



Review of the Cardiff and Vale University Health Board Strategic Framework for Working with the Third Sector

Report of the Survey Outcomes

December 2015

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Abbreviations used in the Report

UHB = Cardiff and Vale University Health Board

TS = Third Sector

CVC = County Voluntary Council

SOFW = Shaping Our Future Wellbeing

HSCF = Health & Social Care Facilitator

Executive summary

In 2012 the Cardiff and Vale University Health Board (UHB) approved a Strategic Framework for Working with the Third Sector which sets out the UHB's ambitions for working collaboratively with the Third Sector to enhance the lives of individuals, communities and the population of Cardiff and the Vale of Glamorgan. A review of the Strategic Framework is now underway with the aim of re-appraising the relationship between the UHB and the Third Sector to ensure it is fit for purpose to support delivery of the UHB strategy 'Shaping Our Future Wellbeing' and that it appropriately reflects the ambitions and potential of the Third Sector locally.

The first stage of the review has been to explore people's views on current relationships and consider what role the Third Sector may be able to play in supporting joint delivery of the UHB strategy. An electronic questionnaire was circulated widely within the Third Sector, UHB and key partner agencies, and structured interviews were undertaken with a smaller set of key stakeholders.

This report presents the findings of these two elements of the survey; it draws some conclusions about what the relationship between the UHB and the Third Sector needs to look like in the future and key factors in making that a reality. It has been possible to map the emerging themes from the review against the UHB strategic principles, demonstrating alignment between the potential role of the Third Sector and its relationship with the UHB, and delivery of the UHB vision. A summary of this mapping is shown below, with a fuller description of the emerging themes provided in the Conclusion and Comment section of the report. These findings will be tested back with stakeholders at a workshop in January 2016 which will also provide an opportunity to start to identify the actions that need to be taken to drive this crucial agenda forward.

UHB Mission: Caring for People, Keeping People Well
UHB Vision: A person's chance of leading a healthy life is the same wherever they live and whoever they are
UHB Strategy: Achieve joined up care based on 'home first', avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them

UHB Strategic Principle	Theme emerging from Review Survey
<p>Empower the Person</p> <ul style="list-style-type: none"> Support people in choosing healthy behaviours Encourage self-management of conditions 	<ul style="list-style-type: none"> The Third Sector (TS) plays a crucial role in supporting health and wellbeing and its relationship with the most vulnerable in our communities means that it can play a key role in influencing behaviour, particularly in the prevention and early intervention stages. UHB volunteering needs to extend more into the community and create opportunities for working with the TS to unlock the value of volunteers in the community.
<p>Home First</p> <ul style="list-style-type: none"> Enable people to maintain or recover their health in or as close to home as possible 	<ul style="list-style-type: none"> There needs to be a greater plurality of provision with the TS supporting delivery of Shaping Our Future Wellbeing (SOFW) as direct service providers working as part of more integrated community delivery models across health and social care.
<p>Outcomes that matter to People</p> <ul style="list-style-type: none"> Create value by achieving the outcomes and experience that matter to people at an appropriate cost 	<ul style="list-style-type: none"> There is a need to adopt a co-productive approach to service planning and design which creates opportunities for exploring how the TS can contribute ideas for collaboration and supporting the delivery of UHB priorities. The intermediary/signposting role of the Health & Social Care Facilitators (HSCFs) is key to supporting this agenda, to facilitate: <ul style="list-style-type: none"> links with TS organisations which are not already in dialogue with the UHB reviewing what the TS is currently doing and how it is working together, with a view to building capacity in the TS to engage in co-production the development of new services, forging alliances between TS organisations and the knitting together of services to help deliver SOFW opportunities for engagement, facilitating more structured discussion around specific service areas The TS can play an important role in facilitating the involvement of service users and carers in planning, and as advocates for vulnerable groups.
<p>Avoid harm, waste and variation</p> <ul style="list-style-type: none"> Adopt evidence based practice, standardising as appropriate Fully use the limited resources available, living within the total Minimise avoidable harm Achieve outcomes through minimum appropriate intervention 	<ul style="list-style-type: none"> There is a need to develop a greater breadth and diversity of TS input to discussions. Current UHB dialogue is with a fairly limited set of TS organisations and there is a lack of understanding of what is available in the community and what the TS could do. Consideration should be given to how the TS Networks could be used most effectively to support this agenda. Better engagement, communication and links between the TS and the UHB/Primary Care at an operational level is crucial. There is a need to improve UHB (and joint) commissioning processes which feature realistic timescales for developing responses to consultations or tenders, support meaningful engagement with the wider sector and the opportunity for the TS to look at potentially innovative or collaborative models of delivery. The UHB and TS should look for opportunities for greater sharing of resources, skills and expertise including joint workforce and team development.

Background

In 2012 the UHB Board approved a [Strategic Framework for Working with the Third Sector](#) which sets out the UHB's ambitions for working collaboratively with the TS to enhance the lives of individuals, communities and the population of Cardiff and the Vale of Glamorgan. The Framework and associated Action Plan were developed in partnership with Local Authority, County Voluntary Council (CVC) and TS colleagues and is owned by the UHB Board, with the responsibility for evaluating the success of its delivery delegated to the UHB's People, Planning and Performance Committee. The UHB Third Sector Strategic Alliance Steering Group, a multi-agency group chaired by the Director of Public Health, provides oversight of the Framework and its implementation.

A multi-agency review of the original Framework in 2013 resulted in the Framework and Action Plan being updated to reflect the UHB Integrated Medium Term Plan; the review confirmed that its original themes were still relevant and that there had been considerable success in achieving key action plan milestones.

Following a multi-agency workshop in March 2015 a refreshed Action Plan for 2015/16 was produced. This contained a commitment to undertake a full and inclusive review of the overall Strategic Framework in 2016.

The Need to Review the Strategic Framework

The UHB mission is 'Caring for People, Keeping People Well', with the vision being that a person's chance of leading a healthy life is the same wherever they live and whoever they are. In beginning the journey to make that vision a reality, the UHB has worked with staff, service users and partner organisations, including the TS, to shape the strategic direction. As a result, the UHB has recently published the [Shaping Our Future Well-being Strategy](#) (SOFW) setting out how it intends to deliver its strategic objectives over the next ten years. It describes the challenges faced, the principles which will underpin the development of services and the steps that will be taken to bring about the change required to achieve the UHB vision.

Fundamental to the delivery of SOFW is the principle of co-production and a recognition that improvements in population health will only be achievable if the UHB works differently and works more collaboratively with communities and partners. The UHB now has a clear vision and strategy against which the relationship with the TS needs to be re-appraised to ensure it is fit for purpose to support delivery of SOFW and that it appropriately reflects the ambitions and potential of the TS locally. This review work will inform the next version of the UHB Strategic Framework for Working with the Third Sector.

Review Methodology

Following publication of SOFW in September 2015, the first stage of a review of the Strategic Framework was initiated with the circulation of an electronic questionnaire within the TS, UHB and key partner organisations. This introduced the SOFW Strategy and explored people's views on current relationships and what the relationship between the UHB and TS needs to look like in the future. A copy of the questionnaire is provided as **Appendix 1**; the questionnaire circulation list is provided as **Appendix 2**.

In addition, structured interviews with a smaller set of key stakeholders were undertaken to provide more qualitative information to complement the questionnaire. The aim was to interview a balanced mix of UHB and TS interviewees plus some additional key stakeholders. Interviews were conducted by the Health and Social Care Facilitators (HSCFs) based in Cardiff Third Sector Council and Glamorgan Voluntary Services, and two members of the UHB Planning Team. The principle was for the HSCFs to interview UHB colleagues and for the UHB Planners to interview TS colleagues, to promote objectivity and improved understanding across the sectors. The approach had the additional benefit of helping to promote the role of the HSCFs within the UHB. A copy of the structured interview questions (which mirror those in the electronic questionnaire) are provided as **Appendix 3**; the list of interviewees is provided as **Appendix 4**.

The following sections and supporting appendices present the findings of the questionnaire and interview elements of the survey; they attempt to draw some emerging conclusions about what the relationship between the UHB and the TS needs to look like in the future and key factors in making that a reality. The intention is to further test the survey findings in an inclusive workshop to be held in January 2016 to inform the development of a revised UHB Strategic Framework for Working with the Third Sector and supporting Action Plan for 2016/17.

Summary Analysis of Electronic Questionnaires and Structured Interviews

Full reports on responses to the electronic questionnaire and the structured interviews are provided as separate reports in **Appendix 5** (questionnaire) and **Appendix 6** (interviews). This section attempts to bring the findings together and summarise the key themes and issues identified from each question across both elements of the survey work.

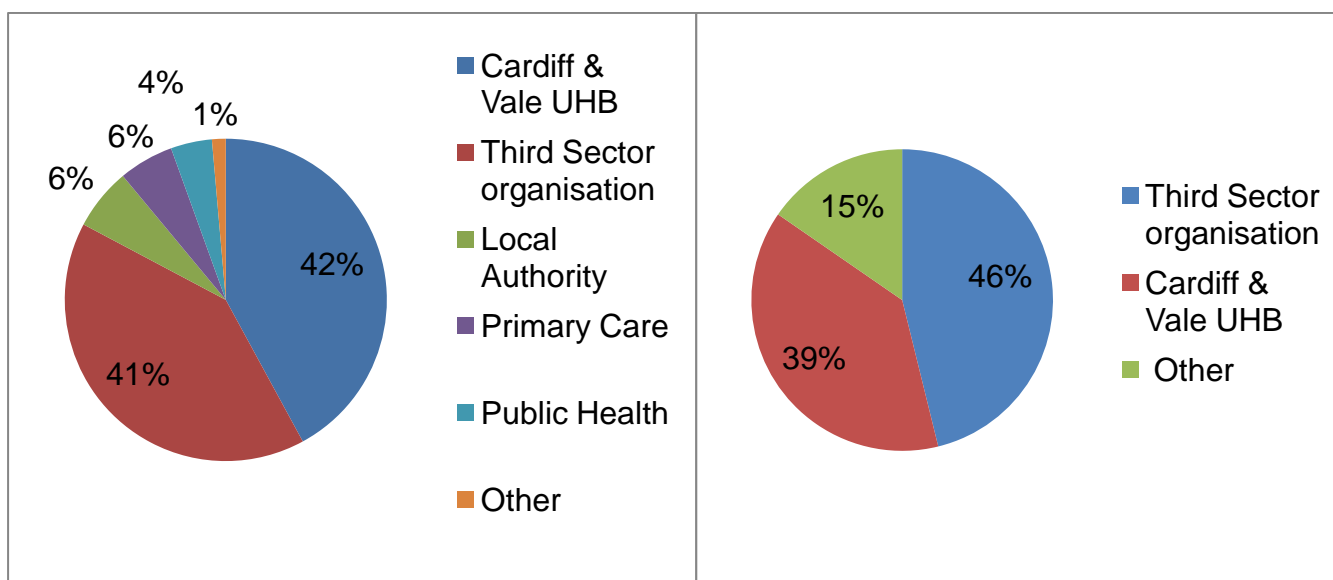
1. Who do you work or volunteer with?

The electronic questionnaire was completed by 145 individuals.

26 structured interviews were conducted.

Cardiff & Vale UHB	61
Third Sector organisation	59
Local Authority	9
Primary Care	8
Public Health	6
Other	2

Third Sector organisation	12
Cardiff & Vale UHB	10
Other	4

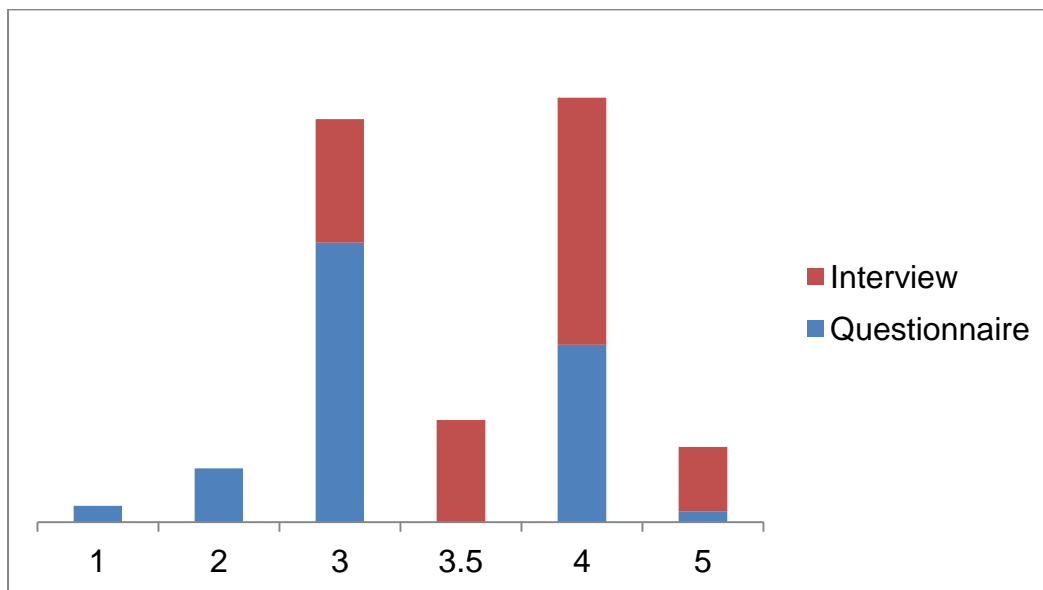


2. On a scale of 1-5, how would you rate the current relationship between the UHB and the Third Sector? (with 1 being poor and 5 being excellent)

Discussion during interviews led to a greater flexibility in the rating of the current relationship. This resulted in a number of interviewees making the case for a rating of 3.5.

Score	Questionnaire		Interview	
	No.	%	No.	%
1	4	3	0	0
2	14	10	0	0
3	76	52	6	23
3.5	N/A	N/A	5	19
4	48	33	12	46
5	3	2	3	12

Stacked chart based on % of respondents



Comments made during the interviews suggest that people feel that relationships have improved and are moving in the right direction. Overall, interviewees scored the relationship slightly higher than respondents to the questionnaire; the UHB scored the relationship slightly higher than the other sectors.

3. *What are the current strengths of the relationship between the UHB and the Third Sector?*

There is a great deal of overlap between the highest scoring strengths listed on the questionnaire and the strengths identified in the interviews. These can be summarised as:

- a) There are some good examples of **joint working and integrated service delivery** which demonstrate strengthened links between the UHB and TS. Included in examples identified by interviewees were: TS broker role, Community Resource Teams, TS involvement in Information Centres, end of life care, emotional and mental health, TS coming into GP surgeries.
- b) The **Health and Social Care Facilitator (HSCF) role** is highly valued as a really positive asset to the relationship between the UHB and TS. The HSCFs are seen as having good relationships in both sectors and provide a huge amount of support and help with contacts. This is viewed as a crucial intermediary role which is well placed to provide links between the sectors and facilitate the relationships that individual TS organisations are able to have with the UHB. Those working in the field of mental health similarly value the role of Cardiff and Vale Action for Mental Health (cavamh) in facilitating engagement and UHB links with TS and service users.
- c) **Structural arrangements for joint planning and partnership working** are identified as a current strength. The TS is seen as plugged in at a strategic level, that this cascades into the joint planning which sits underneath that and that this, alongside participation in joint events, provides opportunities to bring the TS voice and experience into the discussion. TS Networks were highlighted as helpful mechanisms for joint working and ongoing engagement. This position was also reflected in questionnaire responses on the

mechanisms that should be utilised to explore how we can jointly deliver SOFW, where respondents valued involvement in joint planning processes, workshops and Network meetings.

- d) **Direct conversations and good operational relationships between the TS and key UHB staff/Clinical Boards** were identified as a strength, where they exist. Interviewees described this as a critical friend relationship where different perspectives and skills are respected, where trust and understanding has been built through 1:1 conversations, and which provides opportunities for exchanging ideas.
- e) The **value placed on partnership working by the UHB** was identified as a strength by interviewees. This recognition of the value added by the TS and the willingness of the UHB to work with the TS is felt to have impacted positively on relationships at a strategic level and resulted in increased TS engagement on a shared agenda. A number of examples were cited to illustrate progress, including the co-productive approach adopted in the development of SOFW, UHB involvement in TS Network meetings and having a visible, active **TS Independent Member** on the UHB Board – a strength highlighted particularly by questionnaire respondents.
- f) The introduction of the UHB **Strategic Framework** for Working with the TS, and the associated **Action Plan**, was identified as heralding improvements in turning direction into action and providing a platform for developing relationships and opportunities for dialogue around planning and achieving objectives.

