

A YEAR IN REVIEW



Department of
Health



**Dormant
Assets NI**

Delivered by

**THE NATIONAL LOTTERY
COMMUNITY FUND**

Valerie McConville

Chief Executive, CO3



Agenda

Welcome Remarks

Valerie McConville, Chief Executive, CO3

Mark Larmour CBE, Strategic Partnerships Advisor,
Hillsborough Castle & Gardens

Opening Address

Department of Health

NI Health Collective: A Year in Review

Gillian Lewis, Head of NI Health Collective

2025 Health & Community Sector Survey Findings

Brendan Mulgrew, Managing Partner, MW Advocate

People as Partners: Developing a Unique Approach for
Northern Ireland

Meadhbha Monaghan, CEO, Patient and Client Council

Panel Members:

- Dr Siobhan McEntee, NICON NI Primary Care Network Lead
- Siobhan Casey, NI Commissioner for Older People
- Gillian Lewis, Head of NI Health Collective

Session Close

Richard Spratt, NIHC Advisory Panel Member

Agenda

Welcome Remarks

Valerie McConville, Chief Executive, CO3

Opening Address

Mark Larmour CBE, Strategic Partnerships Advisor,
Hillsborough Castle & Gardens

NI Health Collective: A Year in Review

Department of Health

2025 Health & Community Sector Survey Findings

Gillian Lewis, Head of NI Health Collective

People as Partners: Developing a Unique Approach for
Northern Ireland

Brendan Mulgrew, Managing Partner, MW Advocate

Meadhbha Monaghan, CEO, Patient and Client Council

Panel Members:

- Dr Siobhan McEntee, NICON NI Primary Care Network Lead
- Gillian Lewis, Head of NI Health Collective

Session Close

Richard Spratt, NIHC Advisory Panel Member

NIHC: A YEAR IN REVIEW EVALUATION FORM





**Northern Ireland
Health Collective**
powered by **co³**



Northern Ireland Health Collective



Mark Larmour, CBE

Strategic Partnership Advisor
Hillsborough Castle and Gardens



Mike Nesbitt MLA

Minister of Health



Department of
Health



**Dormant
Assets NI**

Delivered by
**THE NATIONAL LOTTERY
COMMUNITY FUND**

Gillian Lewis

Head of the NI Health Collective



VISION & MISSION

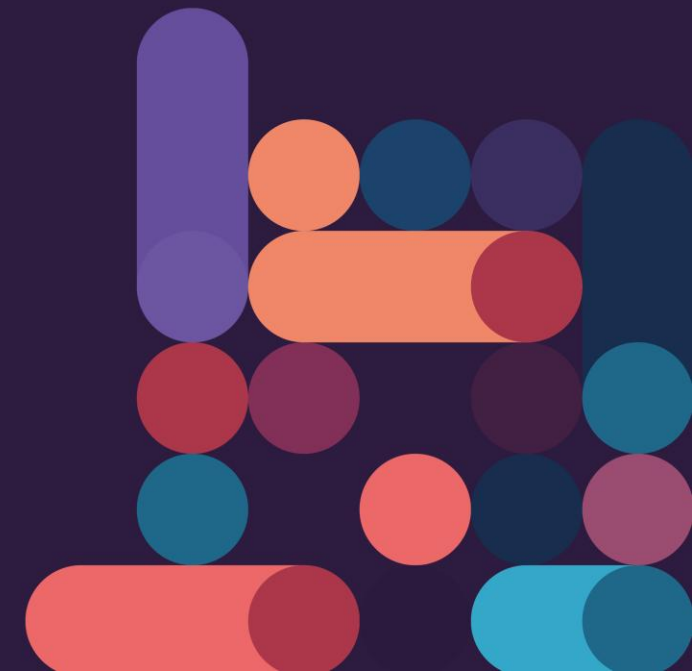


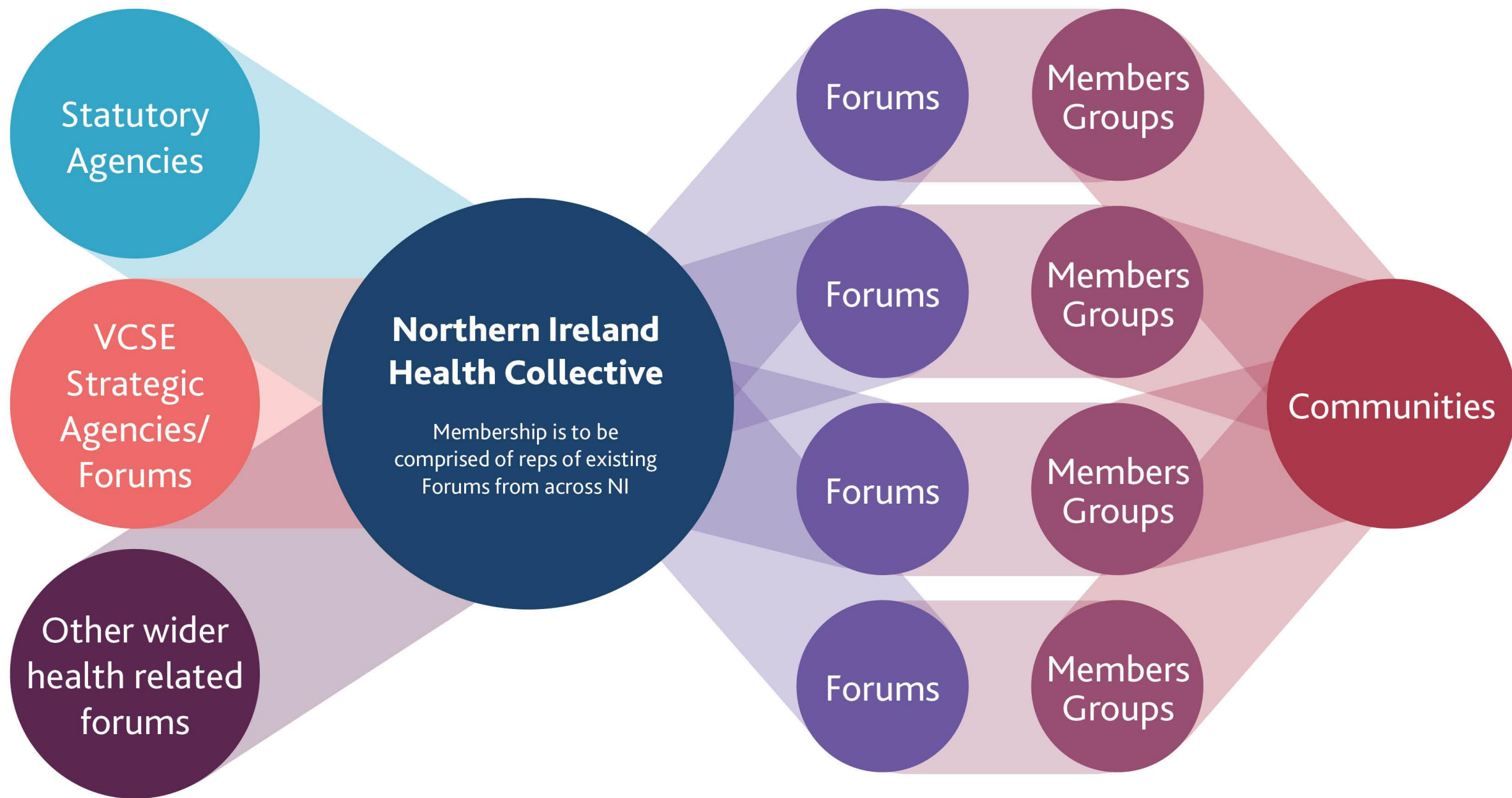
VISION

A society collaboratively working for the positive transformation of health outcomes in Northern Ireland.

MISSION

We will achieve our vision by being a thought leader and a conduit for transformation of health outcomes in Northern Ireland through improved collaboration both between VCSE Health and Social Care organisations and with Government agencies.









Northern Ireland Health Collective

powered by **co³**

Membership is comprised of reps of existing forums from across Northern Ireland





Delivered by
**THE NATIONAL LOTTERY
COMMUNITY FUND**



Department of
Health
An Roinn Sláinte
Mánnystrie O Poustle
www.health-ni.gov.uk

NIHC PRIORITIES: **ADVOCACY**

- Advocate for equitable strategic engagement of VCSE as integrated approach to population health & reducing health inequalities
- Advocate for NI approach to social prescribing
- *Advocate for NI approach to outcome-based contracting/outcomes-based partnerships*
- Advocate for Public Health legislative change as prioritised by members
For example, minimum pricing on alcohol

NIHC PRIORITIES: HSCNI POLICY & PROGRAMMES

- Support the development of the Neighbourhood Model of Care for VCSE
- Support the development of Area Integrated Programme Board (AIPBs)
- People as Partners – raise awareness and endorsement of this policy
- Connect with 'This is our Health'
- Horizon scan for in year opportunities to advocate for the sector with new developments
- Test outcomes-based approach to partnership delivery.

