



**Voluntary Health Scotland
Stakeholder Survey**

January 2010

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1 Introduction

Voluntary Health Scotland is the national intermediary body for voluntary health organisations in Scotland. VHS was set up in the summer of 2000, with initial funding from NHS Health Scotland and support in kind from the Scottish Council for Voluntary Organisations (SCVO). In 2002, additional funding from the then Scottish Executive Health Department was awarded and in 2004, VHS became an independent charitable organisation, with continuing funding from the above bodies.

The purpose of Voluntary Health Scotland is to maximise the impact of the voluntary sector on health in Scotland. To do this, VHS supports voluntary organisations with information and policy advice, encourages their participation in policy and service development and promotes the value of the voluntary sector approach to health improvement and health care in Scotland to the Government and the NHS.

Information retrieval, analysis and dissemination form the core business of VHS and constitute the main part of its services. Services also include setting up seminars and conferences on key policy developments and carrying out bespoke research in topical areas. After nine years of operation, Voluntary Health Scotland undertook a major survey of its members and stakeholders, to gauge the degree of awareness of VHS, to ascertain the uptake of and satisfaction with the range of existing services provided and to seek the views of stakeholders on the future direction of services and of the organisation itself.

2 Survey approach

The survey ran from 13th August to 12th September 2009, using the online survey tool Survey Monkey (www.surveymonkey.com).

A short questionnaire was drawn up, sent to a small number of voluntary sector and government stakeholders for comment and then disseminated initially to at least 5,000 individuals. The questionnaire is contained in Appendix 1 to this report.

Potential respondents were reached through the VHS membership and the many networks to which it has access. VHS currently has 206 members and through its many mailing lists and networks, up to 730 established stakeholders.

A number of network organisations with which VHS works co-operatively assisted with onward dissemination of the survey request and questionnaire web-link. It is likely that up to two thousand further potential respondents were reached in this way. It was not possible to estimate the final reach of the survey or to control for cross-mailing.

In all, 402 individuals took the time to respond to the survey which represents an estimated 8% response rate (based on the original estimated sample of 5,000).

3 Results

The survey was designed to capture information from stakeholders who, at the very least, had heard of Voluntary Health Scotland. Respondents were first asked whether they were aware of VHS (Q1, Appendix 1).

3.1 Awareness of VHS

Respondents were asked if they were aware of VHS through a simple yes / no option, with those answering 'yes' prompted to continue the survey and those answering 'no' taken immediately to the end of the survey where they were requested to leave basic information and contact details for follow-up information from VHS. 86 of the 167 respondents (51%) who were not aware of VHS provided contact details.

235 respondents (58.5%) were aware of VHS while 167 (41.5%) were not.

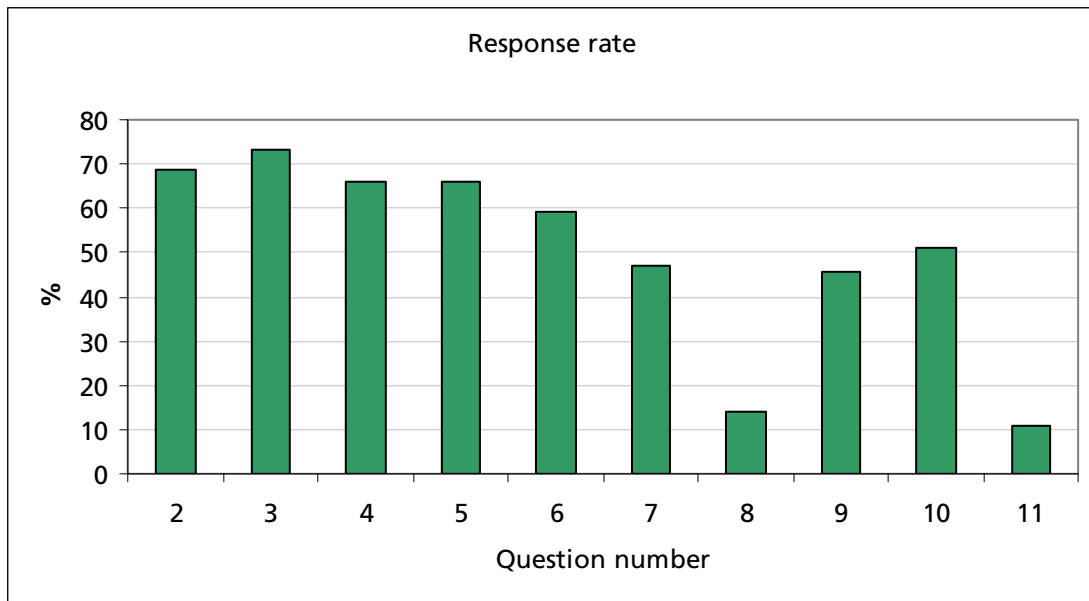
For ease of orientation, the information given by those who indicated that they were not aware of VHS and who therefore did not proceed through the questionnaire is contained in Appendix 2 to this report.

The focus of the survey then continued with those respondents who indicated that they were aware of VHS.

Of those 235 respondents who were aware of VHS, 161 (68.5%) provided contact details. Much of the information which follows was derived from responses from 161 known individuals. A few respondents however, chose to remain anonymous, responding to some questions, but without supplying contact details.

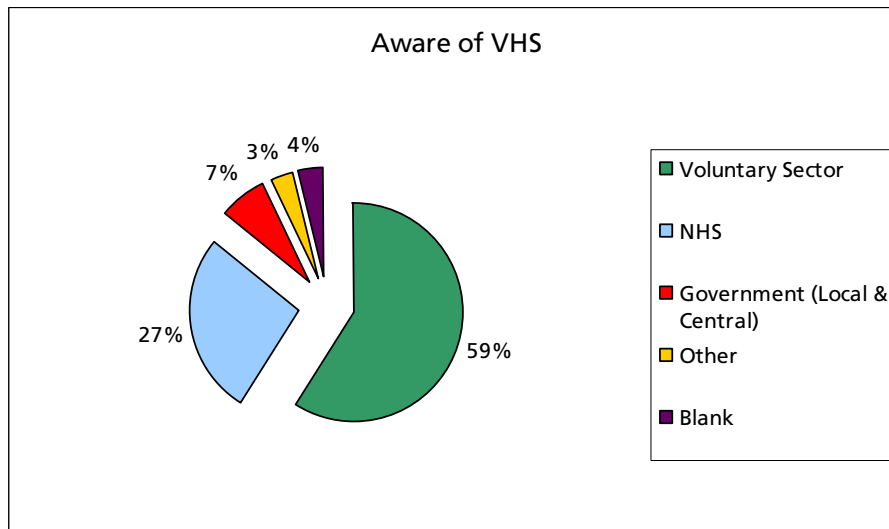
Most respondents answered fewer questions as the survey proceeded. Figure 1 below shows the pattern of diminishing response rates.