4. What needs to improve in the relationship between the UHB and the Third Sector?

- a) A major theme emerging from the questionnaire and interviews is the need to adopt a **co-productive approach which creates opportunities for exploring how the TS can contribute ideas** for collaboration and supporting the delivery of UHB priorities. Such opportunities need to happen early enough in the service development process to influence design of services that meet people's needs, recognising the contribution the TS can make particularly to the delivery of a less clinical and more social model of holistic care. There needs to be a greater willingness to consider moving services into the TS or joint delivery of services with the TS in ways which can deliver greater value for people and the UHB. For this to happen, there is a need to raise UHB levels of understanding about what is out there and the potential for delivery by the TS. At present, TS organisations don't know how to plug into this early thinking or who to liaise with. There was a suggestion that these opportunities need to be built into the IMTP process; the importance of local authorities being part of early dialogue was also highlighted.
- b) A significant issue identified through the interviews, but not directly explored through the questionnaire, is the need to develop a **greater breadth and diversity of TS input** to discussions. Current UHB dialogue is with a fairly limited set of TS organisations and there is a lack of understanding of what is available in the community and what the TS could do. The importance of getting people with the right expertise and operational experience around the table to provide an informed TS perspective was highlighted, as was the need to find means to support a wider range of TS organisations to become involved, including smaller and national TS organisations. It was suggested that the TS and CVCs need to work together to collectively understand what is out in the TS and how best to get the wider sector involved, including national organisations.

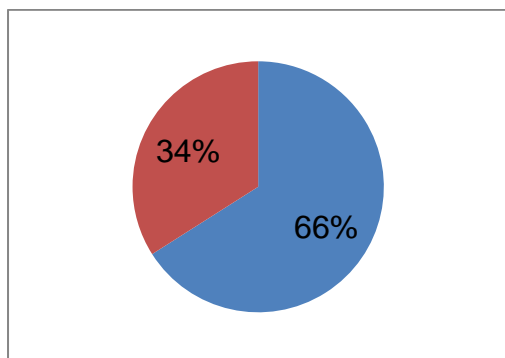
- c) Better engagement, communication and **links between the TS and the UHB/Primary Care at an operational level** is another key issue. Many clinical boards and GPs have limited understanding of TS expertise, what is out there and what the TS can do; more direct dialogue needs to be cultivated. It was suggested that case studies could help to explain how the TS works on the ground and how it can work with the NHS, and that more clinical boards should look to establish ongoing mechanisms for direct engagement with the TS.
- d) The need for improvements in UHB (and joint) **commissioning processes** also featured in responses. Concerns were expressed about unhelpful and unrealistic timescales for developing responses to consultations or tenders, which do not support meaningful engagement with the wider sector or the opportunity for the TS to look at potentially innovative or collaborative models of delivery. It was also suggested that the UHB procurement team could support the TS to understand more about UHB processes and that this could be facilitated via procurement team involvement in the Networks.

5. Are you aware of the Cardiff & Vale UHB Strategic Framework for Working with the Third Sector and its accompanying Action Plan?

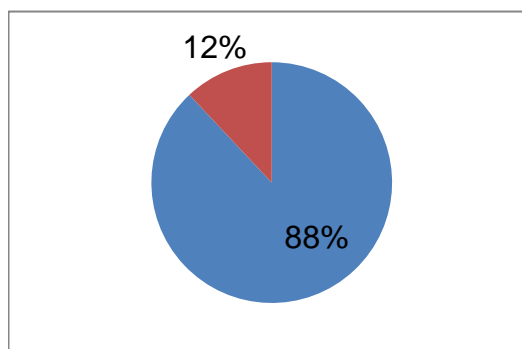
Nearly two thirds of all questionnaires completed confirmed that they knew about the Strategic Framework. A higher proportion of interviewees were aware of the Strategic Framework than respondents to the questionnaire.

	Questionnaire	Interview
Yes	66%	88%
No	34%	12%

Questionnaire



Interviews



Comment: the questionnaire was designed to reach into the wider TS and UHB community, so it is perhaps not surprising that respondents to the questionnaire were less familiar with this strategic document. It does, however, suggest that it will be important to ensure that the next iteration of the Strategic Framework is produced and promoted in a way that will facilitate wider involvement, understanding and ownership.

6. How should the UHB be working with the Third Sector to explore how we can work jointly to deliver 'Shaping our Future Wellbeing'?

- a) Creating **opportunities for conversations about TS ambitions and sharing ideas for collaboration, and greater involvement in joint planning** to secure alignment around SOFW was identified as a key approach, mirroring the main co-production theme emerging on how the relationship needs to improve in question 4. It is important for there to be mechanisms for exploring ideas and to support early involvement in the service design process. This would facilitate more services being developed in a co-productive manner.
- b) It is important to utilise a **variety of mechanisms for the UHB to work with the TS**, with people valuing existing approaches including TS Networks, HSCFs, joint communications and workshops. An issue emerging through the interviews was the need to look at **how the TS Networks could be used most effectively** to support this agenda. There suggestions that the Networks need to be a source of intelligence and influence and that SOFW provides a potential framework for bringing TS organisations together to look at how they could support delivery of UHB priorities.

7. In what ways might the Third Sector be able to support joint delivery of 'Shaping Our Future Wellbeing'?

- a) The TS plays a crucial role in supporting health and wellbeing and its relationship with the most vulnerable in our communities means that it can play a **key role in influencing behaviour**, particularly in the prevention and early intervention stages. These trusted, established relationships which tend to take a more holistic view of need, can help to break down barriers, with the TS often better placed to find the right levers for change in different communities. The UHB should work with the TS to look at less clinical solutions which support the empowerment of individuals to take more responsibility for their own health and wellbeing, recruiting champions in the community and signposting people to the right services.
This reach into the community and the TS role as community/individual advocates also means they are well placed to help identify what 'outcomes that matter to people' really means, what 'home first' should look like, and inform understanding of what is acceptable risk.
- b) Another way in which the TS can support delivery of SOFW is **as direct service providers working as part of more integrated community delivery models** across health and social care. Interviewees spotlighted the role of the TS in providing more informal, social models of care which are more oriented to outcomes that matter to people and which provide the type of community support which can help people avoid the need to use statutory services. Services can be provided more flexibly, risk is approached in a different way and provision may be more cost effective.
- c) An associated issue emerging from interviews was around how the TS might work together in the future to develop a **coherent offer on how services could be joined up with UHB services around priority pathways**. It was suggested that the CVCs could support this.
- d) The TS can also play an important role in **facilitating the involvement of service users and carers in planning, and as advocates for vulnerable groups**.
- e) More use should be made of **volunteers, particularly in the community**. There were suggestions that more could be done to develop the role of champions in the community,

with the TS playing a key support role in working with volunteers to build more resilient communities which have the capacity to self-manage conditions and live independently.

- f) There was also a view that the UHB could do more to tap into the assets of the TS and for a **greater sharing of resources** to help deliver shared objectives.

8. What would be the key features of a healthy and productive relationship between the UHB and the Third Sector?

- a) There would be a more **co-productive approach to service planning and design** with a focus on the collective outcomes we are trying to achieve, and getting the right partners in the room early enough to influence the service model design stage. There need to be established communication channels which provide opportunities for discussing ideas, facilitate an equal and honest relationship which supports openness to dialogue and challenge which also encourage greater service user engagement. Some interviewees particularly stressed the links between the TS and clinical boards in this respect.
- b) A key feature would be **more integrated service delivery** with more services provided through integrated teams and increased co-location of services. It was suggested that this would be facilitated by more of a focus on joint workforce and team development and a greater sharing of skills, resources and knowledge.
- c) The relationship would be characterised by a **rebalance of who provides what to support people's health and wellbeing**, and that the role of the TS in prevention would be developed as a key part of the service model aligned to Prudent Healthcare principles, perhaps requiring the UHB to develop relationships with a wider set of TS organisations than currently.
- d) Another key feature identified was the importance of an **equal relationship** based on a recognition of the value of the TS and a mutual appreciation of each other's roles and responsibilities facilitated by an evidence-based understanding of contribution.
- e) A significant proportion of respondents to the questionnaire identified '**Sustainable TS services**' as a key feature in a healthy and productive relationship. This was not directly picked up in any of the interviews although it could be interpreted as relating to ensuring TS services are treated as an integral part of delivery models with associated security of funding. This is an issue which could be explored further during subsequent workshop discussions.

9. Which of the 4 themes of the existing Strategic Framework for Working with the Third Sector and the supporting Action Plan do you think are working successfully and which have been less successful?

Interviewees who were less familiar with the Strategic Framework and Action Plan found this a hard question to respond to. In these cases, conversation was more general about the work progressing under each theme. Similarly, there was a high proportion of questionnaire respondents who selected the 'Don't Know' box but who commented on issues under the themes. Of those who expressed a view on which themes are working successfully or unsuccessfully, 'Promoting and Improving Health and Wellbeing' was judged as the most successful theme by both sets of respondents; 'Service Delivery and Design' was judged as the least successful theme by both sets of respondents.

Promoting and Improving Health and Wellbeing

- a) Just under half of interviewees and questionnaire respondents felt that good progress is being made, with suggestions that the TS has a bigger role to play in sharing public health messages. It was suggested by some interviewees that more direct input from the Public Health team in the community would be helpful and that there are opportunities to take Making Every Contact Count (MECC) out into the community via volunteers. Others suggested that TS organisations should be doing more to support the health improvement of their own staff and that prevention should be embedded in all TS commissioned services.

Engagement with the Third Sector

- b) Around a third of interviewees and questionnaire respondents felt that engagement is going well, with some commenting that it has much improved over the past few years. Other comments included the need to ensure that engagement facilitates both local and national TS perspectives being considered, that there needs to be more engagement with service users and that mechanisms which support continuous engagement and communication are important.

Service Delivery and Design

- c) Just under half the questionnaire respondents and a third of UHB interviewees felt that this was a less successful area of work. Comments focused on the fact that there is still some way to go for the TS’s value to be recognised right across the UHB and that the TS is an untapped resource of innovation and excellence. Co-production needs to be put into practice at service provision level, with a need to ensure that clinical leaders understand what this means and the potential contribution of the TS, and that TS organisations understand how and where to engage.

Volunteering

- d) A third of questionnaire respondents and a small number of interviewees indicated the success of this theme. Interviewee comments focused on the need to broaden UHB volunteering into the community and to create opportunities for working with the TS to unlock the value of volunteers in the community. To support this, UHB and TS offers on volunteering should be strengthened and aligned around shared objectives, with stronger links between UHB and CVC volunteer arrangements.

10. Did you know that there are Health and Social Care Facilitators based in C3SC and GVS to support the relationship between the Third Sector and the UHB?

	Questionnaire	Interview
Yes	52%	96%
No	48%	4%

A higher proportion of interviewees knew of the HSCFs than questionnaire respondents. The proportion of questionnaire respondents knowing of the HSCFs was slightly higher in the TS than the UHB.

Comment: the questionnaire was designed to reach into the wider TS and UHB community, so it is perhaps not surprising that respondents to the questionnaire are less familiar with what is a fairly strategic role. It does suggest, however, that more needs to be done to raise the profile and

promote the role of the HSCFs as the work moves forward, while recognising that their focus will still need to be prioritised on a project facilitation rather than project delivery role.

11. What do you think are the most important areas that the Health and Social Care Facilitators should be focusing on to support delivery of the 'Shaping Our Future Wellbeing'?

- The most important area of focus for the HSCFs is their **intermediary/signposting role**, acting as a source of knowledge and raising awareness about service providers and service provision in each sector and how they are changing. Emphasis was placed on facilitating links between the TS and clinical boards and GP practices, and developing understanding about what TS organisations are out there that are relevant to the UHB agenda. The need to facilitate links with TS organisations which are not already in dialogue with the UHB was also identified as well as acting as a conduit to procurement for TS proposals and learning lessons from procurement exercises.
- The HSCFs should be working with the TS to help review what the TS is currently doing and how it is working together, with a view to building capacity in the TS to engage in co-production. They should support the development of new services, forging alliances between TS organisations and the **knitting together of services to help deliver SOFW**.
- HSCFs should help to co-ordinate opportunities for engagement, facilitating more **structured discussion around specific service areas, perhaps SOFW priorities**, bringing in evidence/case studies on what the TS might contribute to UHB objectives. They should facilitate a wider group of TS organisations getting involved, perhaps via Network events that engage all sectors.
- The role of the HSCFs in **representing the TS on planning groups and co-ordinating Network meetings** was also highlighted. These mechanisms provide the HSCFs with the opportunity to develop the relationships and knowledge they need to play the influential role indicated by the points above.

Other comments which contribute to the debate included: whether HSCF work to support the integration of health and social care and an increasing expectation of support for the social care agenda means that funding should be sought from local authority partners or the integration programme; and needing to work more across Cardiff and the Vale to limit duplication and extend reach and capacity.

12. How will we know if we have been successful in strengthening the relationship between the UHB and the Third Sector?

- a) **Increased plurality of provision** with more services commissioned from the TS as part of increasingly **integrated pathways** set around service models which have been genuinely **co-produced**
- b) A **more diverse range of TS organisations engaged** and part of meaningful interaction and dialogue about opportunities for joint work.

13. If you know of examples of innovative models of working between the NHS and the Third Sector elsewhere, please provide information.

Questionnaire respondents and interviewees provided examples which are described in the separate analysis reports in the Appendices. These will be followed up as appropriate where they relate to priorities identified in the revised Strategic Framework.

14. There are a number of regional and national policy initiatives that will influence the relationship between the UHB and the Third Sector over the coming years. They include the Social Services and Well-being (Wales) Act 2014, the Well-being of Future Generations (Wales) Act 2014 and Prudent Healthcare. Are there any other policy initiatives on the horizon in your field that you think need to inform the way the relationship develops?

- a) The **Social Services & Well-being (Wales) Act** provides an opportunity for the statutory sector to work differently with the TS and for the TS to develop new ways of working. It will be important to influence such developments to ensure the work is aligned to collective strategic objectives.
- b) **Changing geographical boundaries** resulting from the regionalisation agenda associated with local government reorganisation and the South Wales Health Collaborative will impact on how TS organisations and the CVCs might need to develop and collaborate.
- c) **Changing national and local government funding and policy**, particularly around housing and advice services, will impact on the local TS and therefore on the local population, with a consequent change in need presenting to the NHS.

15. Would you like to be kept informed or get involved in further work on the UHB Strategic Framework for Working with the Third Sector?

All interviewees want to be kept informed and have the opportunity to be further involved. More than two thirds of questionnaire respondents said they wanted to either be kept informed or involved further, although not all subsequently provided contact details. Information about the planned workshop to explore the findings of the survey and subsequent communications and opportunities to engage in work relating to the Strategic Framework will be circulated via all the routes used in the survey work.

Questionnaire

I would like to be kept informed	58
I would like to be involved in further work, such as workshops	37
I do not want any further involvement.	40
Other	6

16. Any other comments?

Questionnaire respondents and interviewees made a small number of additional comments many of which related to themes emerging from other questions. These comments are provided in the separate analysis reports in the Appendices.

Conclusion and Comment

The electronic questionnaire and interviews are felt to have reached a reasonable number of people across a balanced mix of sectors and organisations. This reach and the broad consistency of the opinions expressed both across the two survey methods and across the sectors, suggest that the themes and issues emerging provide a valid representation of views and ideas.

Overall, there is a feeling that relationships have improved and are moving in the right direction but there are some clear messages about where improvements need to be made and where effort needs to be focused if the potential of this crucial relationship is to be fully realised.

There is a strong foundation of partnership working with some good examples of integrated service delivery having been developed in the community and robust structural arrangements in place for joint planning, facilitated by the statutory and third sectors. The Health and Social Care Facilitators are a highly valued asset in the relationship who are viewed as playing a vital intermediary and signposting role. Where there are 1:1 operational links between the TS and individuals in the UHB, these are seen as providing real opportunities for building trust, exchanging ideas and identifying shared outcomes.