NIHC PRIORITIES: **RESEARCH**

- Social value of VCSE Sector delivery & inform development of a template for future use
- Establish a Learning Partner to assess process and impact of NIHC

NIHC PRIORITIES: **EDUCATION & LEARNING**

- Raise awareness of alternative funding models including support for social enterprise, social value, social finance, social impact financing
- Moral Injury, Community Resilience skills within context of trauma informed practice



When We Can Never Do Enough:

Moral Injury and the Third Sector

18 March 2026, 12:30PM - 1:30 PM

Moral Injury First Aid Kit:

Preventing and Managing Moral Injury in the Third Sector

14 April 2026, 12:30PM - 1:30 PM

Visit www.nihealthcollective.org.uk/events to know more





Chief Officers 3rd Sector

The CO3 Leadership
AWARDS 2026

A Fundraising Event



FRIDAY, 27TH MARCH 2026 | 1PM - 5PM | THE EUROPA HOTEL

visit <https://co3.org.uk/awards2026/> to nominate

Nominations are open to everyone



Advisory Panel



Richard Spratt

Chief Executive of Cancer
Focus NI & Chair of the
Northern Ireland Cancer
Charities Coalition



Sara Graham

Head of NI at Versus
Arthritis & Chair of Long
Term Conditions Alliance
NI



Martina Moore

Director, Department of
Health



Kerry Anthony, MBE

Chief Executive, Inspire



Valerie McConville

Chief Executive, CO3



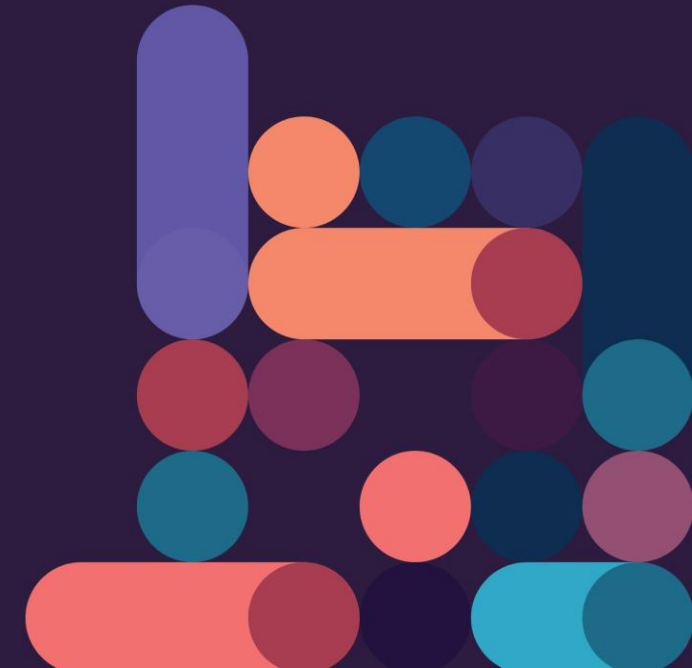
Bernie Kelly

Chair, Health Special
Interest Group



Charlene Brooks

Chief Executive, Belfast
Healthy Cities





**Northern Ireland
Health Collective**
powered by **co³**



Northern Ireland Health Collective



Brendan Mulgrew

Managing Partner,
MW Advocate





HEALTH & COMMUNITY SECTOR SURVEY 2026

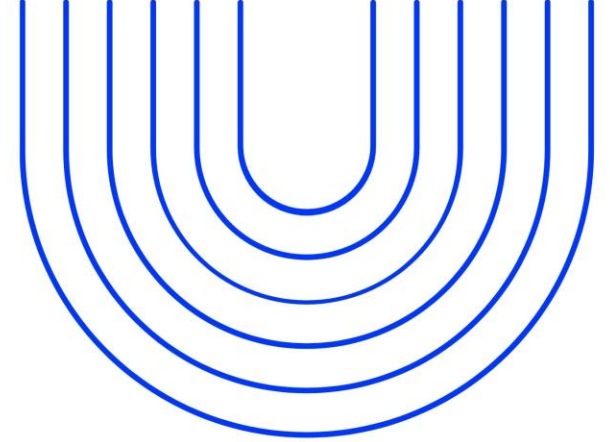
How is the NI Executive & Assembly impacting the Health & Community Sectors?



ABOUT MW ADVOCATE

A communications and research consultancy working with public, private and third sector clients including FTSE 100 companies, leading social economy and charity organisations, landmark tourism and arts venues and major infrastructure developers and energy suppliers.