Figure 1 – Response to survey rates



The majority of the 161 respondents who provided VHS with contact details were from the voluntary sector (95, 59%), with 43 (27%) coming from an NHS body and 12 (7%) coming from central or local government agencies. Figure 2 below shows respondents' awareness of VHS by sector.

Figure 2 – Awareness of VHS by sector



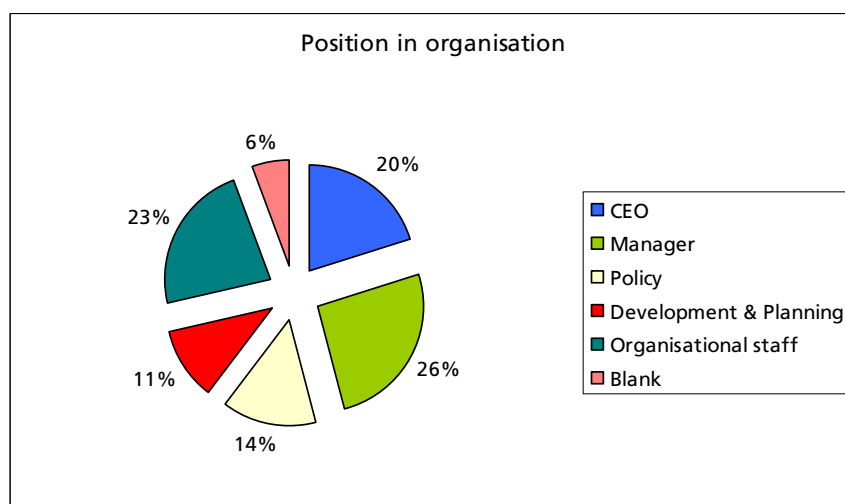
This contrasts with the group of respondents who were not aware of VHS, where 56% were from an NHS body, 31% from the voluntary and community sector and 3% from local government (see Appendix 2).

3.2 Position of respondents within organisation

VHS was keen to know the position of the respondent within their own organisation, in order to find out who was responding to the survey - and who, consequently, VHS information - was reaching.

The majority of those who were aware of VHS were working at CEO / Director / Board level or at managerial or policy / information officer level (60% altogether). Roughly a third were from administrative and operational development / planning levels. Figure 3 below shows respondents' position in their organisation.

Figure 3 – Respondents’ position in organisation



The results above contrast with those from the group who were not aware of VHS, where the majority (65%) of respondents were either administrative or frontline staff from within the NHS, such as paramedics, administrators, recruitment officers, programme and development officers (see Appendix 2).

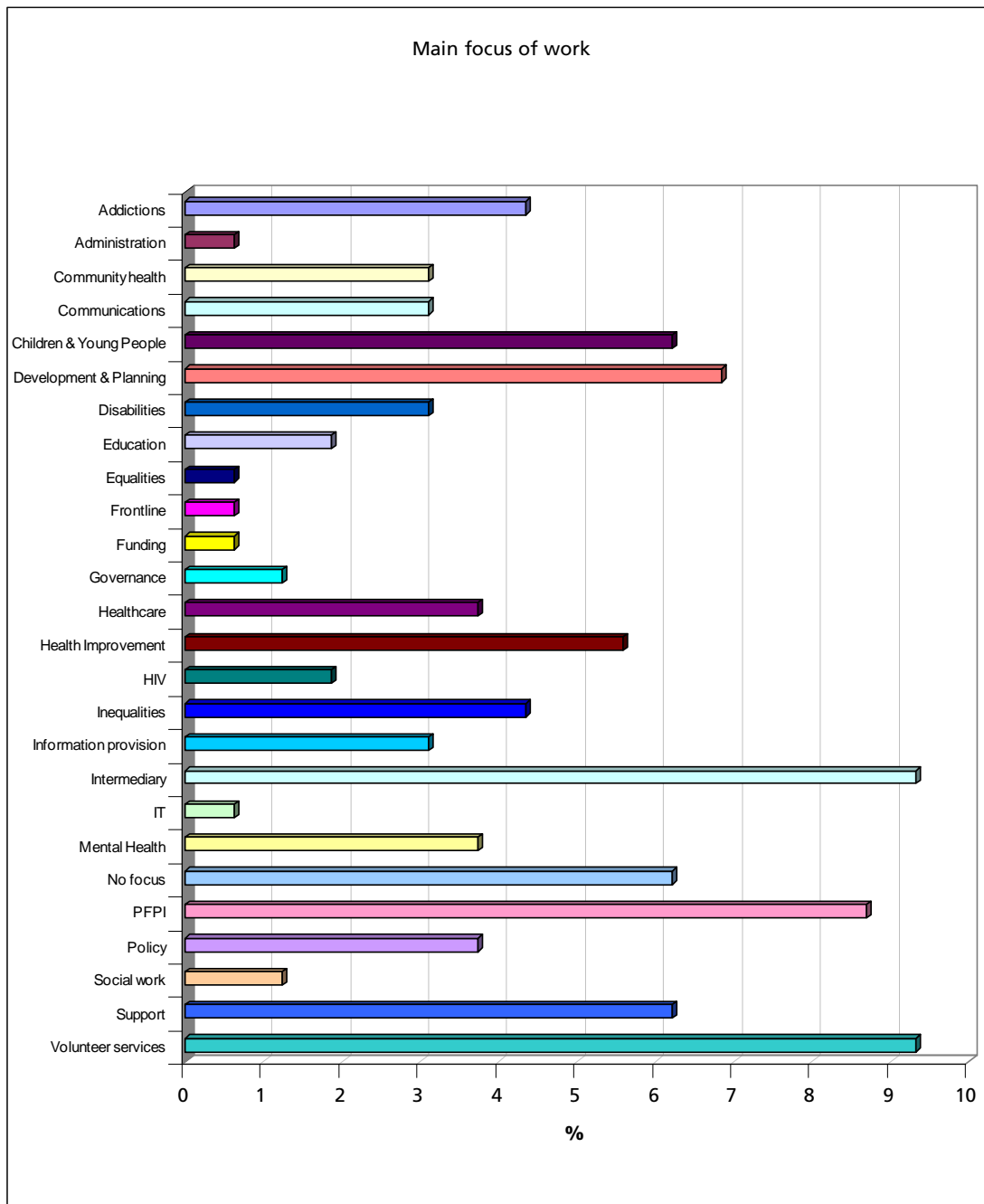
3.3 Focus of respondents’ work

Those 235 respondents who indicated that they were aware of VHS were then asked to identify the main focus of their work, to enable VHS to ascertain in which areas its services were making an impact and where it might in future develop services.