The value that the UHB places on partnership working with the TS was praised by some, with the transparent and inclusive approach being taken on the review seen as illustrating the desire to engage more widely in developing a shared vision for the way forward. Crucially, it was recognised that this needs to be jointly owned and driven by the UHB and TS. While a majority of survey respondents were aware of the Strategic Framework, careful thought will need to be given to how best to convey the strategic ambitions emerging from this review in a way that increases its reach and relevance, and which can be seen to add value to the work to deliver the UHB vision. It will therefore be important for the next iteration of the Strategic Framework to align directly to the strategic principles set out in SOFW. It is with this in mind that the key messages from the survey are now described.

The questions in the survey provided an opportunity to explore the central issues of the unique role the TS can play in helping to deliver SOFW and how the UHB and the TS need to work together differently in the future to enable the TS to fulfil that role. It is suggested that the emerging themes from the survey can be broadly mapped against the UHB Strategic Principles in the following way to demonstrate a direct line of sight between clarity of role for the TS and its relationship with the UHB, and delivery of the UHB vision.

UHB Strategy is: Achieve joined up care based on ‘home first’, avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them.

UHB Strategic Principle	Theme emerging from Survey (Questionnaire and Interviews)
<p>Empower the Person</p> <ul style="list-style-type: none"> • Support people in choosing healthy behaviours • Encourage self-management of conditions 	<ul style="list-style-type: none"> • The TS plays a crucial role in supporting health and wellbeing and its relationship with the most vulnerable in our communities means that it can play a key role in influencing behaviour, particularly in the prevention and early intervention stages. These trusted, established relationships which tend to take a more holistic view of need, can help to break down barriers, with the TS often better placed to find the right levers for change in different communities. The UHB should work with the TS to look at less clinical solutions which support the empowerment of individuals to take more responsibility for their own health and wellbeing, recruiting champions in the community and signposting people to the right services. • UHB volunteering needs to extend more into the community and create opportunities for working with the TS to unlock the value of volunteers in the community. To support this, UHB and TS offers on volunteering around shared objectives should be strengthened and aligned, with stronger links between UHB and CVC volunteer arrangements. More could be done to develop the role of champions in the community, with the TS playing a key support role in working with volunteers to build more resilient communities which have the capacity to self-manage conditions and live independently.
<p>Home First</p> <ul style="list-style-type: none"> • Enable people to maintain or recover their health in or as close to home as possible 	<ul style="list-style-type: none"> • There needs to be a greater plurality of provision with the TS supporting delivery of SOFW as direct service providers working as part of more integrated community delivery models across health and social care. The TS can provide more informal, social models of care which are more oriented to outcomes that matter to people and which provide the type of community support which can help people avoid the need to use statutory services. The UHB and TS need to work closer together to flip the model and put more focus and resources into prevention and early intervention where the TS has a big role to play in developing a wider set of solutions in service models that look beyond just the NHS.

Outcomes that matter to People

- Create value by achieving the outcomes and experience that matter to people at an appropriate cost
- There is a need to adopt a **co-productive approach to service planning and design which creates opportunities for exploring how the TS can contribute ideas** for collaboration and supporting the delivery of UHB priorities. Such opportunities need to happen early enough in the service development process and commissioning cycle to influence design of services that meet people's needs and deliver outcomes that matter to them, recognising the contribution the TS can make particularly to the delivery of a less clinical and more social model of holistic care. There needs to be a greater willingness to consider moving services into the TS or joint delivery of services with the TS in ways which can deliver greater value for people and the UHB. For this to happen, there is a need to raise UHB levels of understanding about what is out there and the potential for delivery by the TS, and to establish communication channels which facilitate an equal and honest relationship, openness to dialogue and challenge and which also encourage greater service user engagement.
- The **intermediary/signposting role of the HSCFs** is key to supporting this agenda. They act as a source of knowledge and raising awareness about service providers and service provision in each sector and how they are changing. They need to facilitate:
 - **links with TS organisations which are not already in dialogue with the UHB** and act as a conduit to procurement
 - reviewing what the TS is currently doing and how it is working together, with a view to **building capacity in the TS to engage in co-production**
 - the development of new services, **forging alliances between TS organisations and the knitting together of services** to help deliver SOFW
 - **opportunities for engagement**, facilitating more structured discussion around specific service areas, perhaps SOFW priorities, bringing in evidence/case studies on what the TS might contribute to UHB objectives. They should facilitate a wider group of TS organisations getting involved, perhaps via Network events that engage all sectors
- The TS can play an important role in **facilitating the involvement of service users and carers in planning, and as advocates for vulnerable groups**. The UHB should also make greater use of the TS relationship with service users to **gather feedback on patient experience**.

Avoid harm, waste and variation

- Adopt evidence based practice, standardising as appropriate
- Fully use the limited resources available, living within the total
- Minimise avoidable harm
- Achieve outcomes through minimum appropriate intervention

- There is a need to develop a **greater breadth and diversity of TS input** to discussions. Current UHB dialogue is with a fairly limited set of TS organisations and there is a lack of understanding of what is available in the community and what the TS could do. It is important to get people with the right expertise and operational experience around the table to provide an informed TS perspective and to find means to support a wider range of TS organisations to become involved, including smaller organisations and national TS organisations. It was suggested that the TS and CVCs need to work together to collectively understand what is out in the TS and how best to get the wider sector involved, including national organisations.
- Associated with this, consideration should be given to how the **TS Networks** could be used most effectively to support this agenda. Networks need to be a source of intelligence and influence; SOFW provides a potential framework for bringing TS organisations together to develop a **coherent offer on how services could be joined up with UHB services around priority pathways**. It was suggested that the CVCs could support this.
- Better engagement, communication and **links between the TS and the UHB/Primary Care at an operational level** is crucial. Many clinical boards and GPs have limited understanding of TS expertise, what is out there and what the TS can do; more direct dialogue needs to be cultivated. Case studies could help to explain how the TS works on the ground and how it can work with the NHS, and more clinical boards should look to establish ongoing mechanisms for direct engagement with the TS.
- There is a need to improve UHB (and joint) **commissioning processes** which feature realistic timescales for developing responses to consultations or tenders, support meaningful engagement with the wider sector and the opportunity for the TS to look at potentially innovative or collaborative models of delivery. UHB procurement could support the TS to understand more about UHB processes and this could be facilitated via procurement involvement in the Networks.
- The UHB and TS should look for **opportunities for greater sharing of resources, skills and expertise** including joint workforce and team development. This would support a greater focus on more integrated service delivery, more delivery through integrated teams and increased co-location of services.

Next Steps

The next phase of the review will be to bring the findings from this survey work to the annual UHB 'Keeping in Touch with the Third Sector' event. This year it will be run as a joint workshop with Glamorgan Voluntary Services, Cardiff Third Sector Council and cavamh to allow TS, UHB and partner colleagues to come together to explore where collaboration is best focused to support delivery of the SOFW Strategy.

The workshop will provide an opportunity to introduce Shaping Our Future Wellbeing to provide the context for co-productive work to develop the next Strategic Framework priorities and associated actions based on the themes emerging from the survey work. The event will take place at 9.30-12.30pm on Monday 25 January 2016 in the Sports and Social Club at UHW. An open invitation has been issued to TS organisations, UHB staff and Board Members, and partner organisations.

A revised UHB Strategic Framework for Working with the Third Sector will be drafted by April 2016 which is fully aligned to the UHB mission, vision and strategy, and is accompanied by an Action Plan for 2016/17 to support delivery.

Appendix 1: Electronic Questionnaire

Cardiff and Vale UHB Strategic Framework for Working with the Third Sector Review Survey

Introduction

Caring for People; Keeping People Well is why we exist as a University Health Board (UHB), with a vision that 'a person's chance of leading a healthy life is the same wherever they live and whoever they are'. The UHB has recently published a strategy 'Shaping Our Future Wellbeing' which sets how we intend to deliver our strategic objectives over the next ten years. It describes the challenges we face, the principles which underpin the development of our services and the steps we intend to make to bring about the change required to achieve our vision. It recognises the need to take a balanced approach to achieving change for our population, our service priorities, our sustainability and our culture.

In 2012, the UHB developed a Strategic Framework for Working with the Third Sector. Setting out its ambitions for working collaboratively with the third sector to enhance the lives of individuals, communities and the population of Cardiff and the Vale of Glamorgan. Supported by an annually updated action plan, it was designed to embed strengthened relationships with the third sector into the core UHB business. The Strategic Framework for Working with the Third Sector is available on the UHB website at:

http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Third%20Sector%20Strategic%20Framework%20July%202013%20MERGED%20_2_.pdf

The Strategic Framework is being reviewed to ensure it is fit for purpose to support delivery of 'Shaping Our Future Wellbeing' and that it appropriately reflects the ambitions and potential of the third sector locally. To inform the review, we are seeking your views on what the relationship between the UHB and the Third Sector should look and feel like if we are to deliver the Strategy and achieve the vision. For information on 'Shaping Our Future Wellbeing' please visit the UHB website at: <http://www.cardiffandvaleuhb.wales.nhs.uk/shaping-our-future-wellbeing>

For information, the UHB funds a Health and Social Care Facilitator in each of the County Voluntary Councils (Cardiff Third Sector Council and Glamorgan Services); there is also a service level agreement with each CVC to support their third sector infrastructure role. The UHB Mental Health Clinical Board has a service level agreement with Cardiff Action for Mental Health (CAVAMH) to support their infrastructure role in the field of mental health.

1. Do you work or volunteer with:

Third Sector Organisation		Cardiff & Vale UHB	
Public Health		Primary Care	
Local Authority		Other	

If Other please specify:	
--------------------------	--

2. On a scale of 1 to 5, how would you rate the current relationship between the UHB and the Third Sector? (Mark only one)

Poor

Excellent

1	2	3	4	5

3. What are the current strengths of the relationship between the UHB and the Third Sector? (Mark all that apply)

Independent Member from the Third Sector on the UHB Board	
On Board Briefing Disseminated Following each UHB Board Meeting	
Health and Social Care Facilitator Role	
Involvement in Events (eg 3 rd Sector networks and UHB AGM)	
Action Plan (linked to the Strategic Framework)	
Joint Planning	
Joint Service Delivery	
Direct Conversations between the UHB and the Third Sector	
Role of CAVAMH for Mental Health Specific Issues and Engagement	
Other (please list)	

4. What needs to improve in the relationship between the UHB and the Third Sector? (Mark all that apply)

Knowing who to contact	
Opportunities to discuss ideas for service development and delivery	
Engagement on service change proposals	
General communication	
Clear process and timeliness shared around service planning and commissioning	
Other (please list)	

5. Are you aware of the Cardiff and Vale UHB Strategic Framework for Working with the Third Sector and its accompanying Action Plan?

Yes		No	
-----	--	----	--

6. How should the UHB be working with the Third Sector to explore how we can work jointly to deliver 'Shaping Our Future Wellbeing'? (Mark all that apply)

Workshops and events	
Third Sector Network meetings	
Involvement in ongoing joint planning processes	
Joint communication (eg joint press releases, use of social media and briefings)	
Other (please list)	

7. In what ways might the Third Sector be able to support joint delivery of ‘Shaping Our Future Wellbeing’? (Mark all that apply)

Service Integration and Co-location	
Commissioned Service Provision	
Advocacy for Vulnerable Groups	
Volunteering	
Supporting Health and Wellbeing (eg preventative services, health champions in the community)	
Signposting	
Transport Solutions	
Other (please list)	

8. What would be the key features of a healthy and productive relationship between the UHB and the Third Sector? (Mark all that apply)

Sustainable Third Sector Services	
Co-productive Approach to Service Design	
Integrated Service Delivery	
Continuation of Third Sector Infrastructure Arrangements (eg role of GVS, C3SC , CAVAMH, Health and Social Care Facilitators)	
Third Sector Representation on Key Planning Groups	
Two-way Communications Channels between the UHB and the Third Sector (eg network meetings, opportunities to discuss ideas, workshops on specific topics)	
Other (please list)	

9. Which of the 4 themes of the existing Strategic Framework for Working with the Third Sector and the supporting Action Plan do you think are working successfully and which have been less successful?

	Successful	Less successful	Don't know
Promoting and improving health and wellbeing			
Engagement with the Third Sector			
Service delivery and design			
Volunteering			

Please provide any comments in relation to the 4 themes in the box below.

Include any additional themes you think should be included with an explanation as to why you think it is an important theme.

10. Did you know that there are Health and Social Care Facilitators based in C3SC and GVS to support the relationship between the Third Sector and the UHB?

Yes		No	
-----	--	----	--

11. What do you think are the most important areas that the Health and Social Care Facilitators should be focussing on to support delivery of the ‘Shaping Our Future Wellbeing’? (Identify up to 3 areas)

Signposting between the UHB and the Third Sector	
Representing the Third Sector on Planning Groups	
Developing Briefings for the UHB and the Third Sector	
Producing Case Studies to Highlight Current and Potential Contribution of the Third Sector	
Co-ordinating Network Meetings	
Co-ordinating Opportunities for Engagement	
Co-ordinating Consultation Responses on Behalf of the Third Sector	
Other (please list)	

If you answered Other to question 11, please provide more details below:

--

12. How will we know if we have been successful in strengthening the relationship between the UHB and the Third Sector? (Mark all that apply)

Greater Integration and Co-location of Third Sector and UHB Services	
More Services Commissioned from the Third Sector	
More Diverse Range of Third Sector Organisations Fully Participating in the UHB Commissioning Process	
Increased Opportunity for Dialogue	
More Examples of Co-production in Service Redesign	
Increased Numbers of Volunteers Working in the UHB	
Other (please list)	

13. If you know of examples of innovative models of working between the NHS and the Third Sector elsewhere, please provide information in the box below.

--

14. There are a number of regional and national policy initiatives that will influence the relationship between the UHB and the Third Sector over the coming years. They include the Social Services and Wellbeing (Wales) Act 2014, the Wellbeing of Future Generations (Wales) Act 2014 and Prudent Healthcare. Are there any other policy initiatives on the horizon from your field that you think need to inform the way the relationship develops?

15. Would you like to be kept informed or get involved in further joint work on the UHB Strategic Framework for Working with the Third Sector?

I would like to be kept informed	
I would like to be involved in further work, such as workshops	
I do not want any further involvement	
Other (please specify)	

16. What aspects of joint work would you like to be involved in?

Please provide all aspects below

17. Your name

If you would like to be kept informed or involved further

18. Your contact details (email and telephone number)

If you would like to be kept informed or involved further

Please return all responses to sarah.c@c3sc.org.uk

Thank you for taking the time to respond

The results of the survey will be collated and contribute to the development of the new Strategic Framework for Working with the Third Sector.

Appendix 2: Electronic Questionnaire Circulation List

Glamorgan Voluntary Services circulation:

Vale Health and Social Care network
CSING
OP Service Providers' Network
Housing and Homelessness Forum
Vol orgs funded by Vale Council
GP Champions in the Vale
Wyn Champions
Vale Trustee Network
Vale Voluntary Action and Community Development Network
Vale 50+ forum (exec and committee members only)
Carers' Groups
LD APG
Cardiff and Vale Ageing Well Group

Cardiff Third Sector Council circulation:

Cardiff Health and Social Care network
Cardiff and Vale Long Term Conditions Alliance
Co-creating Healthy Change Partners
Cardiff Children, Young People and Families network
Cardiff Advice Providers network
Cardiff Volunteer Co-ordinators network
Children and Young People Task group (substance misuse)
Cardiff and Vale Area Planning Board (substance misuse)
Cardiff and Vale APB Delivery (commissioning and finance) group
C3SC Member Organisations
Cardiff Neighbourhood Partnership Officers
Cardiff Voluntary Community Service
Carers' Groups
Cardiff 50+ Forum (exec and committee members only)

Cardiff and Vale UHB circulation:

Clinical Board senior management teams (with request to cascade as appropriate)
Clinical Board leads for existing Third Sector contracts
Third Sector orgs holding UHB contracts
UHB charity funders e.g. Noah's Ark
Board Members (Independent Members and Executives)
Stakeholder Reference Group members
PCIC Community Directors and Locality Managers
UHB Patient Experience Team
UHB Planning Team
UHB Procurement team
UHB Head of Outcomes Based Commissioning
UHB Communications Team
UHB Nursing Team
Local Public Health Team
Local Service Boards
Public Health and Wellbeing Board
Vale Voluntary Sector Joint Liaison Committee
Cardiff Third Sector Partnership and Planning Group
Integrated Health & Social Care Governance Board

Appendix 3: Structured Interview Questions to inform the review of the Cardiff and Vale UHB Strategic Framework for Working with the Third Sector

Interviewee:

Interviewer:

Date:

Caring for People; Keeping People Well is why we exist as a UHB, with a vision that **a person's chance of leading a healthy life is the same wherever they live and whoever they are**. The UHB has recently published a strategy **Shaping Our Future Wellbeing** which sets how we intend to deliver our strategic objectives over the next ten years. It describes the challenges we face, the principles which underpin the development of our services and the steps we intend to make to bring about the change required to achieve our vision. It recognises the need to take a balanced approach to achieving change for our population, our service priorities, our sustainability and our culture.