RESEARCH
COMMUNICATIONS
EVENTS
DIGITAL MARKETING



OUR SURVEY

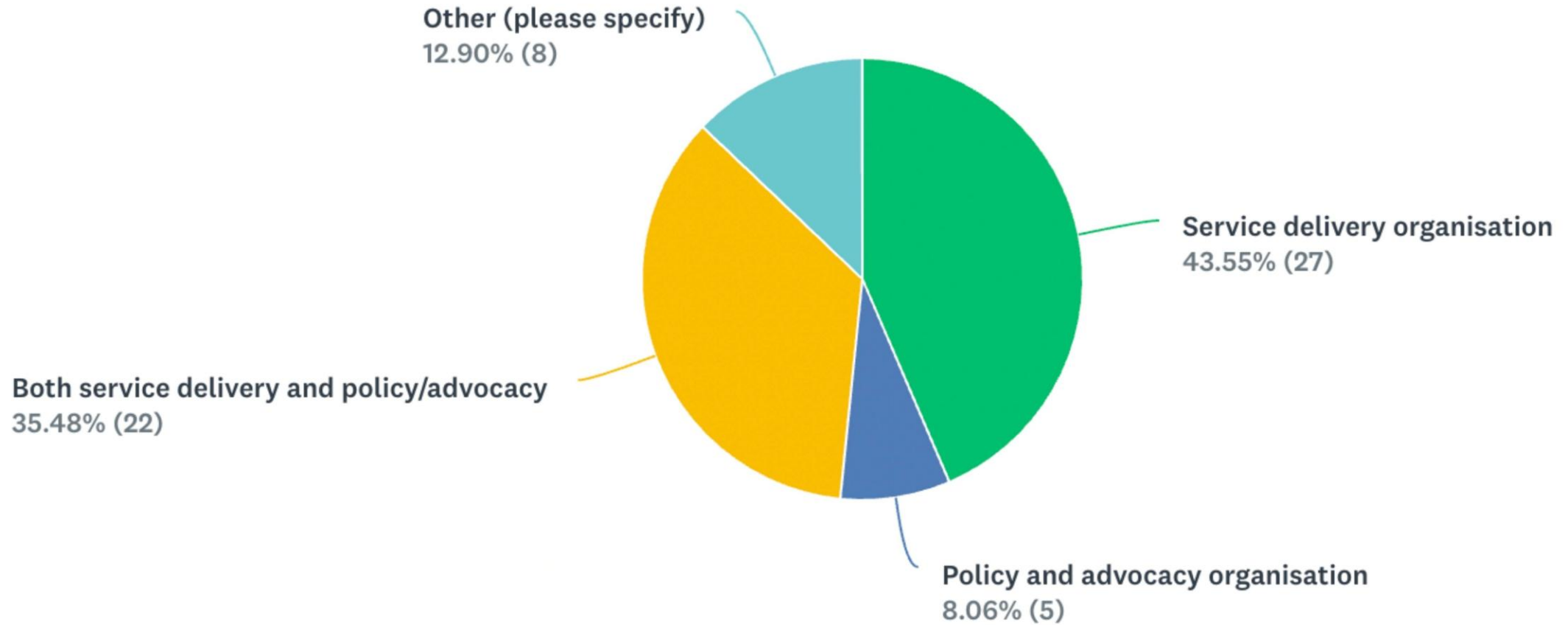
Second year of this survey

Two years of the restored NI Executive &
Assembly

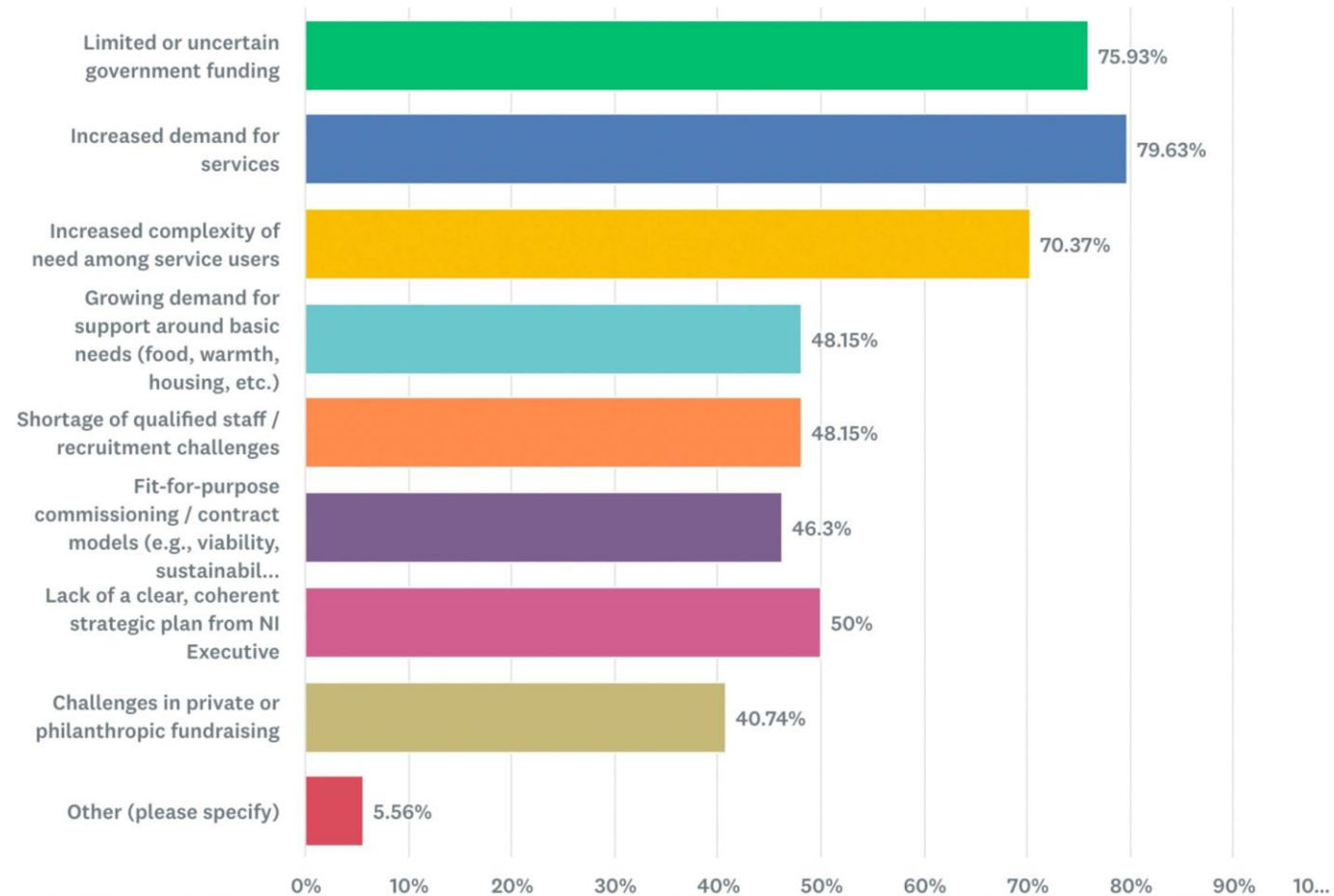
How is the sector interacting with Government?

What is the impact on delivery for the health &
community sectors?

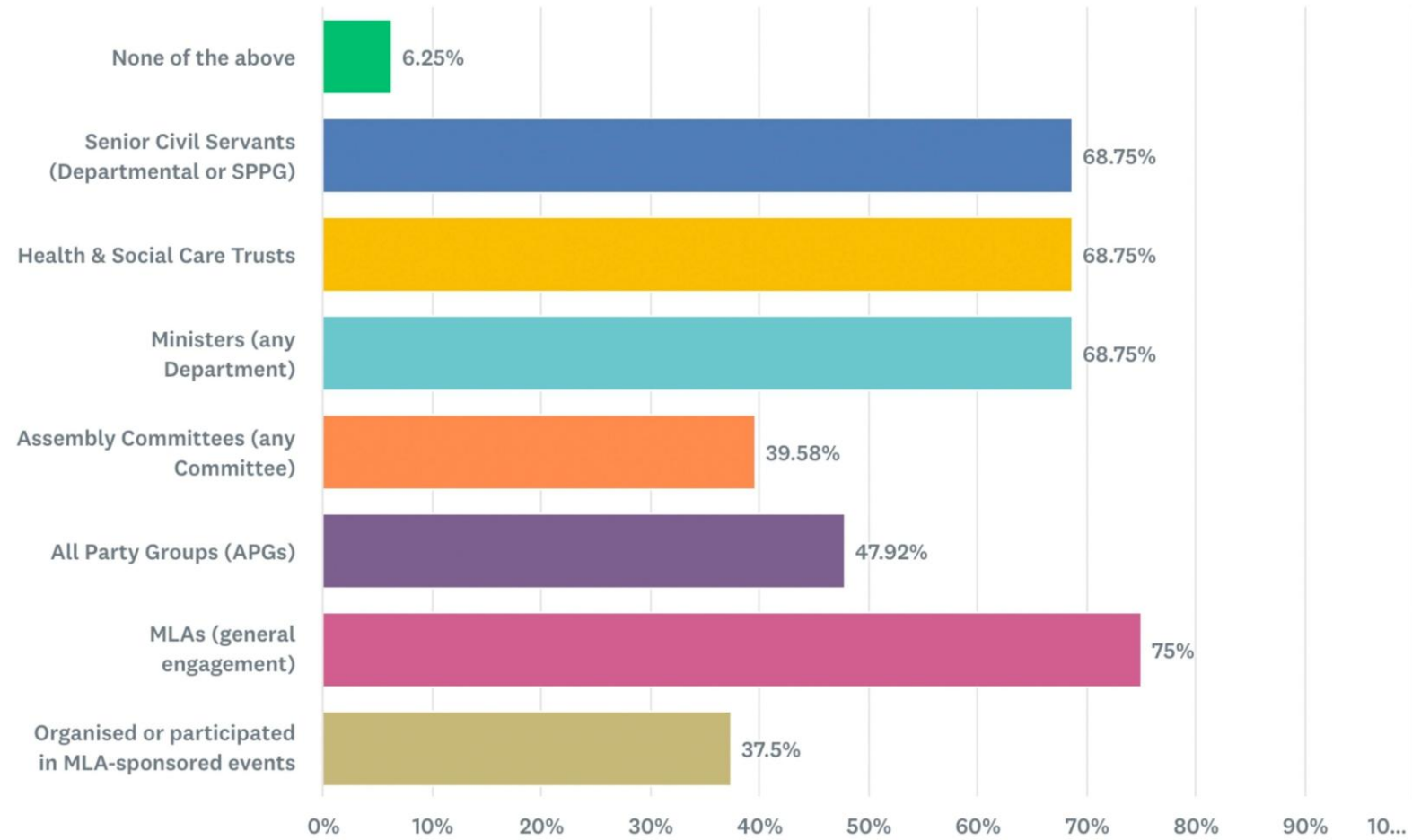
WHICH OF THESE BEST DESCRIBE YOUR ORGANISATION?