The main foci of work for the greatest number of respondents in this group were in volunteering, patient and public participation (concentrated mainly in NHS responses), health improvement and mental health, health inequalities, addictions, healthcare, children and young people (concentrated mainly in voluntary sector responses) and development / planning and policy / support / intermediary activity (mainly accounted for by Councils of Voluntary Service (CVS) responses).

Figure 4 below shows respondents’ main focus of work.

Figure 4 – Respondents’ main focus of work



This contrasts with the results from respondents who were not aware of VHS, where the majority were from the NHS and simply identified “healthcare” as the main focus of their work (see Appendix 2). For this question, no pre-set list of options was given to those respondents who were not aware of VHS.

3.4 VHS membership status of respondents

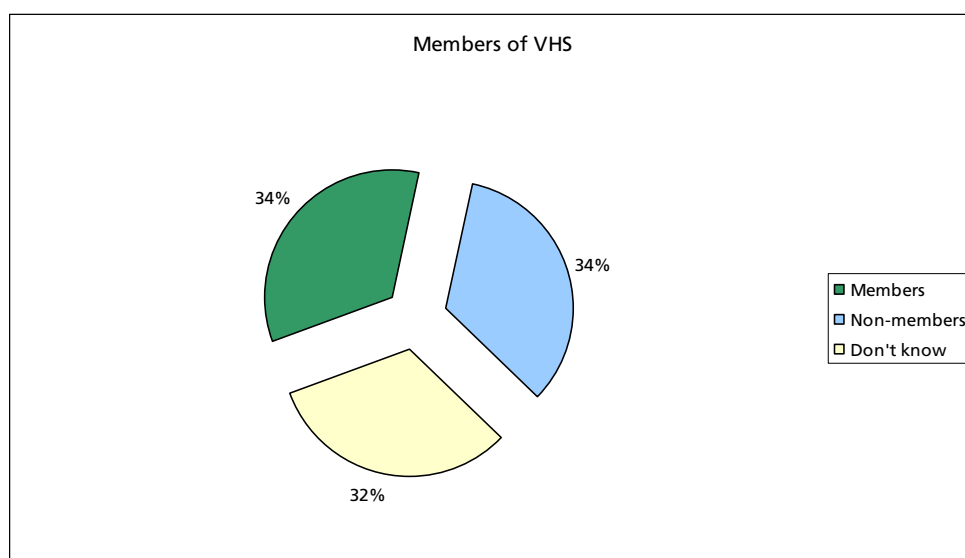
Next, VHS was interested to know how many of the respondents to the survey were VHS members. Respondents were asked whether their organisation was a member of VHS or not (Q3, Appendix 1)

171 (73%) of those who were aware of VHS answered this question.

Of these, 58 (34%) replied that they were VHS members, 58 (34%) said that they were not members and 55 (32%) did not know whether they were members or not.

Figure 5 below shows awareness of VHS membership status.

Figure 5 – VHS membership status of respondents



Of those who said that they were VHS members, most were from the voluntary sector. Bodies such as the Scottish Health Council and Consumer Focus Scotland were among the 10% of non-voluntary sector respondents who said they were VHS members.

Of the third of respondents to this question who said that they were not members of VHS, a considerable percentage (41%) were from the voluntary sector, with 43% coming mainly from the statutory sector.

A considerable number of voluntary sector individuals / organisations responding to the survey as a whole were not members of VHS while only 39 (19%) of VHS members responded.

Nearly a third (32%) of those of those who said they were aware of VHS did not know whether they were members of VHS or not. While the majority of this group were from the NHS, a third were from the voluntary sector.

Cross-referencing these results with the VHS membership database yielded the following information:

- Of those who believed they were a VHS member, 35 (60%) are actually members, 6 (10%) are lapsed members, 14 (24%) are non-members
- Of those who did not believe that they were a VHS member, 2 (3%) are actually members, 5 (9%) are lapsed members, 40 (69%) are not members
- Of those who were unsure whether they were a VHS member or not, 3 (5%) are actually members, 13 (24%) are lapsed members, 33 (60%) are non-members

It is clear that a considerable number of voluntary sector organisations are not certain about their current VHS membership status.

3.5 Channels leading to awareness of VHS

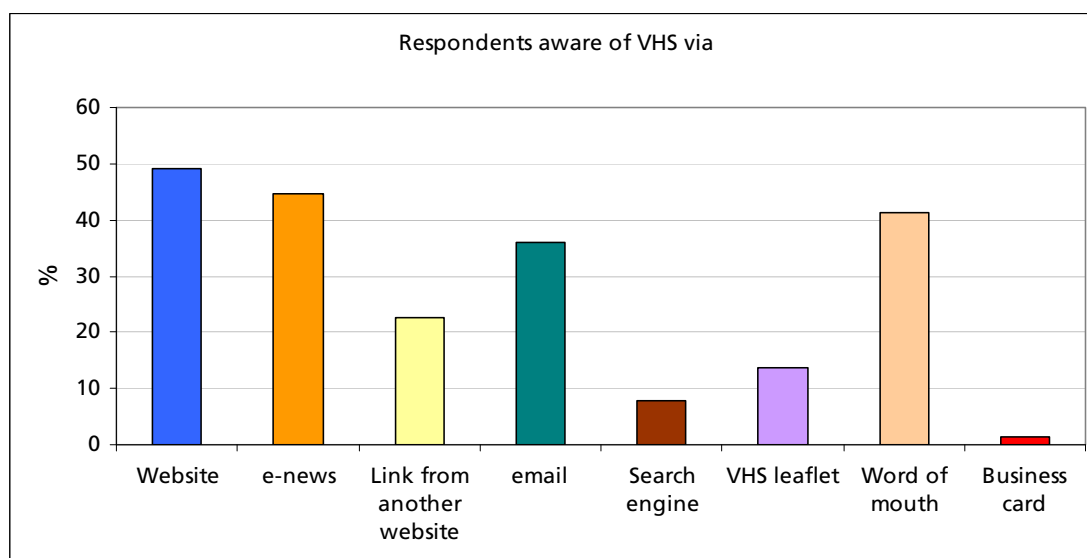
Voluntary Health Scotland next wished to know through which channels respondents were most recently aware of the organisation (Question 4, Appendix 1).

Of those who were aware of VHS, 155 (66%) responded to this question. A list of channels through which awareness of VHS was most likely to be achieved was provided for respondents (Q 4, Appendix 1).

The channels through which individuals / organisations were currently aware of VHS were first, via the VHS website and second, through receipt of the e-news. It was noted that a fairly large number were also aware of VHS through word of mouth.

Figure 6 below shows the channels through which respondents were most recently aware of VHS.