In 2012, the UHB developed a Strategic Framework for Working with the Third Sector, setting out its ambitions for working collaboratively with the third sector to enhance the lives of individuals and communities in Cardiff and the Vale of Glamorgan. Supported by an annually updated action plan, it was designed to embed strengthened relationships with the third sector into core UHB business.

The Strategic Framework is being reviewed to ensure it is fit for purpose to support delivery of [Shaping Our Future Wellbeing](#) and that it appropriately reflects the ambitions and potential of the third sector locally. To inform the review, we are seeking your views on what the relationship between the UHB and the Third Sector should look and feel like if we are to deliver the Strategy and achieve the vision. You are one of a small number of key stakeholders with whom we are conducting a structured interview, with the aim of providing some qualitative information to complement the findings of a widely circulated electronic questionnaire.

For information, the UHB funds a Health and Social Care Facilitator in each of the County Voluntary Councils (Cardiff Third Sector Council and Glamorgan Voluntary Services); there is also a service level agreement with each CVC to support their third sector infrastructure role. The UHB Mental Health Clinical Board has a service level agreement with Cardiff Action for Mental Health (cavamh) to support their infrastructure role in the field of mental health.

1. Do you work or volunteer with:
 - a) Third Sector organisation?
 - b) UHB?
 - c) Public Health?
 - d) Primary Care?
 - e) Local Authority?
 - f) Other? Please specify

2. On a scale of 1 to 5, how would you rate the current relationship between the Health Board and the Third Sector? (1 poor; 5 excellent)

3. What are the current strengths of the relationship between the UHB and the Third Sector? (Questionnaire provides the following examples: IM membership from TS on UHB Board; On Board Briefing; H&SC Facilitator role; involvement in events such as networks and AGMs; Action Plan; joint planning; joint service delivery; direct conversations; role of cavamh; other)
4. What needs to improve in the relationship between the UHB and the Third Sector? (Questionnaire provides the following examples: knowing who to contact; opportunities to discuss ideas for service development and delivery; engagement on service change; general communication; clear process and timelines shared around planning and commissioning; other)
5. Are you aware of the Cardiff & Vale UHB Strategic Framework for Working with the Third Sector and its accompanying Action Plan? Yes/No.
6. How should the UHB be working with the Third Sector to explore how we can work jointly to deliver 'Shaping Our Future Wellbeing'? (Questionnaire provides following examples: workshops and events; network meetings; involvement in ongoing joint planning; joint communication such as joint press releases, use of social media, briefings; other)
7. In what ways might the Third Sector be able to support joint delivery of 'Shaping Our Future Wellbeing'? (Questionnaire provides following examples: service integration and co-location; commissioned service provision; advocacy for vulnerable groups; volunteering; supporting health and wellbeing e.g. preventative services, health champion in community; signposting; transport solutions; other)
8. What would be the key features of a healthy and productive relationship between the UHB and the Third Sector? (Questionnaire provides following examples: sustainable third sector services; co-productive approach to service design; integrated service delivery; continuation of third sector infrastructure arrangements e.g. CVC role, H&SCF; third sector representation on key planning groups; two-way communication channels e.g. network meetings, workshops; other)
9. Which of the 4 themes of the existing Strategic Framework for Working with the Third Sector and the supporting Action Plan do you think are working successfully and which have been less successful?. (4 themes: promoting and improving health and wellbeing; engagement with the third sector; service delivery and design; volunteering). Provide opportunity for comment including any additional themes that should be included and an explanation as to why that is an important theme.
10. Did you know that there are Health and Social Care Facilitators based in C3SC and GVS to support the relationship between the Third Sector and the UHB?

11. What do you think are the most important areas that the Health and Social Care Facilitators should be focusing on to support delivery of the Shaping Our Future Wellbeing Strategy? (Questionnaire provides the following examples: signposting between UHB and Third Sector; representing Third Sector on planning groups; developing briefings for UHB and Third Sector; producing case studies to highlight the current and potential contribution of the third sector; co-ordinating networks meetings; co-ordinating opportunities for engagement; co-ordinating consultation responses on behalf of third sector; other)
12. How will we know if we have been successful in strengthening the relationship between the UHB and the Third Sector? (Questionnaire provides following examples: greater integration and co-location of third sector and UHB services; more services commissioned from Third Sector; more diverse range of third sector organisations fully participating in UHB commissioning process; increased opportunities for dialogue; more examples of co-production in service redesign; increased number of volunteers working in UHB; other)
13. If you know of examples of innovative models of working between the NHS and Third Sector elsewhere which could help support delivery of the Strategy, please provide information.
14. There are a number of regional and national policy initiatives that will influence the relationship between the Health Board and the Third Sector over the coming years. They include the Social Services and Wellbeing (Wales) Act, the Wellbeing of Future Generations (Wales) Act and Prudent Healthcare. Are there any other policy initiatives on the horizon from your field that you think need to inform the way the relationship develops?
- Would you like to be kept informed or get involved in further work on the UHB Strategic Framework for Working with the Third Sector?
What aspects of joint work would you like to be involved in?
 - Any Other Comments?

Appendix 4: List of Interviewees

UHB

- Vice Chair and Independent Member lead for TS
- Director of Public Health (and TS Executive Lead) and Director of Planning
- Primary, Community and Intermediate Care Clinical Board - Head of Operations and Delivery
- Mental Health Clinical Board - Head of Operations and Delivery and Service Development Manager
- Children and Women Clinical Board - Head of Operations and Delivery Community Child Health
- Medicine Clinical Board - Head of Operations and Delivery
- Volunteer Service Manager
- Procurement Manager
- Consultant in Public Health Medicine
- Practice Manager

Third Sector

- GVS Chair and Chief Executive
- C3SC Chair and Chief Executive
- Care and Repair Senior Manager
- Age Connects Senior Manager
- Action for Children Senior Manager
- Diabetes UK Senior Manager
- Chair of Mental Health Forum
- Cardiff and Vale Action for Mental Health - Director
- Co-Creating Healthy Change – Co-ordinators for Long Term Conditions Alliance and Diverse Cymru
- Friendly AdvantAGE – Project Manager
- Co-director of Age Alliance Wales (and senior manager RNIB)
- Co-director of Age Alliance Wales (and senior manager Action on Hearing Loss)

Other Stakeholders

- Cardiff Council - Service Manager, Health and Social Care
- Vale of Glamorgan Council – Team Manager, Social Services Business Management and Innovation
- Cardiff and Vale Community Health Council - Chief Officer
- Wales Council for Voluntary Action (WCVA) - Senior Policy Officer

Appendix 5: Analysis of Electronic Questionnaires

Introduction

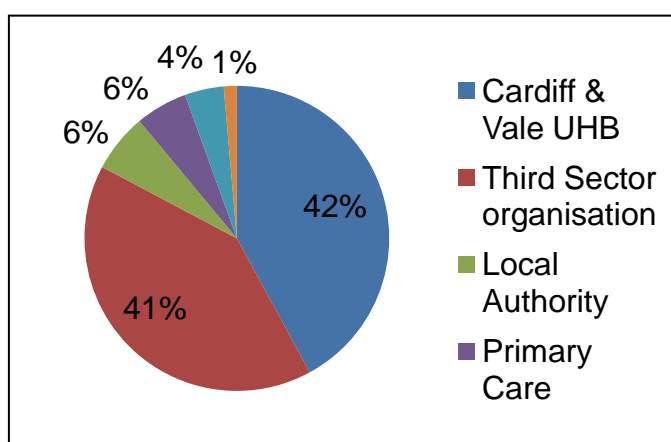
An electronic questionnaire was created and circulated via email, e-bulletins and on a range of websites from the end of September until the 26 October 2015. The following is a summary of the responses. A full list of all comments is available in Appendix 5a.

Summary of the responses

1. Who do you work or volunteer with?

The survey was completed by 145 individuals.

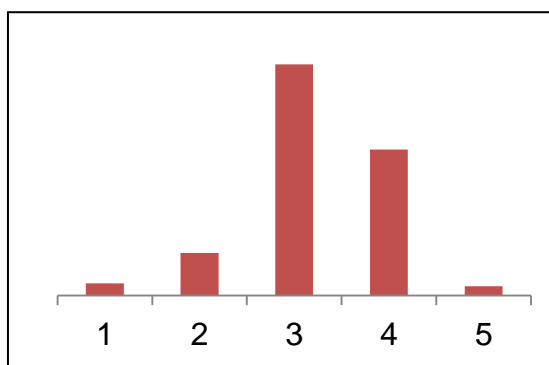
Cardiff & Vale UHB	61
Third Sector organisation	59
Local Authority	9
Primary Care	8
Public Health	6
Other	2



2. On a scale of 1-5, how would you rate the current relationship between the UHB and the Third Sector? (with 1 being poor and 5 being excellent)

Just over half of all those who responded gave a score of 3 for the relationship between the UHB and the Third Sector, and almost a third gave a score of 4. UHB respondents scored the relationship slightly higher than the other sectors.

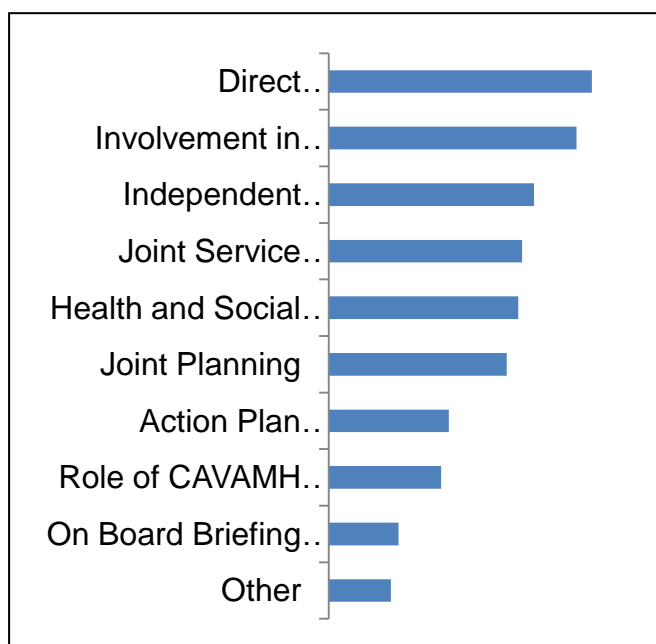
Score	Number of survey responses
1	4
2	14
3	76
4	48
5	3



3. What are the current strengths of the relationship between the UHB and the Third Sector?

A range of options were provided as part of the survey, and respondents could mark as many as they liked. The top three identified were: direct conversations between the UHB and the Third Sector; involvement in events; and having an independent member from the Third Sector on the UHB Board.

Option	
Direct Conversations between the UHB and the Third Sector	68
Involvement in Events (eg 3rd Sector networks and UHB AGM)	64
Independent Member from the Third Sector on the UHB Board	53
Joint Service Delivery	50
Health and Social Care Facilitator Role	49
Joint Planning	46
Action Plan (linked to the Strategic Framework)	31
Role of CAVAMH for Mental Health Specific Issues and Engagement	29
On Board Briefing Disseminated Following each UHB Board Meeting	18
Other	16



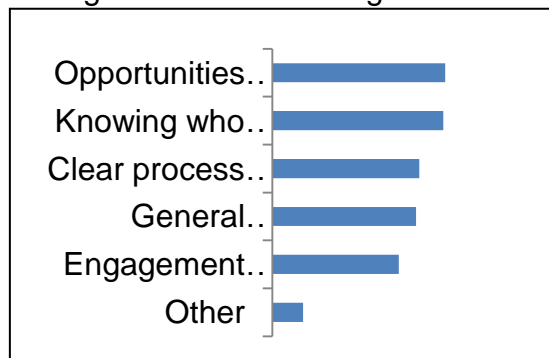
Other comments included:

- Some aspects of joint delivery are good, but need more. Joint planning, especially in terms of older people has fallen apart since end of Wyn. Substance misuse is a good example of joint planning.
- Representation and involvement in a number of groups including the Stakeholder Reference Group and the Integrated Health and Social Care Partnership.
- Evolution of GP cluster work with the Third Sector.
- Palliative care services commissioned from the Third Sector.

4. What needs to improve in the relationship between the UHB and the Third Sector?

A range of options were provided as part of the survey. Over half of the survey responses identified all of the options as areas needing improvement. The top three choices were; Opportunities to discuss ideas for service development and delivery; Knowing who to contact; and a Clear process and timelines shared around service planning and commissioning.

Options	
Opportunities to discuss ideas for service development and delivery	101
Knowing who to contact	100
Clear process and timelines shared around service planning and commissioning	86
General communication	84
Engagement on service change proposals	74
Other	18



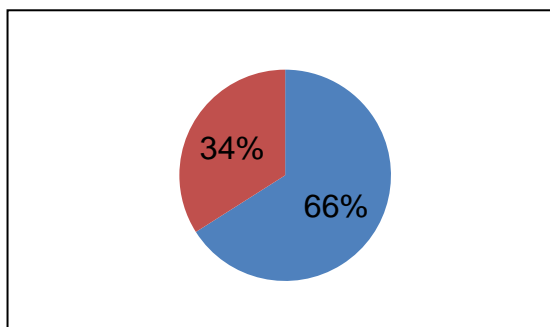
Other comments included:

- A need for a system of social prescribing and bringing in a community voice.
- Some excellent areas in terms of the relationship, but sometimes is patchy and inconsistent
- Don't know how to get third sector proposals to the right people and who to discuss ideas with.
- Co-production rather than a silo mentality that focuses on funding.
- Funding for services that benefit the NHS.
- How can Third Sector help us?
- Often UHB employees are too busy to fully engage in joint planning and initiatives.
- An appreciation from the third sector that they may not be qualified to do the work of a health professional.
- More input from NHS and SS to work with the Third Sector.
- Active management of agreed SLA outcomes and delivery.
- Recognising that a health charity is there for the public, but needs to be financed by the UHB to be recognised and respected.
- More grass roots engagement and support from planning to broker at Third Sector they could end up being bombarded.
- More timely tendering schedules.
- Third Sector need to be involved in all aspects from planning to delivery.

5. Are you aware of the Cardiff & Vale UHB Strategic Framework for Working with the Third Sector and its accompanying Action Plan?

Nearly two thirds of all surveys completed confirmed that they knew about the Strategic Framework.

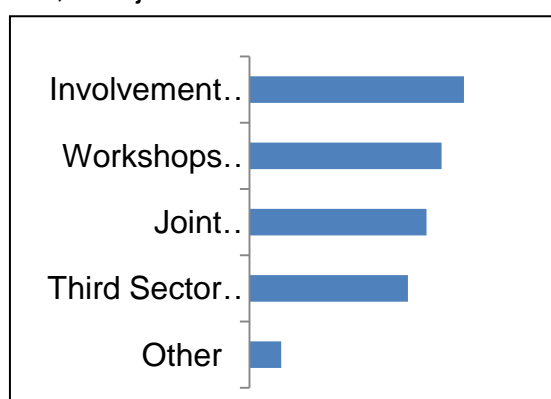
Yes	96
No	49



6. How should the UHB be working with the Third Sector to explore how we can work jointly to deliver 'Shaping our Future Wellbeing'?

A range of options were provided as part of the survey. Over half of the survey responses identified all of the options as possible ways of working. The top three choices were: Involvement in ongoing joint planning processes; Workshops and events; and joint communication.