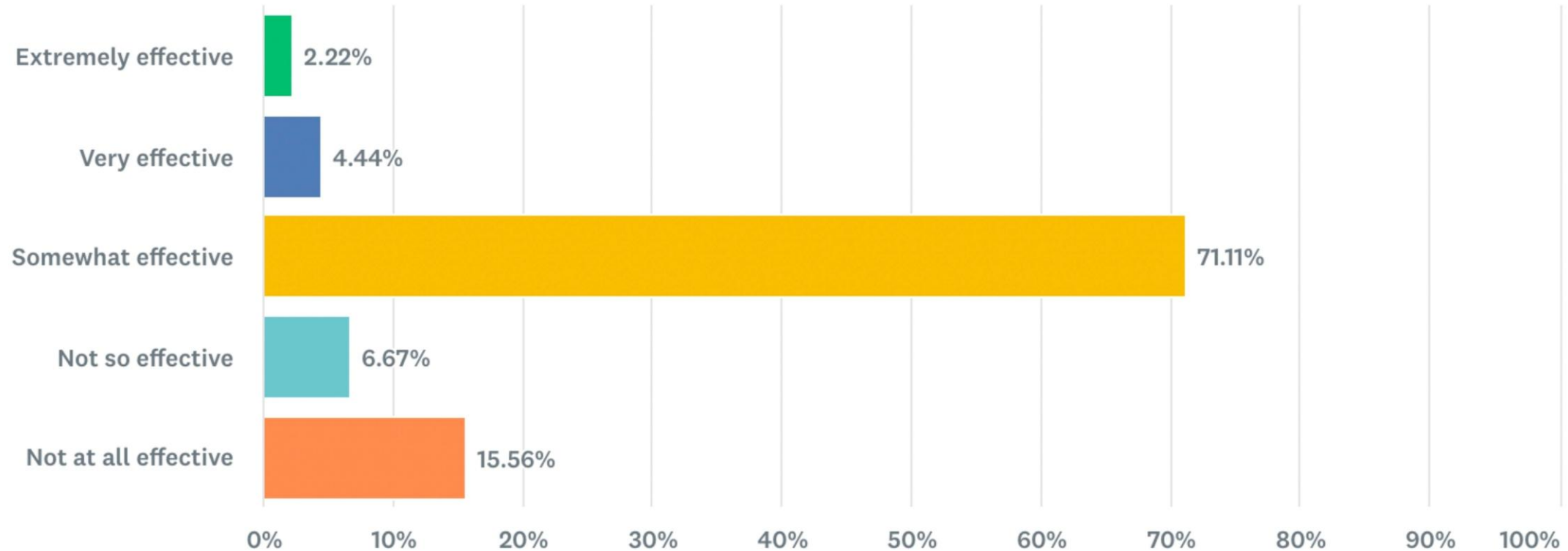
WHAT ARE THE PRIMARY CHALLENGES YOUR ORGANISATION FACES



HAS YOUR ORGANISATION HAD DIRECT ENGAGEMENT WITH ANY OF THE FOLLOWING?

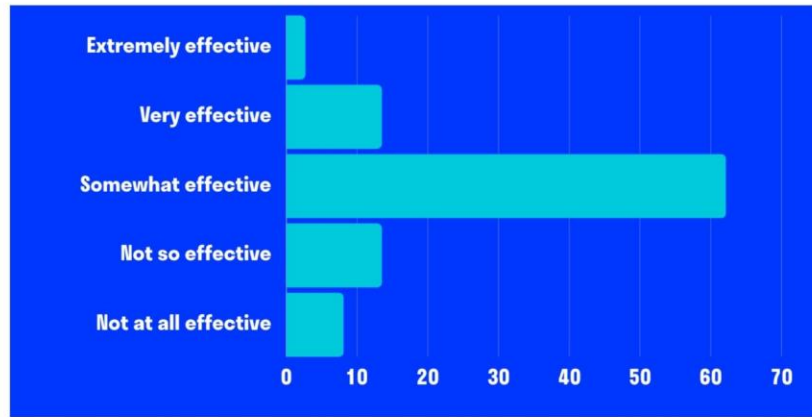


HOW WOULD YOU DESCRIBE THE EFFECTIVENESS OF THAT ENGAGEMENT?

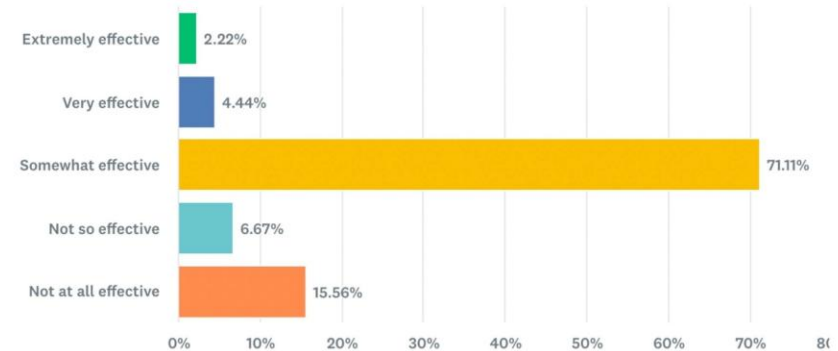


EFFECTIVENESS OF ENGAGEMENT SINCE LAST YEAR

LARGELY SIMILAR – BUT INCREASE IN ‘NOT AT ALL EFFECTIVE’



END OF 2024



END OF 2025



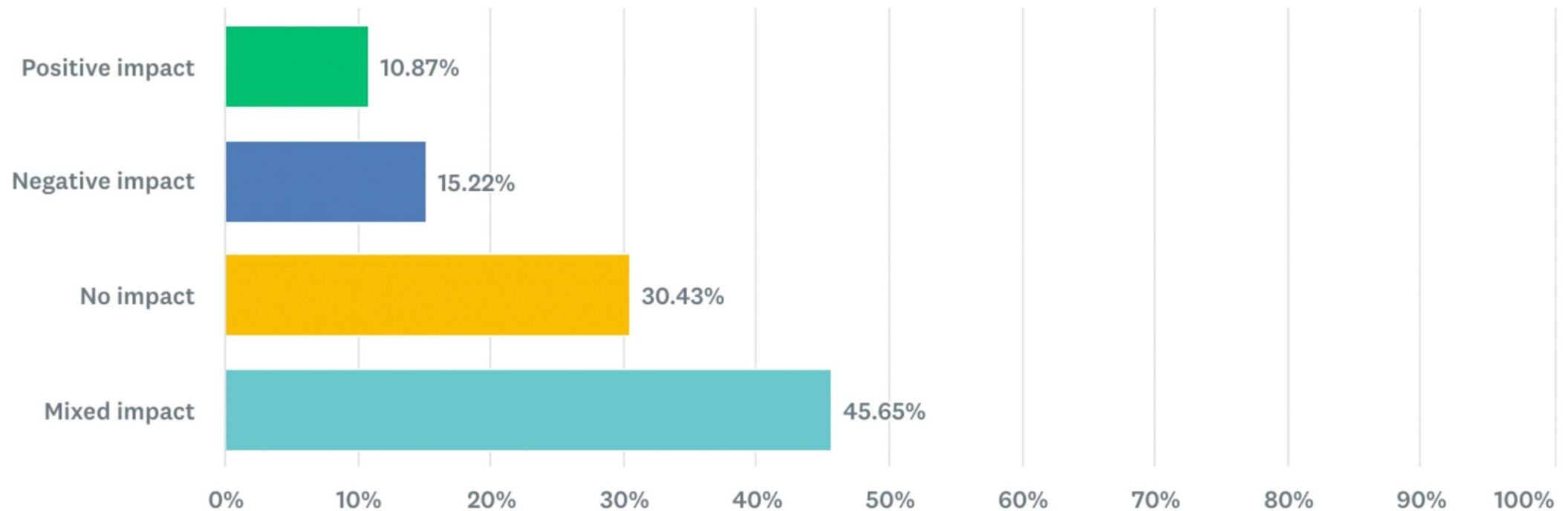
WHAT THEY SAID:

“MAKES THE CONNECTIONS, RAISES AWARENESS BUT RARELY TRANSLATES IN ANY MEANINGFUL ACTION”

“THEY AGREE WITH US BUT NO MONEY AND NO ONE ACCOUNTABLE”



OVER THE PAST 12 MONTHS, HOW HAS THE NI EXECUTIVE AND ITS DEPARTMENTS AFFECTED YOUR ORGANISATION'S WORK?



WHAT THEY SAID:

“GOOD ENGAGEMENT AND COMMITTMENT FROM THE EXECUTIVE BUT FRUSTRATION IN DECISIONS AND ACTIONS BEING TAKEN FORWARD”

“IT IS COMMON TO HAVE A MIXED IMPACT WITH A DISCONNECT BETWEEN NI EXECUTIVE AND DEPARTMENTS. THERE IS NO COHERENT THINKING OR MEANINGFUL COLLABORATION, WITH PARTY POLITICS AND SILOS MAJORING.”