Figure 6 – Channels through which individuals / organisations recently aware of VHS



Note: Percentage totals of replies add up to more than 100% due to provision for multiple answers

Contact details already supplied made it possible to know from which sector respondents to this question came. Respondents who were most recently aware of VHS principally through the website were mainly from the voluntary sector (64%), with over 20% of NHS respondents indicating that the website was the means by which they were currently most aware of VHS.

Respondents who were most recently aware of VHS principally through receipt of the e-news were mainly from the voluntary sector (72%), with 12% of NHS respondents indicating that the e-news was the means by which they were currently most aware of VHS.

Respondents who were most recently aware of VHS via word of mouth were mainly from the voluntary sector (40%). However, 33% of those indicating that they were most aware of VHS via word of mouth were from the NHS.

Respondents were also asked to indicate through which other channels they were most recently aware of VHS. 13% of the respondents listed a variety of channels, in no particular order, as shown in Table 1 below:

Table 1 – Other channels of awareness of VHS

<ul style="list-style-type: none">• Through CHEX
<ul style="list-style-type: none">• Collaboration on work
<ul style="list-style-type: none">• Direct contact with staff
<ul style="list-style-type: none">• Through CVS
<ul style="list-style-type: none">• Found on line when trying to research health related volunteering.
<ul style="list-style-type: none">• Being a Director on the Board of VHS
<ul style="list-style-type: none">• Working with Partnership Development Officer on CHP partnership building
<ul style="list-style-type: none">• Through Volunteer Centre
<ul style="list-style-type: none">• Through Volunteer Development Scotland
<ul style="list-style-type: none">• Occasional speaker from VHS at CVS network meetings
<ul style="list-style-type: none">• Involvement in community health work
<ul style="list-style-type: none">• Personal contact since inception of VHS
<ul style="list-style-type: none">• Sit on Scotland-wide bodies along with Voluntary Health Scotland members
<ul style="list-style-type: none">• Used to be a member
<ul style="list-style-type: none">• Working together through a variety of projects and initiatives, both ours and those of VHS

3.6 Perceived identity of VHS

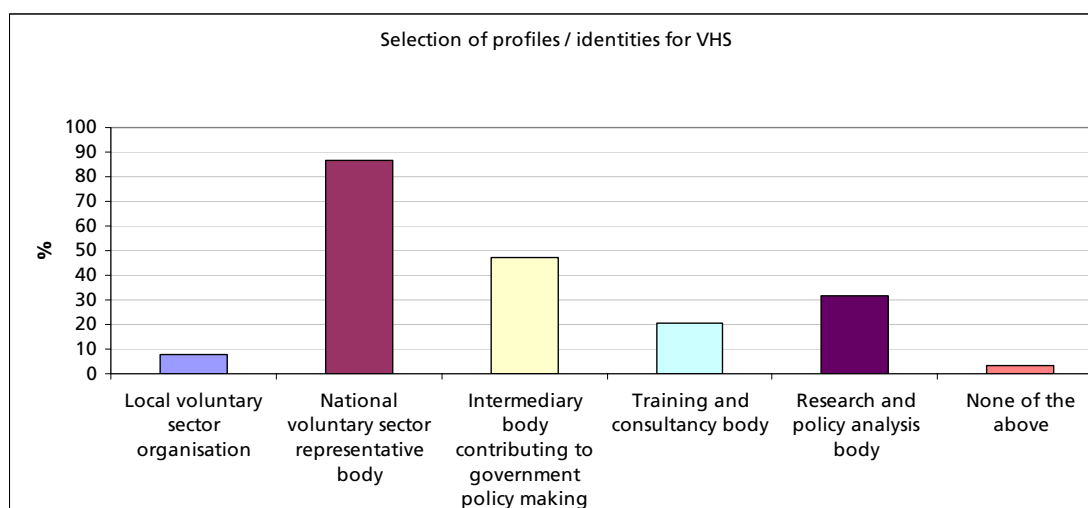
The survey then turned its attention to finding out what kind of organisation respondents perceived Voluntary Health Scotland to be (Q5, Appendix 1)

Respondents were presented with a list of possible profiles / identities of VHS (Question 5, Appendix 1) and asked to select those that corresponded closely to their perception of VHS.

Of those who were aware of VHS, 156 (66%) responded to this question.

Figure 7 below shows the percentage of respondents selecting different profiles / identities for VHS

Figure 7 – Selection of profiles / identities for VHS



Note: Percentage totals of replies add up to more than 100% due to provision for multiple answers

135 (87%) of respondents to this question saw VHS as a national voluntary sector representative body, with 74 (47%) seeing VHS as an intermediary body contributing to government policy making.

Of the remaining options, 49 (31%) saw VHS as a body carrying out research and policy analysis, 32 (21%) saw VHS as a training and consultancy body, while 12 (8%) of those answering this question saw VHS as a local voluntary sector organisation.

Contact details already supplied made it possible to know from which sector respondents to this question came. More respondents saw VHS as a national voluntary sector representative body than as anything else. Of those who did, 52% were from the voluntary sector, 26% from the NHS and 15% from other organisations such as local government bodies.

The second most commonly identifiable profile of VHS was as an intermediary body contributing to government policy making. 62% of those who selected this profile were from the voluntary sector, with 18% from the NHS and 11% from other organisations such as local government bodies.

The smaller number of respondents who perceived VHS to be a research and policy agency were mainly from the voluntary sector (62%), with 22% being from the NHS and 12% from other organisations such as local government bodies.

Only 3% of respondents perceived VHS to be something other than the options provided. Any additional profile was likely to have been identified be in combination with one of the other options. The alternative profiles suggested, in no particular order, are shown in Table 2 below.

Table 2 – Alternative profiles of VHS suggested

<ul style="list-style-type: none"> • Giving a voice to all voluntary organisations - large and small, local and national. Raising awareness of organisations
<ul style="list-style-type: none"> • Membership body
<ul style="list-style-type: none"> • Support body for local health initiatives through work with CVS

VHS noted the last of these in particular – working with CVS to support local health initiatives.