Options	
Involvement in ongoing joint planning processes	115
Workshops and events	103



Joint communication (eg joint press releases, use of social media and briefings)	95
Third Sector Network meetings	85
Other	17

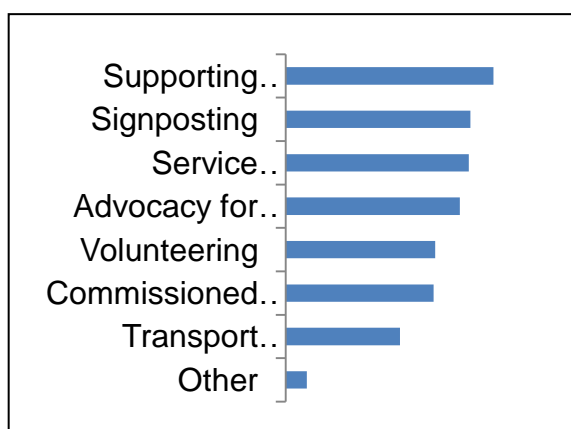
Other comments included:

- Teams/ service providers being aware of the range of relevant services/activities delivered by the Third Sector.
- Role clarity; long term shared strategic models.
- More service user involvement/engagement.
- Input to events to ensure they are relevant to health.
- Recognising the Third Sector as a professional sector and to treat third sector colleagues as equal partners. Including involving grass roots staff.
- Looking at how the Third Sector can provide some health services more efficiently and in the community.
- Need for clear information and advice is easily accessible about community support.
- There could be clear expectations made of the clinical boards to work with third sector to maximise the contribution to their service areas.
- More direct communication.
- Co-delivery and co-location.
- Funding.

7. In what ways might the Third Sector be able to support joint delivery of ‘Shaping Our Future Wellbeing’?

A range of options were provided as part of the survey. Over half of the survey responses identified all of the options except for transport solutions. The top three choices were: Supporting health and wellbeing; signposting; and service integration and co-location.

Options	
Supporting Health and Wellbeing (eg preventative services, health champions in the community)	118
Signposting	105
Service Integration and Co-location	104
Advocacy for Vulnerable Groups	99
Volunteering	85
Commissioned Service Provision	84
Transport Solutions	65
Other	12



Other comments included:

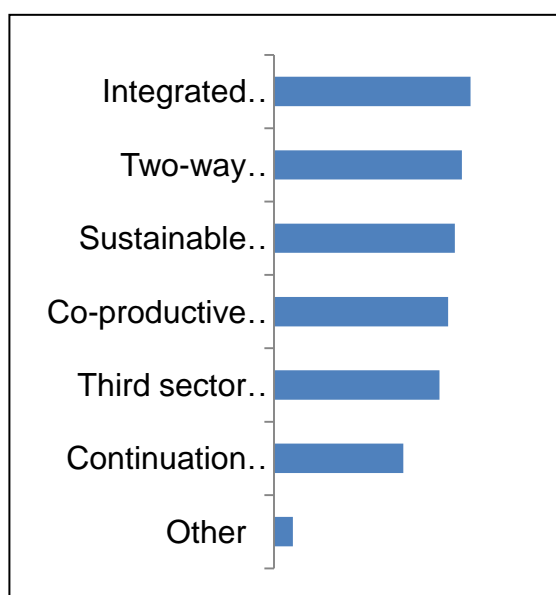
- Linking primary care with volunteer and third sector groups. Finding out and experiencing what is on offer and treating services as important.
- Extending joint working on public health, particularly in areas of greatest health need.
- Third Sector could provide mentoring, identify upcoming trends and develop innovative ideas.

- Providing specialist community services, including UHB commissioned service provision.
- Perhaps it is time for real discussions about how the Third Sector can deliver services currently delivered by health (and social care). There needs to be a forum for this to be discussed and which can make it happen.
- Transport in the Western Vale is particularly poor.

8. What would be the key features of a healthy and productive relationship between the UHB and the Third Sector?

A range of options were provided as part of the survey. Over half of the survey responses identified all of the options. The top three choices were: Integrated service delivery; two-way communication channels between the UHB and the Third Sector; and sustainable Third Sector services.

Options	
Integrated Service Delivery	114
Two-way Communication Channels between the UHB and the Third Sector (eg network meetings, opportunities to discuss ideas, workshops on specific topics)	109
Sustainable Third Sector Services	105
Co-productive Approach to Service Design	101
Third sector Representation on Key Planning Groups	96
Continuation of Third Sector Infrastructure Arrangements (eg role of GVS, C3SC, CAVAMH, Health and Social Care Facilitators)	75
Other	11



Other comments included:

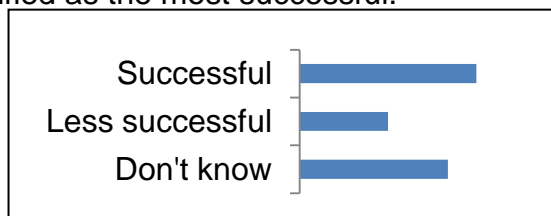
- Clear ways that staff on the shop floor can access Third Sector services for patients.
- Net shift in the provision of services from statutory to Third Sector in ways that characterise Prudent Healthcare principles.
- There needs to be a five year strategic view of what the Third Sector role and provision might look like, for example co-production is very vague unless it is fleshed out with particular models.
- Mutual appreciation of each other’s roles and responsibilities and not assuming what each can do.
- Working with the Third Sector by the UHB becomes natural and starts earlier in the planning processes.
- There is a need for action. There have been enough talkshops it is time action is taken.
- Health and Social Care Facilitators add a lot of value for the UHB, LAs, Third Sectors and partnership working generally.

9. Which of the 4 themes of the existing Strategic Framework for Working with the Third Sector and the supporting Action Plan do you think are working successfully and which have been less successful?

a. Promoting and improving health and wellbeing.

42.8% of responses were that this theme was successful and 21.4% that this was less successful. Across all of the themes this was identified as the most successful.

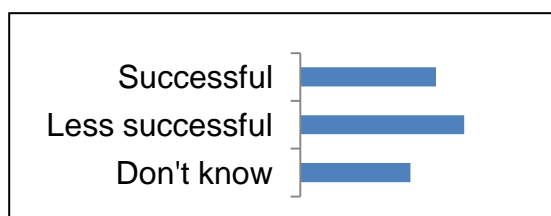
Successful	62
Less successful	31
Don't know	52



b. Engagement with the Third Sector.

33.1% of respondents thought that this theme was successful whilst 40% thought it was less successful.

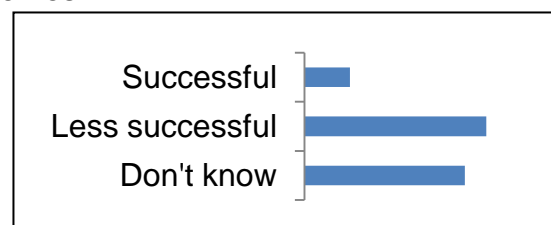
Successful	48
Less successful	58
Don't know	39



c. Service delivery and design

Only 11.7% thought this theme was successful with 46.9% thought it was less successful. This was the least successful of all of the themes.

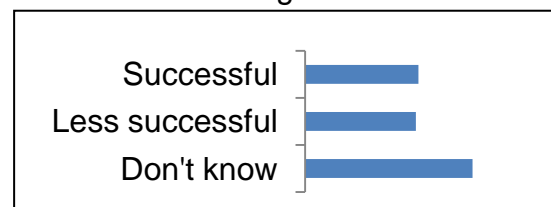
Successful	17
Less successful	68
Don't know	60



d. Volunteering

29.0% thought this theme was successful with 28.3% thought it was less successful.

Successful	42
Less successful	41
Don't know	62



The following is a summary of the comments made in relation to the 4 themes:

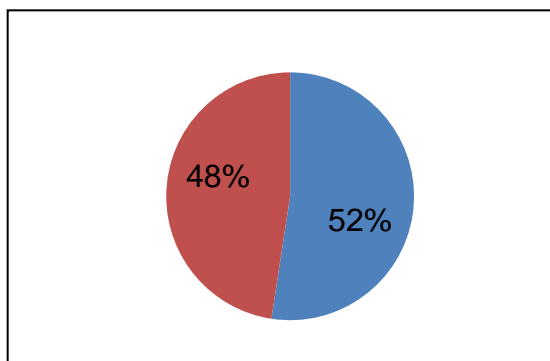
- More needs to be done on health and wellbeing. There are many examples of good services, but they are not universal and are not well known by people with unmet needs.
- No evidence of success. Maybe it takes place exclusively at the top (management) level but for most staff is non-existent and when suggested is met with resistance.

- Engagement and involvement of service users in service design varies according to condition. When there is a lack of engagement due consideration must be given to the failures and the reasons for the lack of action communicated to the third sector.
- There is progress in each area but none are where they should be to provide sustainable Prudent services.
- The themes are going to widen the divide between areas and poverty stricken areas, where there are already limited resources and with the advance of telemedicine there will end up being two tiers of delivery of healthcare.
- Volunteers are crucial to support the softer services within the UHB which needs to continue and grow where necessary. The structure around them needs to be there with clearly defined roles between them and paid staff.
- The themes should link more to the new UHB strategy and some of the existing themes should be principles running throughout.

10. Did you know that there are Health and Social Care Facilitators based in C3SC and GVS to support the relationship between the Third Sector and the UHB?

Just over half of those completing the questionnaire knew about the Health and Social Care Facilitators. The proportion of those knowing and not knowing of the HSCFs was broadly similar across the TS and the UHB. All LA respondents (9) knew of the HSCFs while only 13% of Primary Care respondents (8) were aware of the HSCFs.

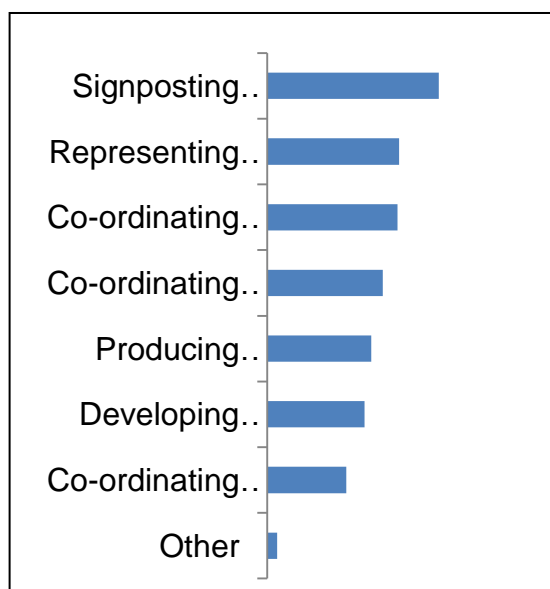
Yes	76
No	69



11. What do you think are the most important areas that the Health and Social Care Facilitators should be focussing on to support delivery of the ‘Shaping Our Future Wellbeing’?

A range of options were provided as part of the survey. The top three choices were: Signposting between the UHB and Third Sector; Representing the Third Sector on planning groups; and co-ordinating opportunities for engagement.

Options	
Signposting between the UHB and Third Sector	104
Representing the Third Sector on Planning Groups	80
Co-ordinating Opportunities for Engagement	79
Co-ordinating Network Meetings	70



Producing Case Studies to Highlight Current and Potential Contribution of the Third Sector	63
Developing Briefings for the UHB and the Third Sector	59
Co-ordinating Consultation Responses on Behalf of the Third Sector	48
Other	6

Other comments included:

- Supporting service delivery at all levels so that all staff and patients feel a real sense of collaboration and coproduction.
- Sharing of volunteers between the UHB and the Third Sector.

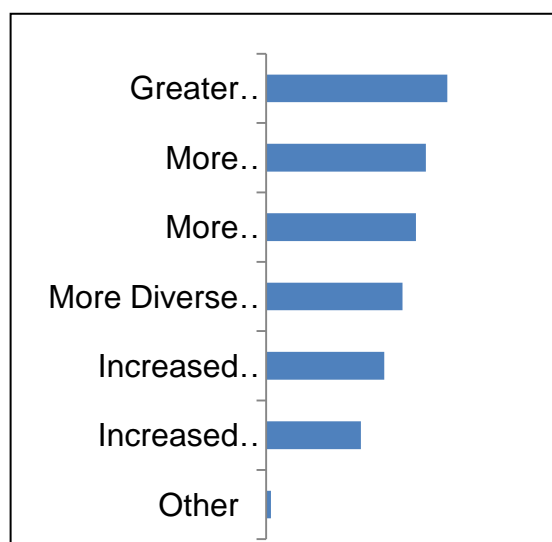
An additional question was asked for any other suggestions in more detail. These suggestions included:

- Providing information to the public on how to access help and proactively prevent or assist the management of health conditions.
- Developing capacity, efficiency and effectiveness in the Third Sector by forging alliances between national and local Third Sector organisations.
- Coordinating anything would be good with everyone working to the same agenda and using the same accessible language.
- Engaging directly with the Third Sector providers to understand the uniqueness of their offer so that they can represent them more effectively.
- Facilitating representation on planning groups but not necessarily being on the groups.
- The Facilitators need to work in partnership to limit duplication and to extend their reach and capacity.

12. How will we know if we have been successful in strengthening the relationship between the UHB and the Third Sector?

A range of options were provided as part of the survey. Five of the options were identified by 50% or more of survey responses. The top three choices were: Greater integration and co-location of Third Sector and UHB services; more examples of co-production in service redesign; and more services commissioned from the Third Sector.

Options	
Greater Integration and Co-location of Third Sector and UHB Services	109
More Examples of Co-production in Service Redesign	96
More services commissioned from the Third Sector	90
More Diverse Range of Third Sector Organisations Fully Participating in the UHB Commissioning Process	82
Increased Opportunities for Dialogue	71



Increased numbers of volunteers working in the UHB	57
Other	3

Other comments included:

- Measurable deliverables against agreed indicators.
- Staff working in the UHB having meaningful interaction with the Third Sector.

13. If you know of examples of innovative models of working between the NHS and the Third Sector elsewhere, please provide information.

Some of the suggestions made were:

- DEEP projects across England and Wales
- RVS Home from hospital and community transport for older people.
- Betsi Cadwaladar UHB developing an information talk for new patients about to undergo radiotherapy with a Third Sector organisation.
- Betsi Cadwaladar UHB through its NHS Charity has appointed a member of staff to work as a point of contact for third sector organisations seeking advice on fundraising. This is in addition to work already carried out by the CVC.
- Time credits as a tool to engage volunteers which also meets requirements of Prudent Healthcare.
- Cooperatives across England and other parts of Wales, such as in Monmouthshire.
- Support by Third Sector in England helping older people return from A&E in England.
- Health and Social Care combining in Scotland.

In addition some local examples were provided:

- Substance misuse services, Brain injury services and Mental Health services.
- Dementia afternoon in a GP practice with Third Sector and statutory partners attending along with patients.
- Dementia taskforce and subgroups.
- Friendly AdvantAGE
- Local art classes run by the Third Sector to help patients and carers to relax.
- Mental Health Dispersed Supported Housing Scheme – collaboration between the UHB and a Third Sector organisation.
- Delivery of foodwise management programme, where the Third Sector are trained by dieticians to deliver nutritional education.
- Cardiff Neighbourhood partnerships.

14. There are a number of regional and national policy initiatives that will influence the relationship between the UHB and the Third Sector over the coming years. They include the Social Services and Wellbeing (Wales) Act 2014, the Wellbeing of Future Generations (Wales) Act 2014 and Prudent Healthcare. Are there any other policy initiatives on the horizon in your field that you think need to inform the way the relationship develops?

The following were some of the suggestions:

- Dementia plan.
- Neurological delivery plan.
- Funding cuts to Third Sector services (including CVCs) from LAs causing a reduction in what can be offered. Reaching an impasse where financial pressures in the Third Sector mean that access to supportive services will be limited.
- Welsh Governments Regionalisation agenda, including LA reconfiguration.
- Domestic Violence agenda – Ask and Act.

15. Would you like to be kept informed or get involved in further work on the UHB Strategic Framework for Working with the Third Sector?

More than two thirds of respondents said they wanted to either be kept informed or involved further.