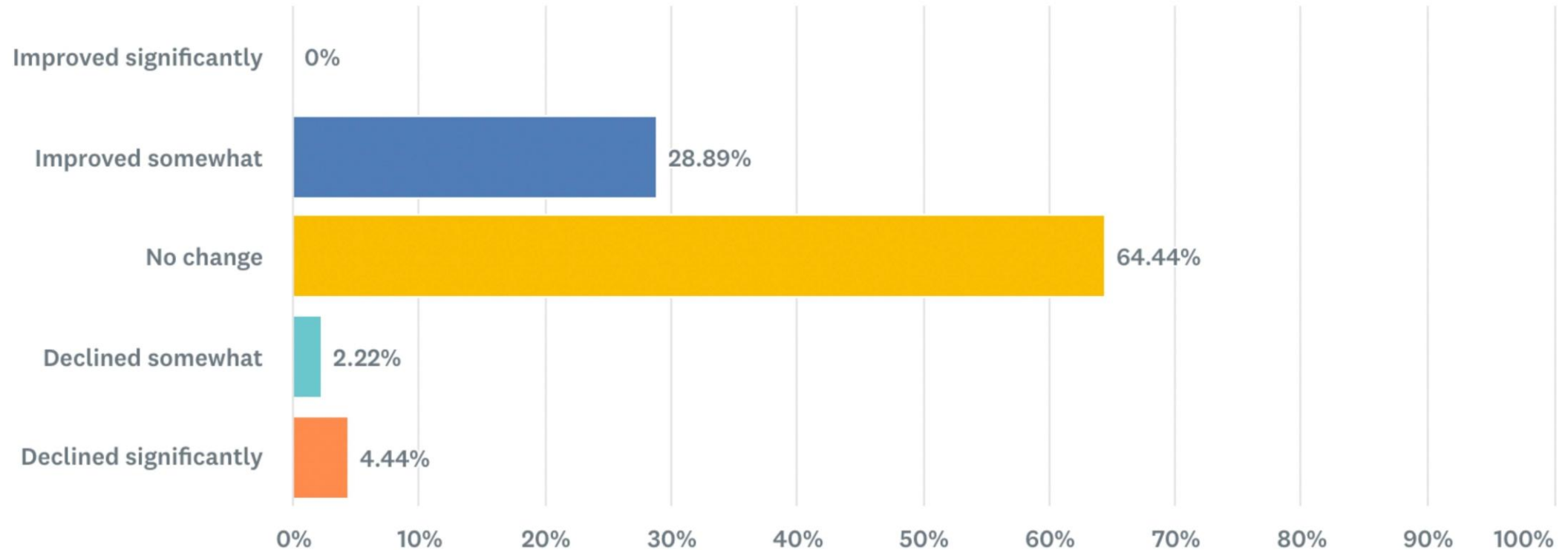
WHAT THEY SAID:

“INCONSISTENT APPROACH OF THE 5 TRUSTS. UNFORTUNATE APPLICATION OF NOT FIT FOR PURPOSE REGULATIONS BY RQIA.”

*“STRATEGIES/FRAMEWORKS ARE PUBLISHED WITH NO CLARITY ON HOW THEY OVERLAP OR DUPLICATE PREVIOUS INITIATIVES.
NO OUTCOMES/TARGETS. VAGUE.”*



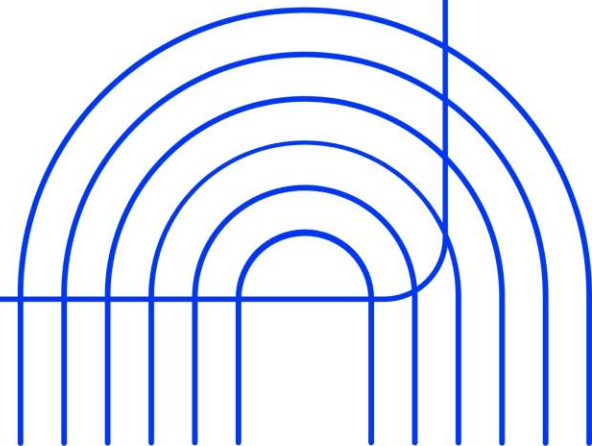
HOW HAS THE RESTORATION OF THE NI EXECUTIVE AFFECTED YOUR ORGANISATION'S ABILITY TO DELIVER SERVICES?



WHAT THEY SAID:

“THE RESTORATION OF THE NI EXECUTIVE IS VERY WELCOME, HOWEVER THERE IS TOO MUCH SQUABBLING ABOUT PARTY POLITICAL AND SECTARIAN ISSUES AND NOT ENOUGH COLLECTIVE EFFORT TO SORT OUT THE MESS IN BOTH HEALTH AND EDUCATION.”

“A LACK OF A COHERENT PLAN THAT IS LINKED TO THE AVAILABLE FUNDING, THE PLANS ARE FULL OF DESIRES INSTEAD OF BEING FOCUSED TO DELIVER THE BEST WE CAN WITH THE RESOURCES AVAILABLE.”

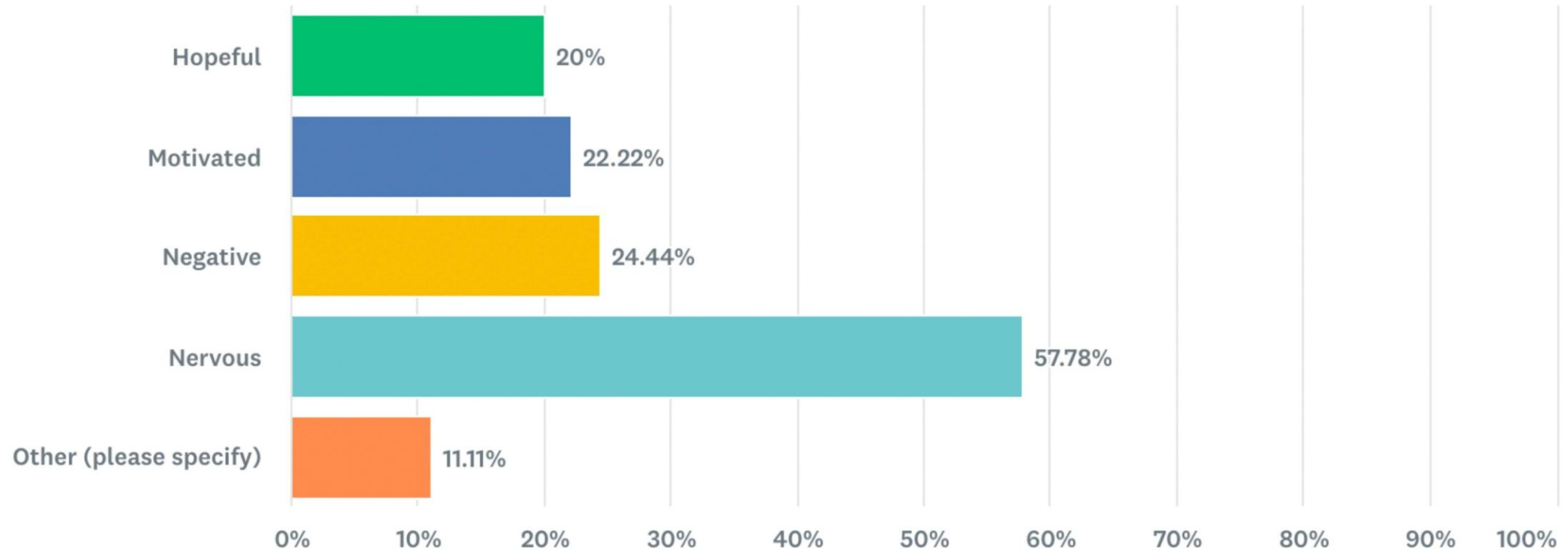


WHAT THEY SAID:

“CUTS TO CONTRACTS FROM DEPARTMENTS SAVING MONEY TO ADDRESS THE DEFICIT HAS LED TO A CUT IN SERVICES AND PEOPLE SUPPORTED. CONTINUATION OF SYSTEMS WHEN BOTH DEPARTMENT AND PROVIDER KNOW AREN'T WORKING BUT LACK THE WILLINGNESS TO MAKE NECESSARY CHANGES.”

“NO FUNDING FOR WHAT WE DO; CHALLENGES IN PRIMARY AND SECONDARY CARE MEAN MORE PEOPLE ARE COMING TO US FOR SUPPORT, OFTEN AT A LATER STAGE IN THEIR CANCER DIAGNOSIS – ALL OF WHICH ADDS GREATLY TO THE BURDEN OF DEMAND.”

LOOKING AHEAD TO 2026 AND BEYOND, HOW WOULD YOU DESCRIBE YOUR OUTLOOK FOR THE COMMUNITY AND VOLUNTARY HEALTH SECTOR?