3.7 Awareness of, take-up of and satisfaction with VHS services

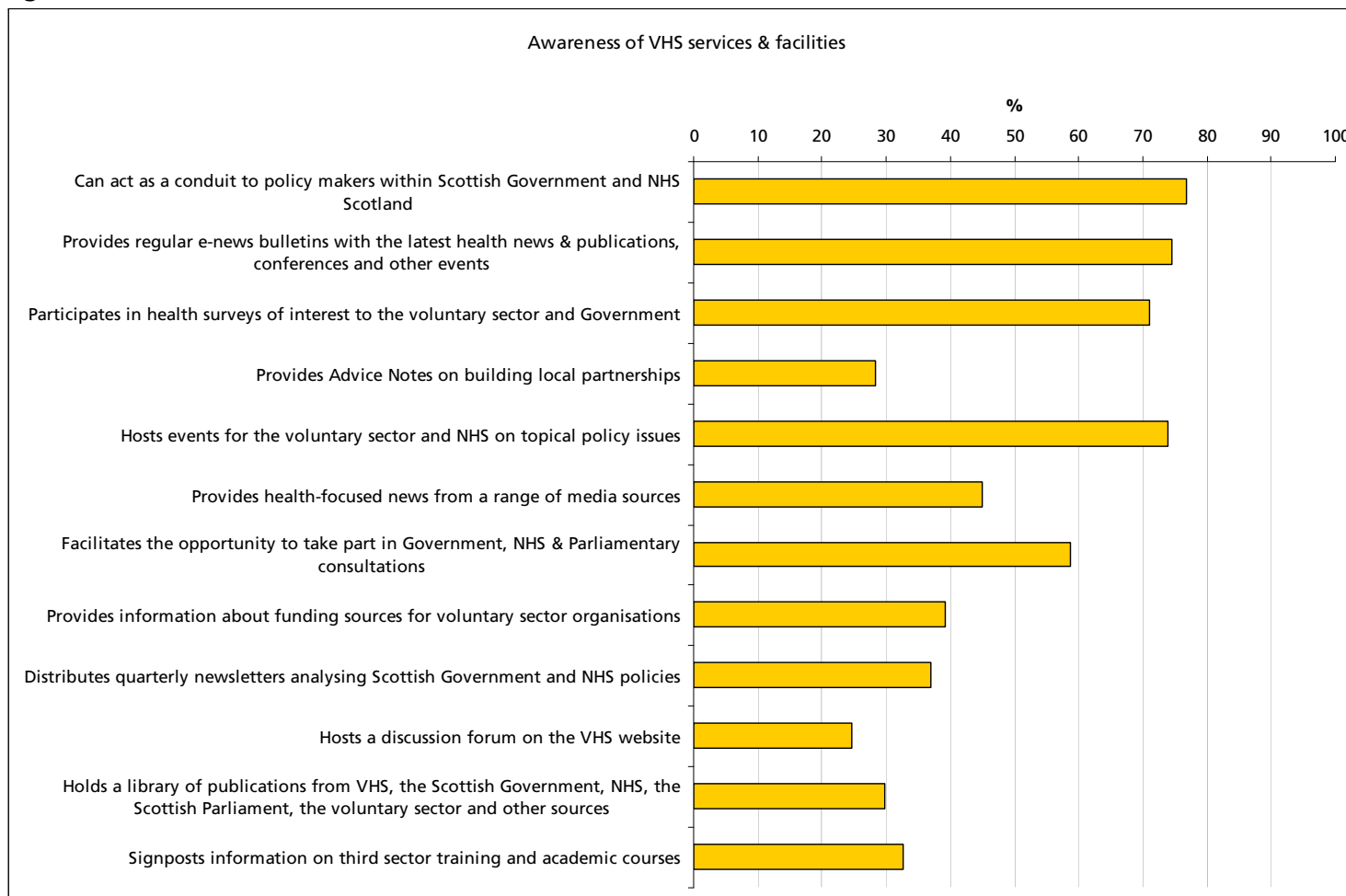
The survey then moved forward to focus attention on respondents’ awareness and use of the services which VHS offers, along with the degree of satisfaction expressed with the individual services used (Questions 6 & 7, Appendix 1).

Question 6 addressed respondents’ awareness of the services which VHS provided, while Question 7 sought information both about respondents’ take-up of VHS services and their satisfaction with the services they had used. It was originally intended to analyse the results for three elements of these two questions together. However, different numbers of people responded to the two questions and not every respondent answered all three elements of both questions. Thus, the results are shown in three stages.

Awareness of services

Figure 8 below shows the percentage of respondents who were aware of each of the range of services and facilities which VHS provides. 138 respondents answered this question

Figure 8 – Awareness of VHS services & facilities



Note: Percentage totals of replies add up to more than 100% due to provision for multiple answers

The most immediately recognisable services provided by VHS were the routes which VHS provides to government policy making, the provision of regular e-news bulletins and the events which VHS puts on, featuring current policy making.

106 of the 138 respondents (77%) who answered this question believed that VHS can act as a conduit to policy makers within Scottish Government and NHS Scotland and 103 (75%) were aware that VHS provides regular e-news bulletins with the latest health news & publications, conferences and other events.

102 respondents (74%) acknowledged that VHS hosts events for the voluntary sector and NHS on topical policy issues while 98 respondents (71%) understood that VHS promotes participation in health topic/policy surveys of interest to the voluntary sector and Government.

81 respondents (59%) knew that VHS facilitates opportunities to take part in Government, NHS & Parliamentary consultations. The VHS service of providing health-focused news from a range of media sources was recognised by 62 respondents (45%).