I would like to be kept informed	58
I would like to be involved in further work, such as workshops	37
I do not want any further involvement.	40
Other	6

16. Any other comments?

A number of additional comments were provided at the end of the survey. The following is a summary of these:

- The service user interests need to be taken into account. With support of the Third Sector the UHB can take pressure from its services which can only be to the benefit of the service user.
- Need for Service Level Agreement between Third Sector and UHB where services are in partnership but not commissioned by the UHB.
- There is a feeling of a top down approach to developing new ideas. Links between health and social care should include proper engagement with the Third Sector providers to explore new ideas.
- There is a difference in the support provided by the Health and Social Care Facilitators, this should be addressed to match the support provided through Glamorgan Voluntary Services.

APPENDIX 5a: Full list of comments / other received to the electronic survey

1. Do you work or volunteer with?

Care Council for Wales	1
Community Health Council	1
(2 additional ones listed under other, but on closer inspection both are third sector organisations).	

2. No additional comments or other option.

3. What are the current strengths of the relationship between the UHB and the Third Sector?

- Some aspects of joint service delivery are good, but need more. Joint planning, especially in terms of older people's services has fallen apart since end of Wyn. Momentum therefore lost and problematic issues not discussed in partnership unless H&SCF provide opportunities. Unsure why OP planning is not undertaken along lines of Substance Misuse partnership working which appears to work well
- Palliative care services commissioned from Third Sector
- Third sector representation on the SRG
- Involvement in the Integrated Health and Social Care Partnership
- Evolution of GP cluster work with Third Sector
- Don't know/unsure/NA / None of the above / Blank – answer given in 9 surveys

4. What needs to improve in the relationship between the UHB and the Third Sector?

- Slow recognition that the answer to many health problems is in the community and not necessarily in direct health provision.
- An appreciation from third sector that they may not be qualified to do the work of a health professional
- System of social prescribing and bringing in a community voice.
- Some excellent areas in terms of the relationship, but sometimes patchy and inconsistent. Some CBs better than others etc Children and Womens. We are still in a situation where we don't know how to get third sector proposals to the right people to have serious consideration and feedback.
- How can Third Sector help us?
- Often UHB employees are too busy to fully engage in joint planning and initiatives
- More input from NHS and SS to work with the Third Sector
- Active management of agreed SLA outcomes and delivery
- Recognising the reality that a health charity is there for the public, but needs to be financed by the UHB. Only if a health charity is funded by the UHB/NHS/WG will it be recognised and respected
- More grass roots engagement and support from planning to broker at 3rd Sector could end up being bombarded
- Co-production rather than silo mentality and focus on maintaining funding
- No improvement needed we currently have a member of staff I manage from Age Connected base with us
- Funding for services that benefit NHS services

- We don't know who to discuss our ideas with
- More timely tendering schedules
- Third Sector need to be involved in all aspects from planning to delivery
- All of these are important. We would like to be involved.

(one other choice was ticked but no information was provided)

5. No additional comments or other option.

6. How should the UHB be working with the Third Sector to explore how we can work jointly to deliver 'Shaping Our Future Wellbeing'?

- Co-delivery
- Teams /service providers being aware of range of relevant services/activities delivered by the Third Sector
- Role clarity; long-term shared strategic models
- More service user involvement/engagement
- Input to events to ensure health relevant and support
- Recognising the third sector as a professional sector and to speak to the smaller health charities, not the main, common condition, third sector organisations
- I don't know, is the UHB not already doing the above, the question implies it is not but I would presume it does already.
- More direct communication
- Treat third sector colleagues as equal partners
- Involving grass roots staff
- Funding
- Working with Third Sector and Local Authorities to ensure clear information and advice is easily accessible about community support e potential for cooperative /social enterprise models of community provision/services. Exploration of t [end of comment]
- Looking into sharing office space
- All of the above are relevant. I wonder if CBs need to have a clear expectation that they should work with third sector perhaps couched in terms of how they maximise the third sector contribution to their particular service areas.
- Looking at how the Third Sector can provide some health services more efficiently and in the community.
- All of these could be important if we were involved.

(one other choice was ticked but no information was provided).

7. In what ways might the Third Sector be able to support joint delivery of 'Shaping Our Future Wellbeing'?

- Mentoring
- Upcoming trends, innovative ideas
- Transport in W. Vale particularly poor
- Third sector organisations will continue to do what they do best - if properly funded and respected by the UHB. We are not a 'lip service', 'last resort', or a 'tick box'.
- Commissioned Service Provision

- Specialist community services
 - Creation of community
 - Finding out and Experiencing what's on offer
 - Extending joint working on public health, particularly in areas of greatest health need.
 - Linking primary care with volunteer and third sector support groups
 - Perhaps it's time for real discussions about how the third sector can deliver services currently delivered by health (and social care). There is talk, but no forum for this to be discussed or which might make it happen.
 - Information for Lynch syndrome users throughout the UK based on guidelines
8. What would be the key features of a healthy and productive relationship between the UHB and the Third Sector?
- Clear ways that staff on the shop floor can access third sector services for patient
 - agreed long term strategic involvement
 - improved information sharing and data collection
 - You seem to know what needs to be done. I think I have sat in workshops for 15 years on each of the above themes. When will it be a case of 'action'? Third sector organisations cannot afford to send representatives to so many talks - we end up not going - UHB wins due to 'lack of interest'!
 - Net shift in the provision of services from statutory to third sector, in ways characterised by Prudent healthcare principles
 - H&SC Facilitators add a lot of value for both the UHB, Councils, third sector and partnership working generally
 - Filling staff vacancies
 - At least a three to a five year strategic view of what third sector role and provision might look like. e.g co-production is very vague unless it is fleshed out with particular models. w [end of comment received]
 - Mutual appreciation of each other's roles and responsibilities and not assuming each can just do the others
 - Working with the third sector becomes natural and starts earlier
 - Unable to comment on these
9. Which of the 4 themes of the existing Strategic Framework for Working with the Third Sector and the supporting Action Plan do you think are working successfully and which have been less successful?
- We could do more on health and wellbeing. Main difficulty is who do we deal with.
 - Good relationship with the H&SC Facilitators helps to frame projects and programmes
 - "Joint communication strategy
 - joint project engagement across all parties
 - clear programme management over projects"
 - I don't feel I have enough information or knowledge of specific work completed in of the areas above to be able to comment on any successes.

- Regarding improving health and wellbeing there are many examples of good service, but these are not universal. There are a number of people who have unmet needs, and although there is much support from the third sector, third sector services are not well known by many.
- "It has been my experiences in various partnership groups promoting improvements for services for people with LD over the last 4 years that it is very difficult to engage with the various health boards in Wales as there is often no presence from Health at our meetings despite valiant attempts to encourage them to participate!
- There has been a slight improvement recently.
- Until you engage fully it is very difficult to incorporate your important insights."
- "We work with 3rd sector on a daily basis. I feel that our agendas match up e.g. working with vulnerable needy groups but the expectations between the services and sectors on how we tackle these issues can sometimes be poles apart, i would say this is due to a lack of clarity and communication with some organisations, high turnover of staff / volunteers within the 3rd sector and a reluctance to embrace ideas, projects and initiatives that work well in other clusters / sectors. It feels like each 3rd sector organisation wants to reinvent the wheel and claim that idea as their own. Better communication between 3rd sector and UHB services would hopefully help with this particularly smaller more local meetings and workshops with the correct people involved (not necessarily hierarchical grades attending meetings without the foot soldiers).
- I believe there are great ideas and people working with lots of knowledge in 3rd sector of health and wellbeing but sometimes their energy and enthusiasm and realisation and practicality of delivering services or getting views from stakeholders don't quite match up. An example of this was the Breaking down barriers event held in City Hall. many stakeholders, volunteers and people with disabilities turned up yet the format for the day and location was so unsuitable for the client group it was laughable, people were not able to get the best from this event and it was definitely a wasted opportunity."
- The third sector is an untapped resource for NHS and they are so innovative and excellent in their fields. We should work much more closely and build trust.
- I think it varies hugely within the health board in its engagement with third sector so difficult to answer as some areas successful some not so.
- I think there are not a lot of checks and balances to ensure projects are being delivered as commissioned. It does at times feel like pots of money are handed out and then there is no oversight. I feel the voluntary sector has been doing a great job but that better collaboration between the UHB and 3rd sector via proactive attempts to work together on projects (rather than just commissioning bits and pieces to 3rd sector) would result in better client outcomes and a more seamless service
- Third Sector providers should be represented on local delivery boards (e.g. Palliative & End of Life Care) where they deliver services covered by that board as acute/UHB representatives will not necessarily have the experience or knowledge to assess the potential contribution of the Third Sector
- "Engagement and involvement of service users in service design varies according to condition. e.g. The HB has failed to implement improvements to the pathway and services for ME & CFS as instructed by WAG some years ago. After repeated approaches from the

patient group WAMES, they met with WAMES for a short time. No reason has been given for the subsequent lack of contact and failure to act, or involve users. Further instruction from WAG to develop services and engage with users has been ignored.

- When assessing the success or failure of any of the themes, due consideration must be given to the failures. In this case the reasons for lack of engagement. Ways should be found to communicate reasons for the 'lack of action' to the 3rd sector on any matter."
- I think too much emphasis is placed on the 'popular' medical conditions, too many of the 'uncomfortable', 'hidden', 'less recognised' conditions, and therefore their champions/charities, suffer.
- I don't see any evidence of the success of the above. Maybe it is taking place but is not being communicated or maybe it is not there. Even with those organisations that one would assume there would be a great deal of successful joint working, perhaps it takes place exclusively at the top (management) level but for most staff I think it is non-existent and in my experience when suggested is met with resistance.
- Although there is good progress in each area, none of them are where they need to be if we are to provide sustainable and Prudent services
- If you are a grass root worker you don't have time to get involved even if the will is there
- We are lucky as part of the health and social care integration project to have a full time member of staff based with us, this is a huge benefit.
- While the themes are relevant I feel they are going to widen the already great divide between areas and poverty stricken areas. These areas have limited resources invested in them and with the advance of telemedicine there will end up being a 2 tier delivery of healthcare.
- "From our perspective we recognise that a great deal of good work goes on. It's just that communication is sporadic and with a range of emails and bulletins it is difficult for third sector providers like us to know where we should go to engage effectively.
- We have ideas about helping people out of hospital, providing short breaks/respice etc. I have tried to raise them but there is no clear path to discuss and develop ideas."
- Unfortunately the Health Charity has not generally been included as a stakeholder over the last year or more. I hope the Health Charity will have more of a contribution to make going forward.
- Volunteers are a crucial to support softer services within the Health Board and have been doing so for many years. This needs to continue and grow where necessary.
- As a third sector provider working closely with our health colleagues I can see glaring issues and solutions to problems. Let's please work together !!!!!!!
- The above question is not phrased helpfully. I can think of many areas within the 4 themes that are successful (eg planning the new Adult Mental Health Unit at Llandough Hospital) but progress has been very patchy. Mental Health and the Children's Hospital are exemplars of close working with the third sector. Ophthalmic services at UHW have an excellent model of RNIB staff/volunteers being accessible to patients on site and this could be replicated in other services.

- Number of volunteers is increasing, however Structure around their training could still improve. Volunteers are involved in helping out on sites however, it often appears they are used in the staffing numbers without the same level of training.
- I think the ideas put forward should be put forward to the public and be transparent. And engage more support.
- Still much duplication on the ground, severe lack of volunteers, Third Sector not able to 'plug the gaps' and provide services which are of real benefit to the service users due to lack of funding, other agencies seeing actual effect in change of how UHB services are provided on the ground, e.g. midwife referrals, and this needs to be able to be fed back to address - joint planning/identification of needs could help align service delivery and help provide more valuable services.
- Sometimes feels that the third sector are regarded as not as professional or well informed as statutory when this is definitely NOT the case. Some working in the third sector are more qualified and experienced than their statutory equivalent but their opinions are often devalued or dismissed
- "I've put successful for all themes as there have been successes in all of them. Roll out of MECC has been good, engagement around SOFW was excellent (keep that momentum going), service delivery and design has some areas of success (co-location with CRTs, CRS, third sector broker in Vale, ICF funding) although these haven't been easy to develop and implement. Expansion of volunteering is great, and could now be taken to another level including primary care.
- Really need to sort out some of the procurement issues which keep arising."
- There is an opportunity to develop prudent health care as result of joint working with third sector. i.e we do what only we can do and allow others to support
- The themes should link more with the new UHB strategy, some of the existing themes should be principles running through and not standalone themes.
- Engagement in the arts has a profound effect on promoting and improving health and wellbeing - as a charity we'd like to see this, along with an emphasis on quality patient environments, mentioned in the strategy.
- We are unable to comment because we are a new charity and are finding our way in regard to our relationship with health boards in the UK. We would welcome the opportunity to discuss what we can do to help people with Lynch syndrome or at risk from it throughout Wales.

10. No additional comments or other option.

11. What do you think are the most important areas that the Health and Social Care Facilitators should be focusing on to support delivery of the 'Shaping Our Future Wellbeing'?

- Making a difference to our patients and involved in service delivery; also supporting the UHBs priorities.
- Most of the above options refer to areas that most staff would never be aware of, as such they could be taking place and we would have no idea. I would suggest it would be better if they supported delivery at all levels so that all staff and patients felt a very real sense of collaboration and co-production.

- Providing volunteers from UHB to assist third sector organisations, for better integration and understanding of how both UHB and third sector can work together and shape the future wellbeing of patients that access our services, and better representation from the UHB to support third sector and be involved with recognising the value of donations that support the UHB, particularly in the purchase of Equipment funded by the third sector via donations from patients to support other patients that are using UHB services as inpatients, visiting ward areas to meet clients/patients that have donated a piece of equipment to enhance better working relationships between UHB and third sector, which will therefore encourage and strengthen ongoing support for both organisations leading to better service provision to clients, encouraging supporters to continue to fundraise to shape the future of people's wellbeing.

(3 other options were ticked but left blank).

Other suggestions made:

- Providing information to the public on how to access help and proactively prevent / assist in managing health conditions
- Reiterating to the UHB/NHS that the charities are there for a reason. The reason being that the service is not provided by the UHB/NHS. It is a Third Sector organisation manned/staffed by professionals. That needs to be recognised and respected and used. No third sector organisation is after someone's job - we are there to support and to be used. But we need recognition and reimbursing. If the UHB/NHS paid for the service, they would respect, recognise and use us.
- The previous question was not numbered. Was it question 12?
- Developing capacity/efficiency/effectiveness in the third sector eg by forging alliances between national and local third sector organisations
- Coordinating anything would be good and all working to same agenda in simplistic language
- Perhaps engaging directly with providers to understand the uniqueness of their offer so that they can represent them more effectively.
- The answers do not mean that the other areas listed are unimportant -they are all part of the facilitators, role but priority may vary according to what is happening in the services.
- Facilitating representation on planning groups but not necessarily being the representative.
- Joint planning is key
- The facilitators need to work in partnership to limit duplication and to extend their reach and capacity.
- Sorry, at this stage we cannot answer this question.

(1 response was don't know)

12. How will we know if we have been successful in strengthening the relationship between the UHB and the Third Sector?

- Measurable deliverables against agreed indicators
- Staff working in the UHB actually having meaningful interaction with the 3rd sector

(1 response was left blank)

13. If you know of examples of innovative models of working between the NHS and the Third Sector elsewhere, please provide information.

- Substance misuse services
- We recently had a dementia afternoon in our practice where reps from Alz Soc, Care & repair, Memory clinic, Neighbourhood watch attended, with patients
- Carer and service user involvement in Dementia Taskforce and its subgroup, Communications and Engagement - visiting centres, eg Rondel House, for meetings which are practical and fun. Solace Art class - using creative arts to relax and engage carers and service users.

I realise these are not 'elsewhere'!

DEEP projects across England and Wales - eg Stockport group"

- One of the projects I manage is Gofal's Mental Health Dispersed Supported Housing Scheme; Delivered through a collaboration between Gofal and the C&V UHB, the scheme seeks to provide rehabilitative services to those with severe and enduring mental health problems for up to two years.

The project offers community resettlement, recovery and rehabilitation with the aim of enabling service users to reach the stage where they can manage their own tenancy.