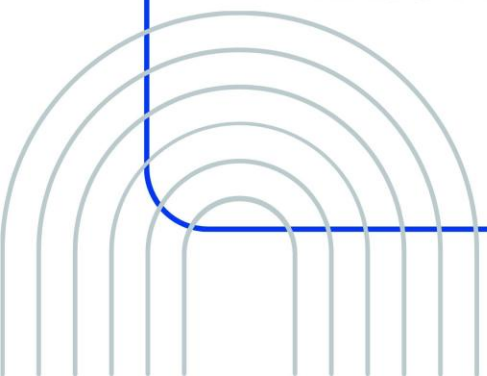
WHAT THEY SAID:

***“PROVIDE MEANINGFUL
ENGAGEMENT AND SUPPORT
WITH THE COMMUNITY SECTOR”***

***“LISTEN, RESPOND AND
RESOURCE. LOCAL GROUPS
ARE THE EXPERTS”***

***“THE STATUTORY SERVICES NEED
AN OVERHAUL SO THEY ARE FIT
FOR PURPOSE AS VCSE HAS TO
FILL THE GAPS BUT WITH A LOT
LESS MONEY THAN IS NEEDED.”***

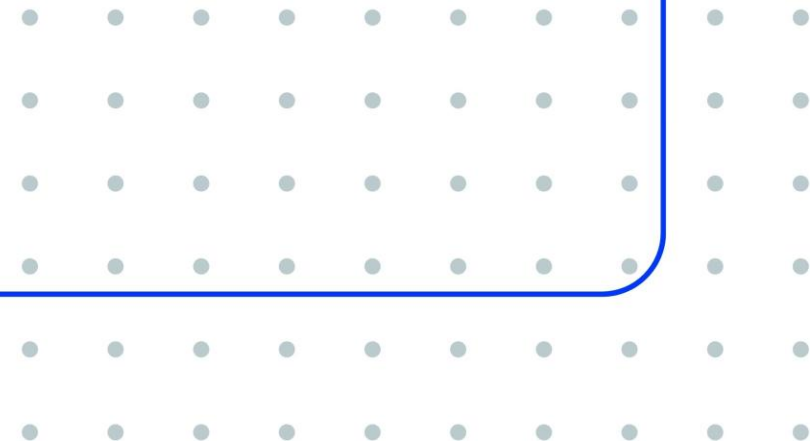
***“ADDRESS SOCIAL CARE IN
FULL, NOT JUST HEALTH.
RECOGNISE THE DEPENDENCY
HEALTH AND EDUCATION AND
SOCIETY HAS ON SOCIAL CARE,
THEREFORE GIVE STAFF A FAIR
PAY, PRIORITISE IN THE BUDGET,
DO IT THIS YEAR.”***



WHAT THEY SAID:

“GENUINE COLLABORATION – NOT LIP-SERVICE. WE'RE FED UP OF ALWAYS GIVING BUT NOT BEING TREATED AS A VALUED AND GENUINE PARTNER; NO GENUINE COMMITMENT TO CO-DESIGN AND CO-DELIVERY AND NO FUNDING FOR THE WORK WE DO WHICH SUPPORTS DELIVERY OF KEY GOVERNMENT STRATEGY.”

“TREATING VOLUNTARY SECTOR ORGANISATIONS WITH RESPECT. TRUST THAT WE KNOW WHAT WE'RE DOING. TRUST THAT WE CAN EVIDENCE IMPACT AND PRESENT VALUE FOR EVERY £ SPENT.”

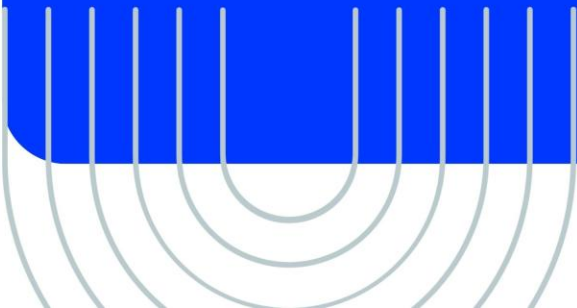


KEY FINDINGS

FUNDING AND FINANCIAL SUSTAINABILITY

Funding emerged as one of the the most significant concerns

- Heavy reliance on short-term or annual funding cycles
- Increased costs that are not matched by funding uplifts
- Significant staff time spent on securing and administering multiple funding streams
- Current funding arrangements limit their ability to plan strategically, invest in staff, or develop services in response to changing needs.



WORKFORCE CHALLENGES

Workforce capacity and sustainability were highlighted as critical issues

- Difficulties recruiting and retaining skilled staff
- Pay levels that cannot compete with statutory or private sectors
- Staff burnout linked to high workloads and increasing service demand
- Workforce pressures directly affect service quality and organisational resilience.

DEMAND FOR SERVICES

Respondents consistently reported rising demand for services, often with greater complexity of need.

This increase was described as outpacing available resources, leading to:

- Longer waiting times
- Reduced scope of services
- Increased pressure on staff and volunteers

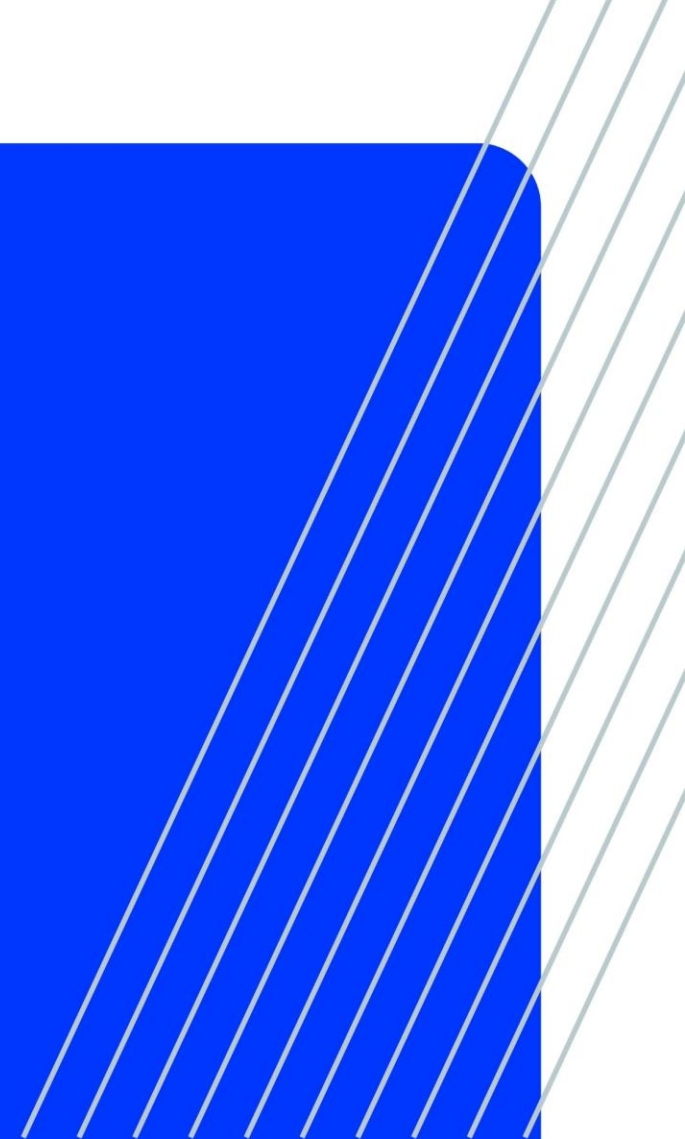
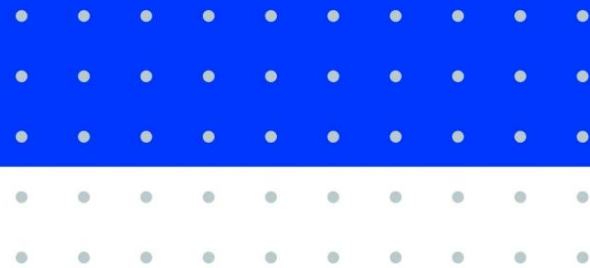
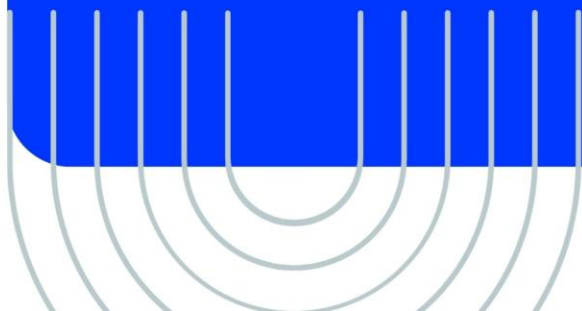
ENGAGEMENT WITH THE NI EXECUTIVE AND PUBLIC BODIES

Perceptions of engagement with government and public bodies were mixed but leaned negative.

- A lack of meaningful or consistent engagement
- Decisions perceived as being made without sufficient sector input
- Frustration with delays, uncertainty, and policy gaps

Respondents emphasised that engagement is most effective when it is early, transparent, and linked to tangible outcomes.