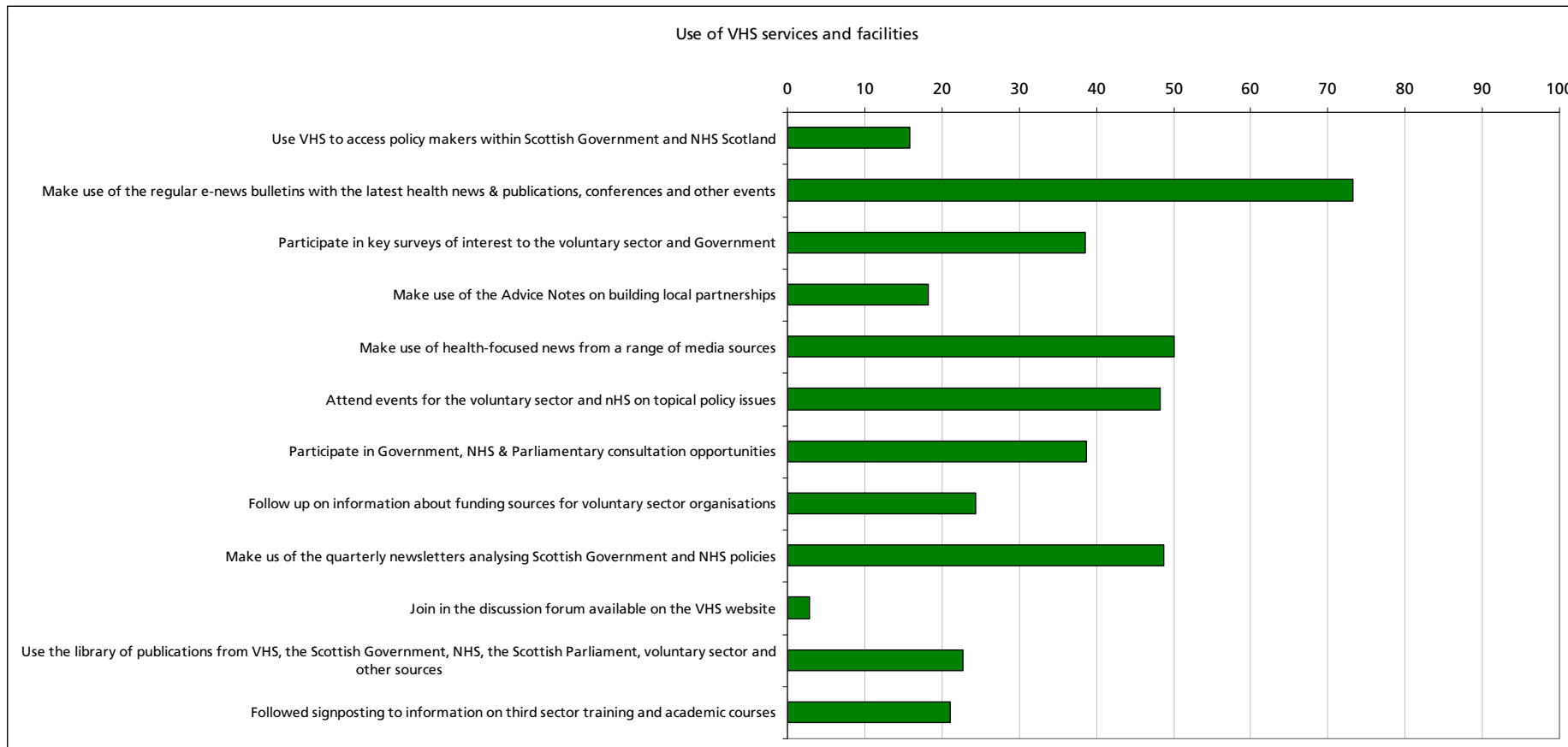
When asked if they knew that VHS provided Advice Notes on building local partnerships 39 respondents (28%) indicated that they did.

Awareness of the discussion forum located on the VHS website was relatively low, with only 34 respondents (25%) recognising its existence.

Take-up of services

Respondents were then asked about their take-up of the VHS services provided. 110 respondents answered this question. Those responding were not necessarily the same as those who had responded to the previous question. Figure 9 below shows the percentage of those answering the question who said that they took up or had taken up each of the VHS services.

Figure 9 – Take-up of VHS services & facilities



Note: Percentage totals of replies add up to more than 100% due to provision for multiple answers

The services most frequently taken up by respondents were signing up for receipt of the regular e-news bulletins, accessing the news service and attending events.

71 respondents (73% of those who answered the question) said they had read the VHS e-news bulletins with the latest health news and publications, conferences and other events.

41 respondents (50%) said they had made use of the health-focused news from a range of media sources, while 40 (48%) had attended VHS-hosted events for the voluntary sector and NHS on topical policy issues.

32 respondents (39%) said they had participated in key health surveys of interest to the voluntary sector and Government. However, only 13 respondents (18%) had made use of the guidance to local partnership building contained in the two Advice Notes produced by VHS.

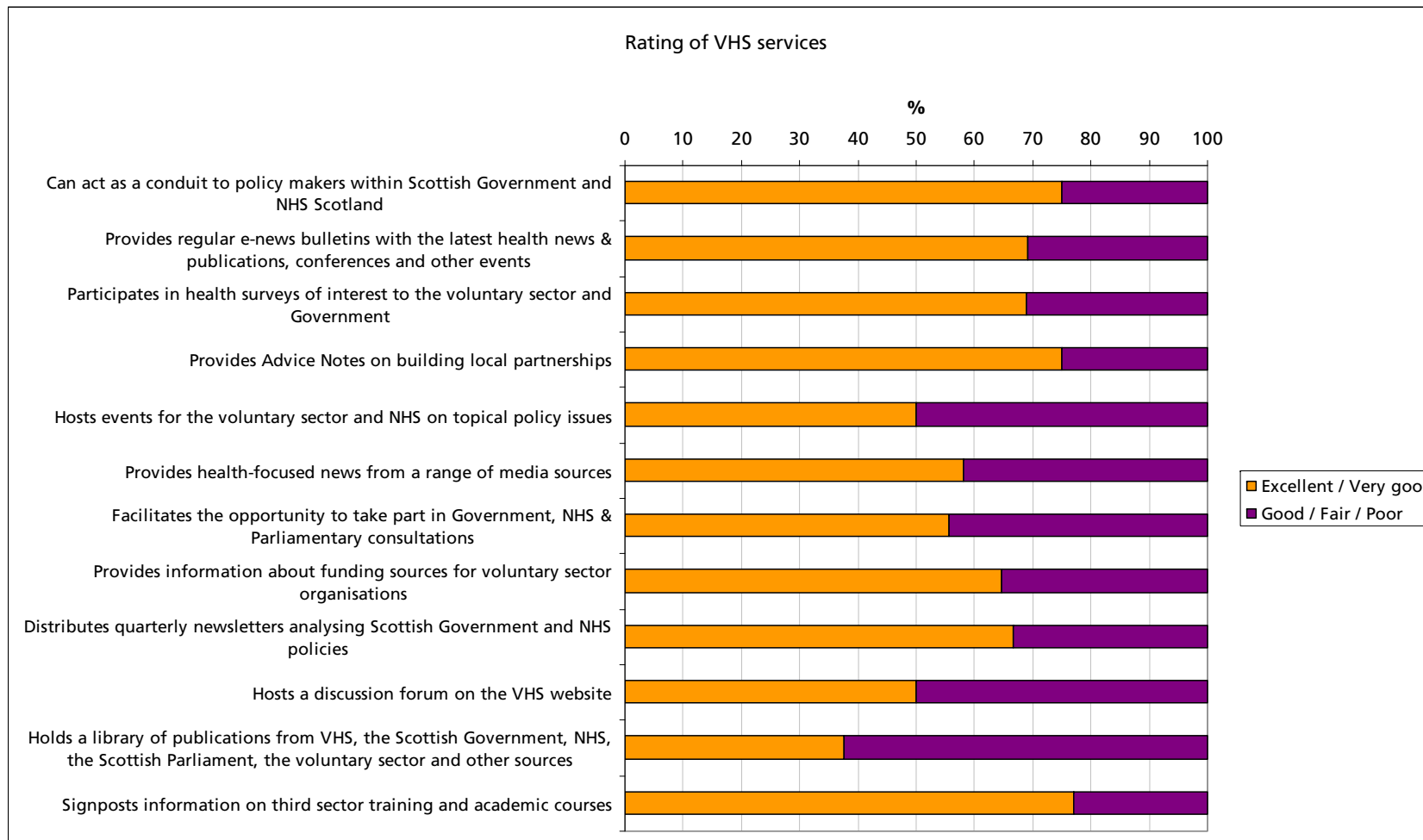
Satisfaction with services used

Respondents were then asked to rate their satisfaction with services which they had taken up, with reference to a five-element scale (Excellent to Poor).