- Individualised packages of support with specialist mental health housing related support focussed on tenancy preparation and management provided by Gofal's Tenancy Support Service in the Vale.
- Intensive community mental health rehabilitation based upon personal resilience, recovery and skills development provided by the IRIS team.
- Support will be provided in a holistic way through an individualised Care and Treatment Plan developed by the IRIS Team and Gofal.
- Support will be up to 2 years and service users will be supported through the move on process.
- Service users may be given the option to remain in their property with a secure tenancy with Newydd HA following the withdrawal of support if they are happy and settled within that community (subject to agreement by the multi-disciplinary team).
- The property will be fully furnished and all service users will also receive a 'Starter Kit' of essential items including kitchen equipment, towels and bedding."
- Cannot think of any in Wales.
- Delivery of food wise weight management programme and egg cooking courses. 3rd sector trained by dietitians to deliver nutrition education
- "<http://www.cardiffandvaleuhb.wales.nhs.uk/key-dietetics-partners>
Through our NS4L <http://www.cardiffandvaleuhb.wales.nhs.uk/nutrition-skills-for-life> model where we train up members of the 3rd sector and volunteers to cascade good nutrition advice and work on suitable projects within the community setting to improve the health, wellbeing, education, skills and independence of vulnerable individuals and families."
- YMCA Steps Project, in Mental Health
- More opportunities for volunteers to be integrated into UHB services in a more proactive way (ie. canvas of existing teams re capacity to take volunteers on, more service user rep involvement)

- Royal Voluntary Service : Home from Hospital reducing winter pressures on hospital beds and resources.
Royal Voluntary Service: Community transport for older frailer people to regular clinic and treatment appointments, cheaper than via ambulance
- Headway in co-production with Rookwood Neuro-Rehabilitation Unit (brain Injury Services) - promotion of inreach to acute services, patient/carer support within the rehabilitation phase and close links with ongoing support post discharge
- Consider the third sector in service delivery more often
- Yes we have a full time member based with us, this is funding from WG under ICF
- Tenovus Cancer Care and Betsi Cadwaladr UHB developing an information talk for new patients about to undergo radiotherapy treatment.
- In BCUHB, the NHS Charity - Awyr Las - has appointed a staff member to work exclusively as a point of contact for third sector organisations seeking advice on fundraising. This is in addition to the work done by CVC infrastructure on grant application, etc.
- Please contact me
- Time credits as a tool to engage volunteers and also around prevention and recovery mental health, substance misuse, isolation etc
- The key issue is not that Third Sector organisations are more involved but that the involvement should clearly result in better health and well-being for people in Cardiff and the Vale. An excellent local example is the Friendly Advantage Project operating for the last three years in Cardiff and the Vale. Funded by the Lottery it will be finishing next spring. It will be a great loss if some support from local authorities and the UHB do not enable the scheme to be continued in some sustainable form. There are examples of employee led cooperatives in England , and in Wales there are a number of cooperatives, eg in Monmouth developed by Cartrefi. There is a great fragmentation of services at the moment ; greater partnership with the Third Sector in supporting organisations to come together to provide a service could have significant benefits for the UHB and people's health.
- Neighbourhood Partnerships works well to identify issues on the ground, either from a change in the provision of services or major emerging issues within the community, it is also useful as a problem solving/networking forum. One example is the School Holiday Enrichment Pilot
- Red Cross, Age Connects and another third sector organisation working in partnership to support helping older people return home from A & E in England. Proposal put forward via Invest to Save as part of Wyn Campaign. Worth exploring again.

Many local and regional examples."

- Marie Curie palliative care services, Hospital discharge support, Expert Patient programmes
 - Scotland - Health and Social Care combining, not sure of the impact on the Third Sector.
14. There are a number of regional and national policy initiatives that will influence the relationship between the UHB and the Third Sector over the coming years. They include the Social Services and Wellbeing (Wales) Act 2014, the Wellbeing of Future Generations (Wales) Act 2014 and Prudent Healthcare. Are there any other policy initiatives on the horizon in your field that you think need to inform the way the relationship develops?
- Dementia Plan
 - Neurological Delivery Plan

- "There are a number of regional and national policy initiatives" Exactly. Many of the (smaller) third sector organisations do not have full time staff able to pore over each and every strategy/initiative. "Citizen Centred" is the one initiative that sticks with most of us - it is about time that was re-visited.
- Engagement with third sectors organisations who have a remit to deliver support to people with a neurological condition around implementation of the Neurological Conditions delivery plan - to date this has been very poor.
- Funding cuts to services from LA's is causing a reduction in what can be offered. Many services that the UHB gets great benefits from are currently under threat and this should be considered when thinking about investing into the third sector
- Lots
- Being a member of an older people's organisation we seem to be reaching an impasse. Financial pressures are reducing many older people's access to supportive services which enable healthy living as they age. Statutory services are tightening their eligibility (eg Continuing Health Care, and Social Care) so that now Third Sector organisations are providing services once provided by the state but with inadequate resourcing. There is a real risk that the rhetoric accompanying Welsh Government policy will not be realised in reality
- No I think there needs to be more emphasis on the Social Services and Well Being Act.
- Prospective reductions in funding to County Voluntary Councils across 2016-17 and beyond. Welsh Government's current and future "Regionalisation Agenda" for County Voluntary Councils and the impact of this for the third sector generally."
- Domestic Violence agenda -Ask and Act (April 2016)
- LA reconfiguration.

15. Would you like to be kept informed or get involved in further work on the UHB Strategic Framework for Working with the Third Sector?

- Already involved
- xx
- To keep my charity on the radar, but do not have time to attend endless meetings, workshops, forums etc.
- Part of the patient experience team and therefore very involved with the third sector
- I am kept up to date from staff member based here
- Blank

16. Any other comments?

- Whilst we respect the expertise of the UHB it's important they put the service user interests on their list. With the support of the Third Sector the UHB will take less of the pressure - this can only benefit the service user and they can have the best of both worlds.
- I'm already involved through monitoring our SLA
- Should have anticipated this box - I think my comments have been noted. Thank you.

- Headway Cardiff has been working successfully in partnership with the Neuroscience Directorate for over 20 years; enjoying free accommodation on the Rookwood Hospital Site; access to training and joint working.
When the Third Sector Review began several years ago I was hopeful that this would be an opportunity to negotiate a Service Level Agreement with the UHB to formalise the co-production that is occurring and help ensure the sustainability of our service.
I found no way in to engage with the process. Acquired Brain Injury sat outside any of the engagement streams.
- We appreciate the efforts being made to more effectively engage with third sector providers. There is still a feeling of a top down approach to developing new ideas and I think it would serve the citizens of Wales if the links between health and social care included proper engagement with third sector providers to explore new ideas. I know it is happening but in our experience it remains a slow and unproductive process.
- Working across Cardiff and the Vale of Glamorgan, we note that there is a vast difference in the facilitators and the support they provide. We prefer to deal with the Vale facilitator as we know that questions are answered, things are followed through and the host organisations (GVS, previously VCVS/VVB) always delivers. Sadly the same cannot be said about Cardiff. The facilitator's role in Cardiff has not, in our view, been successful. We have been frustrated in their engagement with the Third Sector and, quite frankly, we are disappointed that the host organisation in Cardiff does not appear to support the facilitator's role in the same way as the Vale of Glamorgan.
- This questionnaire is not very user friendly. It is full of jargon and abbreviations and only seems to apply to people in the Third sector who are already involved. Could do better!
- Great survey

Appendix 6: Analysis of Structured Interviews

Introduction

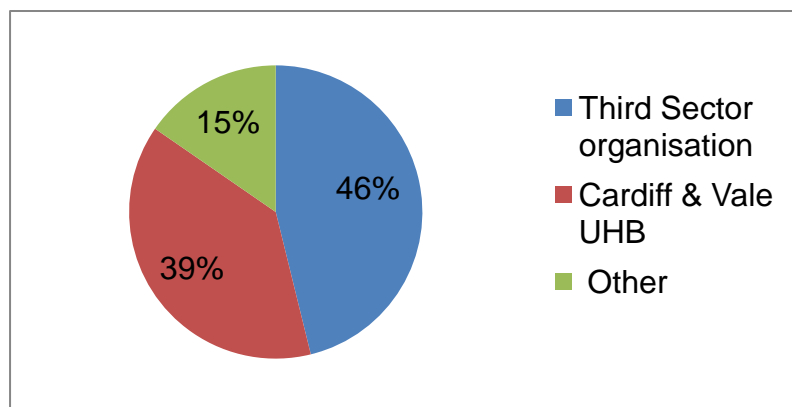
Structured interviews, using the same questions as in the electronic questionnaire, were conducted with between 29 September and 19 November 2015. The following is a summary of the responses.

Summary of the responses

1. Who do you work or volunteer with?

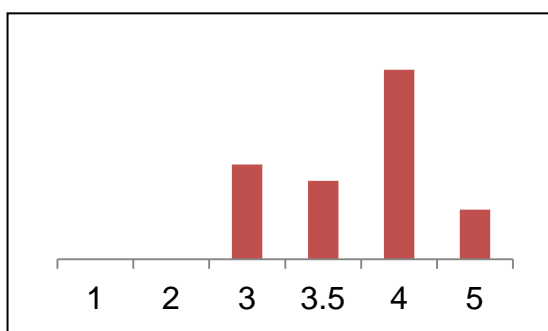
26 structured interviews were conducted involving 32 individuals (some interviews involved more than one person, as listed in Appendix 4).

Third Sector organisation	12
Cardiff & Vale UHB	10
Other	4



2. On a scale of 1-5, how would you rate the current relationship between the UHB and the Third Sector? (with 1 being poor and 5 being excellent)

Rank	Interview	
	No.	%
1	0	0
2	0	0
3	6	23
3.5	5	19
4	12	46
5	3	12



Third Sector: Average score = 3.7

3 TS interviewees each gave 2 different scores for the relationship between the UHB and their own organisation/project as compared to their perception of the relationship between the UHB and the wider TS. In each case, the score for the relationship between the UHB and their own organisation was higher. The average of the score provided by these individuals has been used for purposes of analysis.

UHB: Average score = 4

Other: Average score = 4

3. What are the current strengths of the relationship between the UHB and the Third Sector?

- a) Over half the TS interviewees, half the UHB interviewees and a majority of the 'other' interviewees identified the **HSCF role** as a really positive asset to the relationship between the UHB and TS. The HSCFs are seen as having good relationships in both sectors and provide a huge amount of support and help with contacts. This is viewed as a crucial intermediary role which is well placed to provide links between the sectors and facilitate the relationships that individual TS organisations are able to have with the UHB.
- b) Over half the UHB interviewees and one of the 'other' interviewees pointed to **specific examples of joint working and integrated service delivery** as demonstrating strengthened links between the UHB and TS, including: TS broker role, Community Resource Teams, TS involvement in Information Centres, end of life care, emotional and mental health, TS coming into GP surgeries.
- c) Half the TS interviewees, a third of UHB interviewees and half the 'other' interviewees identified **structural arrangements for joint planning and partnership working** as a current strength. The TS is seen as plugged in at a strategic level, that this cascades into the planning which sits underneath that and that these provide opportunities to bring the TS voice and experience into the discussion. A number highlighted TS Networks as helpful mechanisms for joint working and ongoing engagement.
- d) Just under half the TS interviewees, a third of UHB interviewees and one of the 'other' interviewees highlighted that the **value placed on partnership working by the UHB** is a real strength. The UHB was praised for its willingness to work with the TS; partners feel that there is an open door and that they are treated with respect, openness and honesty. This recognition of the value added by the TS is felt to have impacted positively on relationships at a strategic level and resulted in increased TS engagement on a shared agenda. A number of examples were cited to illustrate progress, including the co-productive approach adopted in the development of Shaping Our Future Wellbeing, the involvement of HSCFs in UHB staff inductions, mainstreaming TS business in UHB Board conversations and UHB involvement in TS Network meetings.
- e) **Good operational relationships between the TS and key UHB staff/Clinical Boards** were identified by half the TS interviewees and a third of UHB interviewees as a strength. This was described as a critical friend relationship where different perspectives and skills are respected, where trust and understanding has been built through 1:1 conversations, and which provides opportunities for exchanging ideas. A further 3 TS interviewees pointed to champions for the TS within the UHB as a strength but expressed concern that this was often due to individuals and did not necessarily equate to the approach being embedded.
- f) A small number of TS, UHB and one 'other' interviewee indicated that having a visible, active, challenging **TS Independent Member** on the UHB Board was a strength.
- g) The introduction of the UHB **Strategic Framework** for Working with the TS, and the associated Steering Group and Action Plan was highlighted by a small number of TS and UHB interviewees as heralding improvements in turning direction into action and

providing a platform for developing relationships and opportunities for dialogue around planning and achieving objectives.

h) Other comments included:

- Some key individuals in Cardiff and the Vale of Glamorgan who have strategic influence in the UHB and TS are also particularly active in progressing the TS agenda at national level and this is beneficial for the developing the relationship
- Partnership working leading to a better understanding within the TS of the complexities and challenges facing the UHB
- UHB being easier to engage with than the local authorities.

4. What needs to improve in the relationship between the UHB and the Third Sector?

a) A significant theme, identified by a majority of TS interviewees, over half UHB interviewees and half of the 'other' interviewees was the need to create genuine **opportunities for exploring how the TS can contribute ideas** for collaboration and supporting the delivery of UHB priorities. Such opportunities need to happen early enough in the service development process to influence design of services that meet people's needs, recognising the contribution the TS can make particularly to the delivery of a less clinical and more social model of holistic care. There needs to be a greater recognition of the professionalism in the TS and a greater willingness to consider moving services into the TS or joint delivery of services with the TS in ways which can deliver greater value for people and the UHB.

For this to happen, there is a need to raise the profile of the TS in the UHB and levels of understanding about what is out there and the potential for delivery by the TS. At present, many TS interviewees identified that TS organisations don't know how to plug into this early thinking or who to liaise with. There was a suggestion that these opportunities need to be built into the IMTP process; the importance of local authorities being part of early dialogue was also highlighted.

b) Over half UHB interviewees and just under half the TS interviewees identified the need to develop a **greater breadth and diversity of TS input** to discussions. UHB interviewees stressed that current dialogue is with a fairly limited set of TS organisations and that there is a lack of understanding of what is available in the community and what the TS could do. TS interviewees highlighted the importance of getting people with the right expertise and operational experience around the table to provide an informed TS perspective and that this would mean moving away from just involving the CVCs as a default position. There was consensus that it would mean finding ways to support a wider range of TS organisations to become involved, including smaller organisations. One of the 'other' interviewees queried how the national TS organisations could also be more engaged.

It was suggested that the TS and CVCs need to work together to collectively understand what is out in the TS and how best to get the wider sector involved, including national organisations.

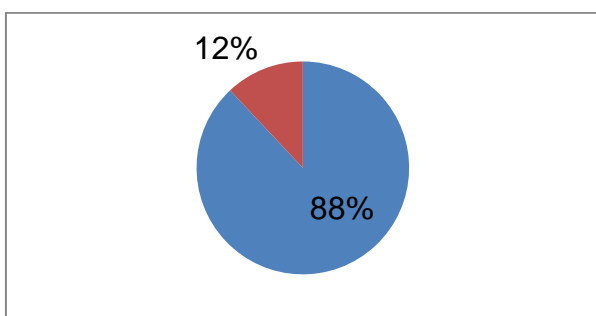
c) Two thirds of UHB interviewees identified the need to strengthen the **links between the TS and the UHB/Primary Care at an operational level**. Many clinical boards and GPs have limited understanding of TS expertise, what is out there and what the TS can do; more direct dialogue needs to be cultivated.

It was suggested that case studies could help to explain how the TS works on the ground and how it can work with the NHS, and that more clinical boards should look to establish ongoing mechanisms for direct engagement with the TS.

- d) A quarter of TS interviewees highlighted that current **commissioning processes** do not always adopt a co-productive approach. Concerns were expressed about unhelpful and unrealistic timescales for developing responses to consultations or tenders, which do not support meaningful engagement with the wider sector or the opportunity for the TS to look at potentially innovative or collaborative models of delivery. The need was identified for more time and space for meaningful strategic discussions about how our collective resources can benefit the local population, which links back to the comments about creating opportunities for exploring ideas described in point a).
- e) A small number of UHB interviewees felt that the UHB and TS need to develop a **vision for the role of the TS in delivering UHB priorities** and that this would need to be driven jointly.
- f) A small number of UHB interviewees suggested that the UHB should make greater use of the TS relationship with service users to **gather feedback on patient experience**. One of the 'other' interviewees also suggested that stronger links between the HSCFs and the Community Health Council could help to amplify service user views.
- g) A comment made by one of the 'other' interviewees was that strong relationships enable a shared appreciation of the severe pressures being faced by all partners, and recognition of the need to target resources and for changes in service design.