INSIGHTS



RECURRING THEMES

Recurring messages included calls for:

- Longer-term, sustainable funding models
- Reduced administrative burden and more proportionate reporting requirements
- Genuine partnership working rather than transactional funding relationships
- Clearer strategic leadership for the sector

Several respondents stressed that the sector plays a preventative and cost-saving role within the wider health system, but this is not adequately recognised or resourced.





THANK YOU FOR
JOINING US



Meadhbha Monaghan

Chief Executive, Patient & Client Council



People to Partners

Northern Ireland Health Collective Celebrating One Year

28 January 2026

Your Voice,
Our Journey

The Role of the PCC

5 Statutory functions with respect to Health and Social Care Services:

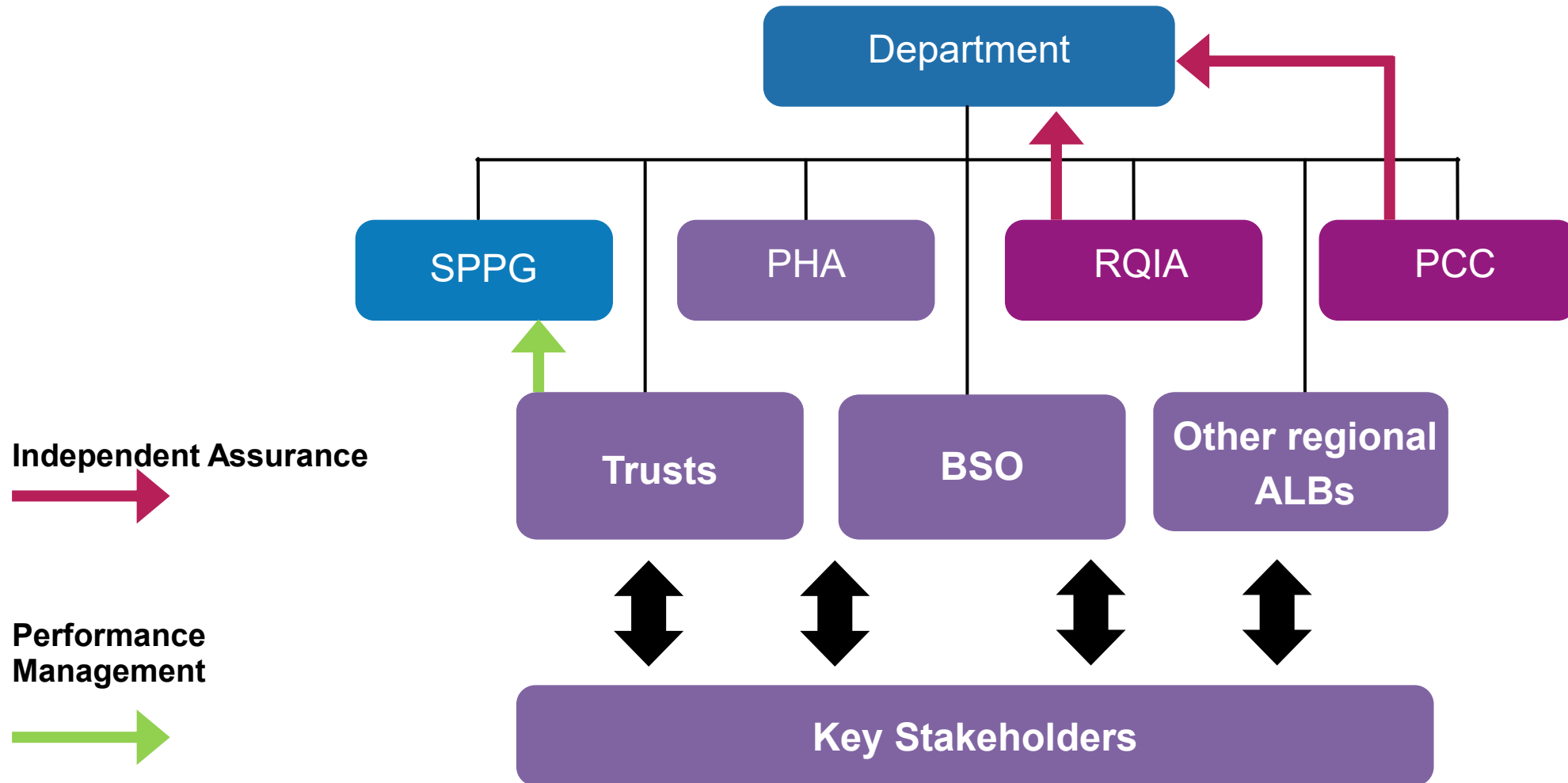
Representing the interests of the public;

Promote the involvement of the public;

Assist people making or intending to make a complaint (through representation or otherwise);

Promote the advice and information by HSC bodies to the public about the design, commissioning and delivery of services;

Undertake research into the best methods and practices for consulting and engaging the public.



PCC's Assurance Role – HSC Framework Document

Hospital Activity

In 2023/24, the inequality gap for all admissions stood at **35%**.



The rate of **emergency attendances** for the most deprived areas was more than **one and a half times** that of the least deprived.

Diet & Dental Health

The **dental extraction rate** in the most deprived areas was **more than double** the rate in the least deprived.



Pregnancy & Early Years

The proportion of mothers **smoking during pregnancy** in the most deprived areas was **over six times** that of the least deprived.

The **U20 teenage birth rate** in the most deprived areas was **over five times** the rate in the least deprived.



Alcohol, Drugs & Smoking



In 2019-23, the **deaths due to drug misuse** rate inequality gap stood at **495%**.

Alcohol specific mortality in the most deprived areas was **over four and a half times** that in least deprived.

In 2019-23, **smoking attributable deaths** in the most deprived were **double** the rate in the least deprived.

Mental Health & Wellbeing



In 2021-23, the rate of **suicide** in the most deprived areas was **almost treble** that in the least deprived.

Premature Mortality



In 2019-23, **preventable mortality** in the most deprived areas was **almost treble** that in the least deprived.

The **under 75 circulatory disease** mortality inequality gap stood at **132%** in 2019-23.

The **under 75 respiratory disease** mortality rate in the most deprived areas was **more than treble** the rate in the least deprived.

The **under 75 cancer mortality** inequality gap stood at **78%** in 2018-22.

Life Expectancies & General Health

The **life expectancy at birth** inequality gap in 2021-23 was **7.3 years** for males and **5.2 years** for females.

The **healthy life expectancy** inequality gap in 2021-23 was **13.6 years** for males and **14.0 years** for females.

The **disability free life expectancy** inequality gap in 2021-23 was **10.6 years** for males and **10.7 years** for females.



Major Diseases & Conditions



The rate of **respiratory admissions** in the most deprived areas was **over four-fifths higher** than that of the least deprived areas, for all ages, and **double** for those aged under 75 years.

The inequality gap for **cancer incidence** in 2015-21 stood at **19%**.

In 2023, the inequality gap for **antihypertensive prescriptions** stood at **23%**.



The Case for Change

Connection



51%

feel disconnected from health and social care services and care

Agency



48%

did not think any action they take would make a difference to pressures on the health service



Doing With: reinventing public services in a time of crisis

Community services Voluntary and community sector

21 Jul 2025

Authors



Adam Lent
Senior Consultant

The public sector still operates as though we live in the era of post stability when, in fact, services now face a permanent high demand resource reality created by multiple, overlapping crises. If the UK sector is to avoid irreversible decline, we need a radical shift from to a 'do with' mindset, led by a grassroots movement for change.