Although the numbers of respondents engaging with the question on rating the services were slightly lower than the numbers of respondents who indicated that they had taken up the services, the discrepancy between the numbers was slight, with, at best, the difference being 0 and at worst, 5. Those responding were not necessarily the same as those who had responded to the previous question.

Figure 10 below shows the rating given to each of the services taken up by respondents. In the light of the observation above, it was assumed that nearly all those rating the services had already taken up the services which they were rating.

Figure 10 – Satisfaction with VHS services & facilities



Note: Percentage totals of replies add up to more than 100% due to provision for multiple answers

A number of VHS services were rated highly (Excellent, Very Good) by those responding to the question. The most highly rated services were the ability of VHS to act as a conduit to government/NHS policy makers and the provision of e-news bulletins, followed by the surveys carried out by VHS and the news service.

47 respondents (69%) said the VHS e-news bulletins with the latest health news and publications, conferences and other events were Excellent / Very Good. 41 respondents (50%) rated highly (Excellent / Very Good) the health-focused news from a range of media sources.

20 respondents (69%) rated the health surveys of interest to the voluntary sector and Government as Excellent / Very Good, while 50% of the 18 respondents who had attended VHS events on topical policy issues rated these as Excellent / Very Good.

Of the 9 who had made use of VHS as a conduit to policy makers within Scottish Government and NHS Scotland, (75%) believed that this service was Excellent / Very Good.

Of those few respondents (9) who had used the VHS Advice Notes on local partnership building rated 75% rated these as Excellent / Very Good.

The quarterly hard copy *Briefing* is made directly available only to the 206 VHS members, only 39 (19%) of whom responded to the Stakeholder Survey. However, 24 of those responding to this question (67%) thought that the *Briefing* was Excellent / Very Good, with a further 33% rating it as Good.

VHS was interested to know the extent of awareness and take-up of its services by sector. Figures 11 and 12 below show the awareness of the services and the take-up of these services by the voluntary and non-voluntary (mainly NHS) sectors respectively. The extent of awareness and take-up of services by sector is represented by raw numbers.

Figure 11 – Awareness of VHS services by sector

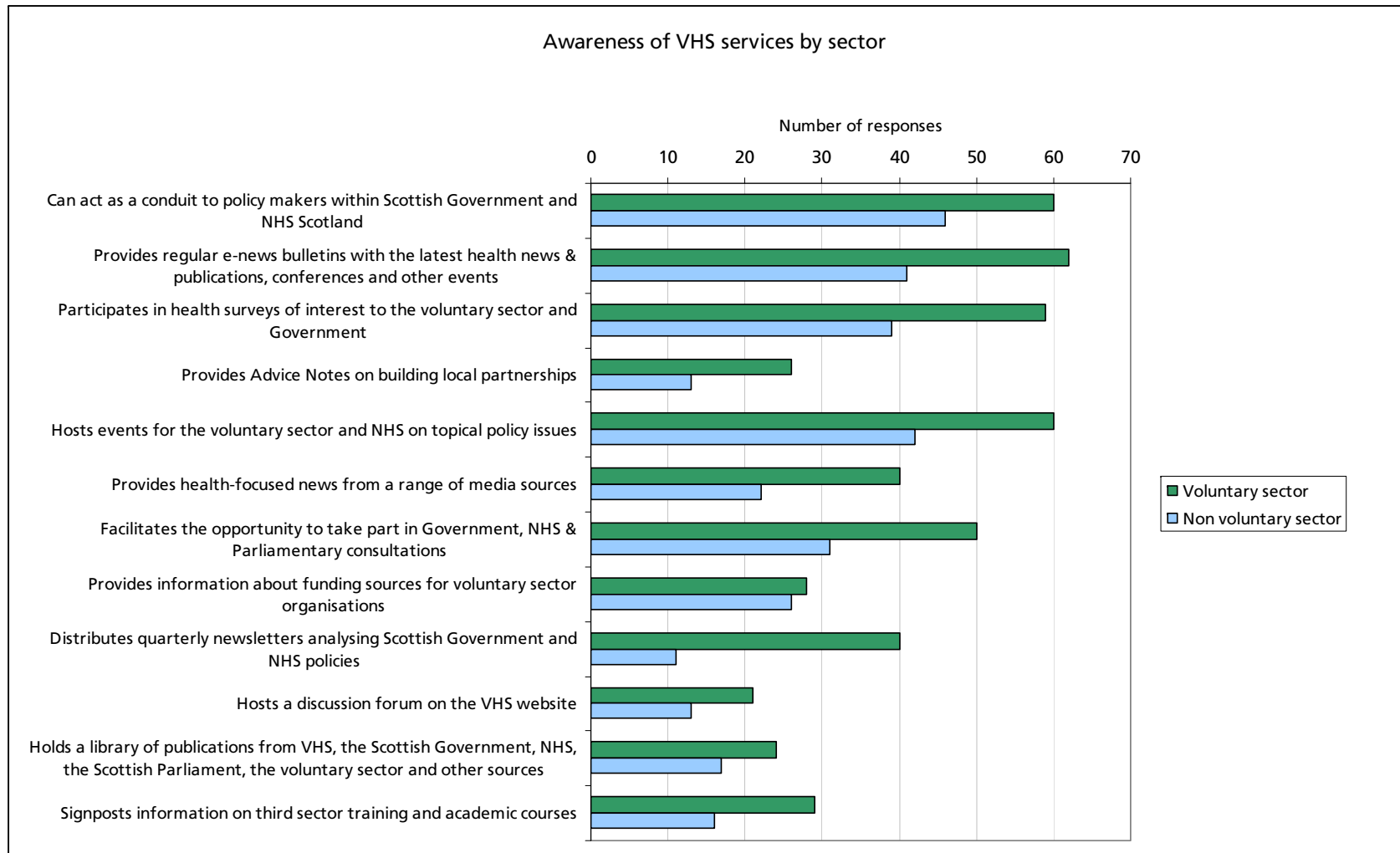
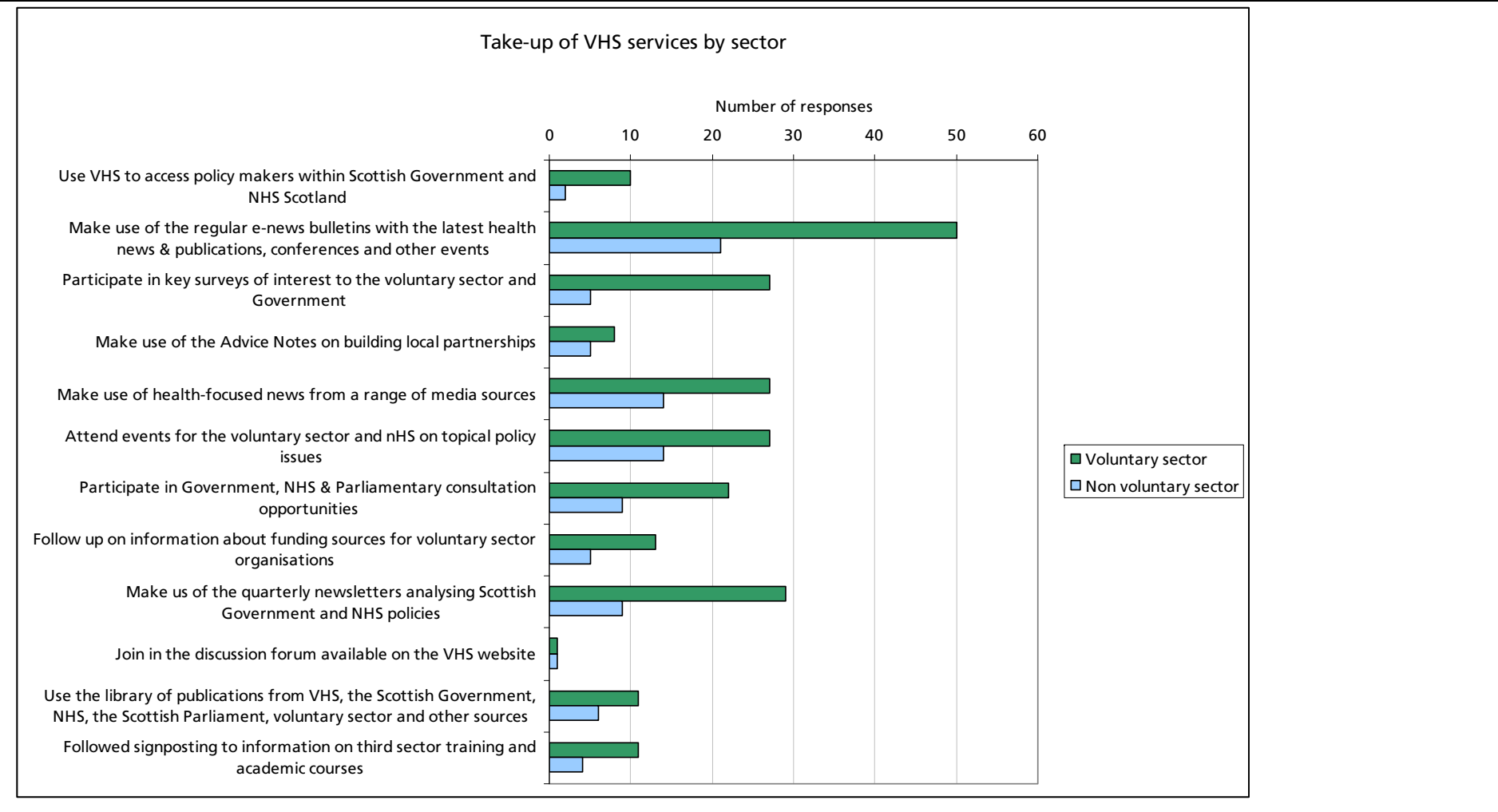


