Advocacy Group
Falls Prevention Forum
Fermanagh Community Transport
Fermanagh Trust
FODC- Disability Advisory Board
Frailty Network
Health Creation Alliance
Healthy Living Centre Alliance
HLC Mental Health Working Group
HLCA Pain Co-ordinator Better Lives
HSSC – Homeless network
Impact UK
Irish Society Gynae Oncology Advocacy Group
Joint Forum

Local Adult Safeguarding Partnerships
Locality Planning
Loneliness Forum/Network
Long Term Conditions Alliance NI
Macmillan Cancer Experience Panel Advocacy
Maternal Mental Health Alliance
Maternity Liaison Committees
Mental Health Collective
Mental Health Policy Group
Neighbourhood Health Improvement Project (NHIP)
Neighbourhood Health Renewal Group
Network Youth – Youth Action
NI Mental Health Forum
NI Union for Supported Employment
Northern Ireland Alcohol Drug Addiction
NIAPN
NICVA
NIRWN
Non-Communicable Disease Coalition
Obesity Health Alliance
Patient Client Council
Public Health Agency

Policing and Community Safety Partnership
Protect Life Implementation Group
Rural Community Network
Safeguarding Board
SCCF
SDG
Social Enterprise Forums
Strabane Health Improvement Project
Strengthening Communities for Health Steering Group
Suicide Task Force
SWAP – South-West Age Partnership
The Fermanagh Hub
Volunteer Managers in Health and Social Care (Convened by Volunteer Now)
Western Domestic Violence Partnership
WHO Healthy Cities Leadership Group
WHSCT – Falls Prevention Steering Group
Women's Aid Forum
World Health Org Gynae Advocacy

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