CITIZENS' WHITE PAPER

involve

Health and Social Care NI Reset Plan

STABILISE REFORM DELIVER

9 July 2025

A NEW ERA FOR WIGAN BOROUGH

collaborate
for social change

FROM THE DEAL TO
PROGRESS WITH UNITY

Anna Randle
Dawn Plimmer

DEMOS

UPGRADING DEMOCRACY

A NEW DEAL TO REPAIR
THE BROKEN RELATIONSHIP
BETWEEN CITIZEN AND STATE

POLLY CURTIS

JULY 2025

The Case for Change

Reflections on the HSC system, NI Executive and VCSE sector

Siloed systems of government and policy making

Reform – implementation lag

Emergent gaps: expectation/delivery, declining trust

Public engagement and civic participation

Bridge between the public, communities and public sector/government

Innovative, flexible delivery

Financial constraint, competition, structural/cultural disconnects, output over outcome

Policy
delivery in
Northern
Ireland

2026
Edelman
Trust
Barometer

Global Report
Trust Amid Insularity

→ Edelman
Trust Institute

pivotal

People to Partner - the necessary shift



‘Do With’, not (just) for



Deep understanding

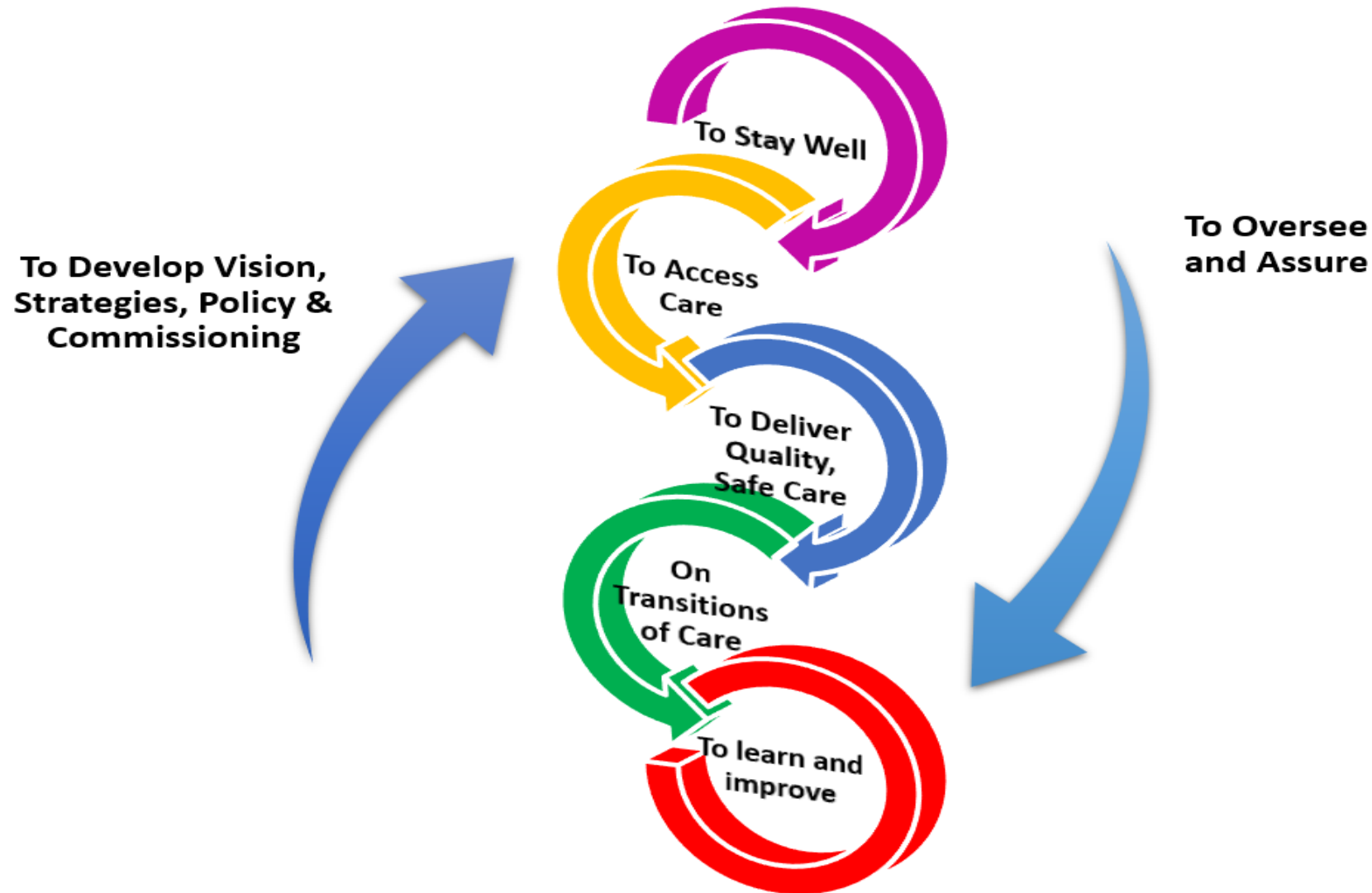


Versatile response



Collaborative delivery

What can/should we partner on?



Opportunities across the NI Executive

Interdepartmental collaboration

Harnessing the potential of the public

Policy Integration and decision-making

Building trust - removing barriers to access and participation



Northern Ireland
Confederation
for Health and Social Care



People to Partners –
Developing a Unique
Approach for Northern Ireland

Opportunities within Health and Social Care

Collaborative partnerships and citizen activation

Place-based initiatives and Integrated Care Models

Applying “Citizen-Centred” Design Methods

Data, Digital, insights and evaluation

Recommendations

- 1 Establish an NI-specific, collaborative, cross government strategic framework
- 2 Support and build on **This is our health.**
- 3 Quantify the impact of community initiatives to public services
- 4 Build our evidence base and support for shared learning
- 5 Foster interdepartmental collaboration



Recommendations

- 6 Listen, reflect and do
- 7 Promote integrated care as part of a wider approach to wellbeing
- 8 Encourage citizen activation through education and resources
- 9 Embed citizen-centred design methods



Thank you

Your Voice,
Our Journey



Dr Siobhan McEntee
GP and NICON NI Primary
Network Lead



Siobhan Casey
NI Commissioner for Older
People



Gillian Lewis
Head, NI Health Collective



Siobhan Casey
NI Commissioner for Older People



Gillian Lewis
Head, NI Health Collective

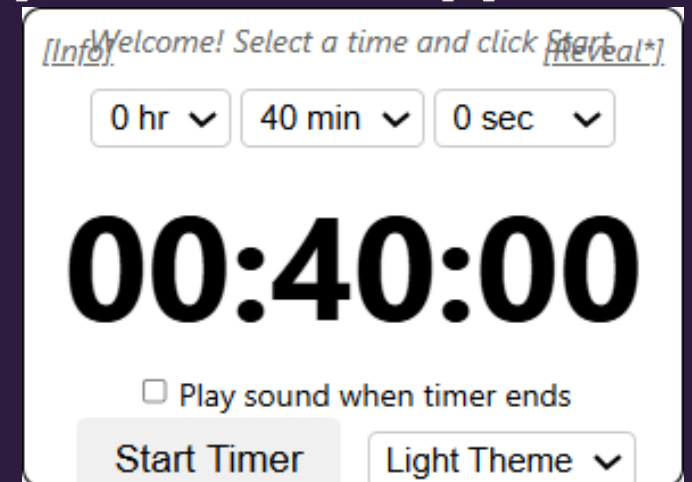
Join Mentimeter

Scan the code or go to
www.mentimeter.com
and enter the code

2498 4870



1. What is working in the VCSE sector that demonstrates a People to Partner approach?
2. What, if anything, needs to change to better deliver a People to Partner approach?
3. What systemic barriers prevent a do with approach being embraced, and how can these be unpicked?
4. What could or should NIHC do as a strategic partner to support this approach?



Join Mentimeter

Scan the code or go to
www.mentimeter.com
and enter the code

2498 4870



Richard Spratt

Chief Executive of Cancer Focus
NI Health Collective Advisory Panel Member
Chair, NI Cancer Charities Coalition



NIHC: A YEAR IN REVIEW EVALUATION FORM





When We Can Never Do Enough:

Moral Injury and the Third Sector

18 March 2026, 12:30PM - 1:30 PM

Moral Injury First Aid Kit:

Preventing and Managing Moral Injury in the Third Sector

14 April 2026, 12:30PM - 1:30 PM

Visit www.nihealthcollective.org.uk/events to know more





Chief Officers 3rd Sector

The CO3 Leadership
AWARDS 2026

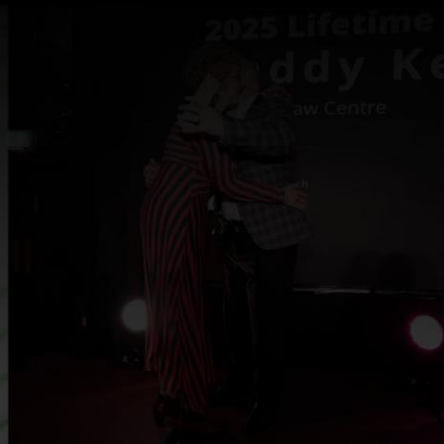
A Fundraising Event



FRIDAY, 27TH MARCH 2026 | 1PM - 5PM | THE EUROPA HOTEL

visit <https://co3.org.uk/awards2026/> to nominate

Nominations are open to everyone





**Northern Ireland
Health Collective**
powered by **co³**



Northern Ireland Health Collective