5. Are you aware of the Cardiff & Vale UHB Strategic Framework for Working with the Third Sector and its accompanying Action Plan?

	Interview
Yes	88%
No	12%



100% of UHB interviewees were aware of the Strategic Framework
 100% of 'other' interviewees were aware of the Strategic Framework
 75% of TS interviewees were aware of the Strategic Framework.

Comments:

- The Strategic Framework needs to provide a tangible vision for what the relationship will look like in 10 years time and articulate the role of the TS in supporting delivery of the UHB vision/mission statement.

- The transparent and inclusive approach adopted for the review of the Strategic Framework is good. This will build ownership, understanding and involvement.
- It would be helpful to produce a 2 page summary version of the next Strategic Framework to support its wider dissemination and to make it more accessible.

6. How should the UHB be working with the Third Sector to explore how we can work jointly to deliver ‘Shaping Our Future Wellbeing’?

- a) Just over half the TS interviewees, half the UHB interviewees and one ‘other’ interviewee emphasised the importance of there being **opportunities for conversations about TS ambitions** and thinking for the future and how there might be better alignment with the Shaping Our Future Wellbeing UHB vision. It is important for there to be mechanisms for exploring ideas and to support early involvement in the service design process. This would facilitate more services being developed in a co-productive manner.
- b) Just under half of the TS interviewees and two of the ‘other’ interviewees felt that it was important to **utilise a variety of mechanisms for working with the TS** to explore how we can work more jointly, and that the examples in the questionnaire were all valid, such as using Networks, HSCFs and workshops.
- c) A third of TS interviewees and a small number of UHB interviewees talked about the need to look at **how the TS Networks could be used most effectively** to support this agenda. There was a comment about the Networks needing to be a real source of intelligence and influence and suggestions that Shaping Our Future Wellbeing provides a potential framework for bringing TS organisations together to look at how they could support delivery of UHB priorities.
- d) A third of TS interviewees highlighted the importance of the **UHB making a commitment to always doing business in this way**, with the TS in the room at the right time, being involved early enough in the process to influence service design.
- e) A small number of UHB interviewees talked about the UHB and TS needing to work closer together to flip the model and put **more focus and resources into prevention and early intervention where the TS has a big role to play** in developing a wider set of solutions than just the NHS.
- f) Half the ‘other’ interviewees suggested that partners should look for **opportunities for greater sharing of resources** and expertise.
- g) Other comments included:
 - The need for greater join up between the UHB, TS and local authorities
 - TS could support the UHB to engage more with service users to identify wider range of solutions that are less clinically focussed
 - The need to make greater use of the Integrating Health & Social Care Partnership to explore strengthened relationships with the TS.

7. In what ways might the Third Sector be able to support joint delivery of ‘Shaping Our Future Wellbeing’?

- a) A significant majority of TS interviewees, over half UHB interviewees and half the ‘other’ interviewees highlighted how the TS relationship with the most vulnerable in our communities means that they can play a **key role in influencing behaviour**, particularly

in the prevention and early intervention stages. These trusted, established relationships which tend to take a more holistic view of need, can help to break down barriers, with the TS better placed to find the right levers for change in different communities. The UHB should work with the TS to look at less clinical solutions which support the empowerment of individuals to take more responsibility for their own health and wellbeing, pointing people in the right direction and helping them to navigate the maze of services available.

This reach into the community and the TS role as community/individual advocates also means they are well placed to help identify what 'outcomes that matter to people' really means, what 'home first' should look like, and inform understanding of what is acceptable risk.

- b) Half of UHB interviewees and one 'other' interviewee spotlighted the crucial role of the **TS as direct service providers working to more informal, social models of care** which are more oriented to outcomes that matter to people and which provide the type of community support which can help people avoid the need to use statutory services. Services can be provided more flexibly, risk is approached in a different way and provision may be more cost effective.
- c) Just under half the UHB interviewees and one 'other' interviewee highlighted the need for the TS to work together to develop a **coherent offer on how services could be joined up with UHB services around priority pathways**. It was suggested that the CVCs could support this.
- d) A third of TS interviewees described the role the TS can play in **facilitating the involvement of service users and carers in planning**, or as advocates. One example given was the potential for supporting the involvement of service users in planning of care environments and procurement decisions.
- e) Some TS interviewees talked about the potential for the UHB to tap more into the significant **assets and resources of the TS** that are available to help deliver shared objectives, with the flexibility and responsiveness of the TS emphasised.
- f) A few TS and UHB interviewees suggested that more could be done to develop the role of **champions in the community** to support people on a peer bases, developing community members as part of the solution. The TS could support this approach perhaps with a focus on champions around particular vulnerable groups who help to align services from different sectors around those groups, building more resilient communities who have the capacity to self manage conditions and live independently.
- g) Other comments included:
 - Provision of TS information for UHB/GP tv screens and relevant health premises
 - The need for TS services in A&E

8. What would be the key features of a healthy and productive relationship between the UHB and the Third Sector?

- a) The importance of adopting a more **co-productive approach to service planning and design** was raised by over half the TS interviewees and just under half the UHB interviewees. There needs to be focus on the collective outcomes we are trying to achieve, and getting the right partners in the room early enough to influence the service model design stage. The approach needs to facilitate an equal and honest relationship

which supports openness to dialogue and challenge. It should also facilitate more service user engagement.

- b) Half the UHB interviewees and one of the 'other' interviewees highlighted the importance of an **equal relationship** based on a recognition of the value of the TS, an evidence-based understanding of its contribution, the ability to constructively challenge each other and a common purpose.
- c) Just under half the TS interviewees and a small number of UHB and 'other' interviewees identified **greater integration of services, skills and resources** as a key feature of a healthy and productive relationship between the UHB and TS. The focus was on more integrated service delivery, more delivery through integrated teams and increased co-location of services. A number of TS interviewees also suggested that there would be more workforce and team development and a greater sharing of skills and knowledge, perhaps through secondments.
- d) A third of UHB interviewees and a small number of TS interviewees felt that the relationship would be characterised by a **rebalance of who provides what to support people's health and wellbeing**, and that the role of the TS in prevention would be developed as a key part of the service model, perhaps requiring the UHB to develop relationships with a wider set of TS organisations than currently.
- e) A number of TS and UHB interviewees stressed the importance of **clear channels of communication** in both directions being maintained including ongoing mechanisms for linking the TS with clinical boards.
- f) Other comments included:
 - People experiencing a seamless service as they move between provision from different partners
 - Sharing of good practice
 - Strong governance arrangements in place to ensure the TS are engaged and able to contribute effectively
 - A charitable funds pot for TS innovation.

9. Which of the 4 themes of the existing Strategic Framework for Working with the Third Sector and the supporting Action Plan do you think are working successfully and which have been less successful?

Interviewees who were less familiar with the Strategic Framework/Action Plan found this a hard question to respond to. In these cases, conversation was more general about the work progressing under each theme.

Promoting and Improving Health and Wellbeing

- a) Just under half UHB interviewees, half the 'other' interviewees and a small number of TS interviewees felt that good progress is being made, but suggested that the TS has a bigger role to play in sharing public health messages. It was suggested that more direct input from the Public Health team in the community would be helpful and that there are opportunities to take MECC out into the community via volunteers. Others suggested that TS organisations should be doing more to support the health improvement of their own staff and that prevention should be embedded in all TS commissioned services.

Engagement with the Third Sector

- b) A third of TS interviewees, a small number of UHB interviewees and one 'other' interviewee felt that engagement is going well, having much improved over the past few years. Two TS interviewees identified a need to ensure that engagement facilitates both local and national TS perspectives being considered.

Service Delivery and Design

- c) A third of UHB interviewees felt that this was a less successful area of work and that there was still some way to go for the TS's value to be recognised right across the UHB. A further two UHB interviewees spotlighted the role of the TS in supporting the patient voice to be better heard. A small number of TS interviewees indicated that co-production needs to be put into practice at service provision level, with a need to ensure that clinical leaders understand what this means and that TS organisations understand how/where to engage.

Volunteering

- d) A small number of TS and UHB interviewees and half the 'other' interviewees talked of the good progress that has been made but also the need to broaden UHB volunteering into the community and that there were opportunities for working with the TS to unlock the value of volunteers in the community. To support this, we should look to strengthen and align UHB and TS offers on volunteering around shared objectives, with stronger links between UHB and CVC volunteer arrangements.

10. Did you know that there are Health and Social Care Facilitators based in C3SC and GVS to support the relationship between the Third Sector and the UHB?

- 100% of UHB interviewees were aware of the HSCFs
- 100% of 'other' interviewees were aware of the HSCFs
- 92% of TS interviewees were aware of the HSCFs.

Comment: The value of strengthening the link between the HSCFs and national TS organisations should be explored.

11. What do you think are the most important areas that the Health and Social Care Facilitators should be focusing on to support delivery of the Shaping Our Future Wellbeing Strategy?

- a) Half the UHB interviewees, just under half the TS interviewees and half the 'other' interviewees felt that the HSCFs should play an **intermediary/signposting role**, acting as a source of knowledge and raising awareness about service providers and service provision in each sector, how it is changing and how/who to link with to explore ideas and opportunities for greater joint work. UHB colleagues placed a particular emphasis on facilitating links between the TS and clinical boards and GP practices and developing understanding about what TS organisations are out there that are relevant to the UHB agenda. The need to facilitate links with TS organisations which are not already in dialogue with the UHB was also identified.

- b) Just under half UHB interviewees and a third of TS interviewees identified that the HSCFs should be working with the TS to help review what the TS is currently doing and how it is working together, with a view to building capacity in the TS to engage in co-production and looking at examples from elsewhere to **support the development of new services and the knitting together of services to help deliver Shaping Our Future Wellbeing.**
- c) A small number of TS interviewees suggested that the HSCFs should **facilitate more structured discussion around specific service areas, perhaps SOFW priorities**, bringing in evidence/case studies on what the TS might contribute to UHB objectives. They should facilitate a wider group of TS organisations getting involved, perhaps via Network events that engage all sectors.
- d) Other comments included:
 - The need to review the role to ensure it is a project management/facilitation role, not a delivery role
 - Exploring whether work to support the integration of health and social care and an increased expectation of support for the social care agenda means that funding should be sought from local authority partners or the integration programme
 - Strengthening the links with the Community Health Council to share approaches to engaging with service users and understanding service user views
 - Exploring TS involvement in NHS Direct
 - Galvanising the TS contribution to consultations to increase influence.

12. How will we know if we have been successful in strengthening the relationship between the UHB and the Third Sector?

- a) A majority of UHB interviewees, half the 'other' interviewees and a small number of TS interviewees identified that success might be measured by an **increased plurality of provision**, with the TS part of integrated pathways and redesigned service models which have increased provision in the community and with a preventative focus.
- b) A small number of TS and UHB interviewees identified that a measure would be if **more clinicians refer or signpost to TS services**, where TS services and information is made accessible, and is better co-ordinated alongside traditional clinical interventions, with the wellbeing co-ordinators properly embedded in GP clusters.
- c) A small number of TS interviewees felt that **a robust and resilient relationship** would be a measure, where there are joined up outcomes, opportunities to challenge and tackle barriers, and opportunities for horizon scanning.
- d) A majority of 'other' interviewees and a small number of TS interviewees highlighted that a measure of success would be if there were **increased opportunities for more and different TS organisations to be engaged**, as well as service users.
- e) Other comments included:
 - An increased sharing of resources (could be expertise not just funding) and where working in the TS is seen as part of career development and built into workforce development plans
 - How much UHB funding goes into the TS could be broad measure of a shift
 - Population more actively involved in the community and reduced social isolation
 - Increased number and diversity of people involved in volunteering.

13. If you know of examples of innovative models of working between the NHS and Third Sector elsewhere which could help support delivery of the Strategy, please provide information.

- a) Denbigh – volunteers in A&E undertake ‘social’ care e.g. feeding cat, accessing cash, collecting children
- b) In-reach volunteer manager from Volunteer Bureau to generate stronger links between TS and UHB
- c) Wellbeing Bonds as a way of accessing alternative finances to invest upfront
- d) Any ideas from Kings Fund and Designed to Add Value?
- e) Scheme in England where GPs prescribe boilers to help address illnesses caused by the cold
- f) Using internal professional conference to horizon scan and share ideas for service developments
- g) Use of information prescriptions e.g. Prosiect Sir Gar
- h) Cwm Taf system navigator in mental health, employed to link up mental health services from the NHS and TS around an individual
- i) Awareness raising sessions where case histories are used to illustrate solutions, to inform planning
- j) Support for patients on wards who have specific needs
- k) ABMU charitable funds pot for innovation
- l) Joint delivery vehicle in Cwm Taf involving Social Bond
- m) Greater use of TS in providing support in the community as part of NHS Service in ABMU/Neath Port Talbot
- n) Integrated health hubs in other parts of Wales (e.g. Cwm Taf around dementia) – look at how integration is achieved
- o) South Tees initiative where volunteers work alongside ward staff to provide input/structure 24 hours a day reducing patient agitation and patients wandering off the ward
- p) Volunteers in Powys taking on low level clinical role, e.g. handing out medicines
- q) N. Wales volunteers who sit with patients in recovery after minor surgery

14. There are a number of regional and national policy initiatives that will influence the relationship between the Health Board and the Third Sector over the coming years. They include the Social Services and Wellbeing (Wales) Act, the Wellbeing of Future Generations (Wales) Act and Prudent Healthcare. Are there any other policy initiatives on the horizon from your field that you think need to inform the way the relationship develops?

- a) A small number of TS and UHB interviewees identified that the **Social Services & Wellbeing (Wales) Act** provides an opportunity for the statutory sector to work differently with the TS, for the TS to develop new ways of working and that it would be important to influence such developments to ensure the work is aligned to collective strategic objectives.

- b) A small number of TS, 'other' and UHB interviewees described the impact of **changing geographical boundaries** associated with local government reorganisation and the South Wales Health Collaborative on how TS organisations and the CVCs might need to develop and collaborate.
- c) A small number of TS, UHB and 'other' interviewees identified that **changing national and local government funding and policy** (particularly around housing and advice services) will impact on the local TS and therefore on the local population, with a consequent change in need presenting to the NHS.

Other Comments included:

- The Primary Care Plan opens up a different way of working between GPs and the TS.

15. Would you like to be kept informed or get involved in further work on the UHB Strategic Framework for Working with the Third Sector?

All interviewees want to be kept informed and have the opportunity to be further involved.

16. Any Other Overall Comments?

- a) A small number of TS interviewees identified that **uncertainty over the UHB commissioning process, timelines and funding continuity leads to uncomfortable levels of risk for the TS**, with a small number of UHB interviewees highlighted the need for there to be **better arrangements for joint commissioning with the local authorities** going forward.
- b) A small number of TS interviewees commented on the need for the **UHB to work with projects which have been evaluated positively, whose services reduce pressure on the NHS or contribute to UHB objectives but whose funding is time limited** and whose continuity is therefore threatened.
- c) Half the 'other' interviewees felt that the **review demonstrated a sophisticated understanding of the relationship** and was a good example of joint working
- d) Other comments included:
 - Clarity required on the role of the Independent Member of the Board and how they link with the CVCs to support the agenda
 - The need to use a variety of platforms to get the good news of collaborative service delivery out and to share good practice. The WCVA awards were an opportunity highlighted.
 - That the Strategic Framework must be a TS vision as well as a UHB one.
 - The need to be more explicit about increasing working on a C&V footprint, reducing duplication and different approaches
 - The review providing an opportunity to refresh the role of the H&SCFs
 - The need for clearer measurement of operational progress on this agenda and identifying what has been achieved
 - Making sure the revised Strategic Framework document is short, easy to read and has a few achievable, intelligent outcomes
 - That the workshop to develop the last Action Plan was a good way to get people involved and working together.