Figure 12 – Take-up of VHS services by sector



In general, the services of which the voluntary sector was most aware were also those services of which the non-voluntary sector was most aware. Thus, both sectors were highly aware of the ability of VHS to act as a conduit to Government and NHS policy makers, the provision of regular e-news bulletins and the hosting of events on topical policy issues. Both sectors were also aware that VHS carries out surveys of interest to the voluntary sector and Government.

The greatest discrepancy between the sectors in terms of awareness of VHS services was in relation to the quarterly *Briefing*, which is distributed mainly to the VHS membership.

The sectors diverged in their take-up of the services offered by VHS. Relatively few non-voluntary sector (mainly NHS) respondents indicated that they made use of VHS services, although the service most taken by this sector was signing up to receive the e-news bulletin, followed by accessing the media-derived health news on the VHS website.

The greatest discrepancy between the sectors in terms of take-up of VHS services was in relation to participation in key surveys of interest to the voluntary sector and Government.

3.8 Improvements to existing VHS services

Respondents were then asked if they could suggest any improvements to the existing services or facilities provided by VHS (Q8, Appendix 1)

Of those who were aware of VHS, 33 (14%) answered this question. In summary, respondents' suggestions for improvement to existing services clustered under two headings:

- Raising awareness of VHS and its services across Scotland, particularly with the NHS; and
- Advocating for the interests of the independent voluntary sector with Government and the NHS

The usable responses to this open ended question are listed in Table 3 below.

Table 3 – Suggestions for improvements to existing VHS services

<ul style="list-style-type: none"> • Awareness seems to be the key issue. Have attended event last year which was good but VHS role is unclear to me and am unaware of most of their services
<ul style="list-style-type: none"> • Better links into NHS. I don't know what's going on unless I look at website.
<ul style="list-style-type: none"> • Closer working with intermediaries at local authority level - but dependent on all of our capacity to do this
<ul style="list-style-type: none"> • I have been unable to log on to the discussion forum on the website and the members only area.
<ul style="list-style-type: none"> • Increase VHS profile across Scotland and make it evident that you speak with the interests of the voluntary sector in mind and are not just a government-allied body.
<ul style="list-style-type: none"> • Keep raising the profile of the voluntary sector - government and NHS still assume the VS is a cheap option with short term funding processes. Real services for people need stability and sustainability in a recession. Vulnerable groups are disadvantaged
<ul style="list-style-type: none"> • Let us know what you do more regularly - seen VHS person twice at other meetings in 4 years
<ul style="list-style-type: none"> • Make it clear who has free membership. At AGM it said there was free membership yet the form we received does not state that
<ul style="list-style-type: none"> • Make the newsletter monthly
<ul style="list-style-type: none"> • More awareness of your services
<ul style="list-style-type: none"> • More concrete support in exploring partnerships between NHS and voluntary sector
<ul style="list-style-type: none"> • More publicity about joining criteria and functions
<ul style="list-style-type: none"> • More publicity on your existence
<ul style="list-style-type: none"> • Need to raise profile of what is on offer to support better uptake
<ul style="list-style-type: none"> • I'm sure you have capacity issues to cover all the work you do but I find the staff very capable. RCVS would like to develop local partnership approaches between VHS & local CVS
<ul style="list-style-type: none"> • Offer salary service and more info on voluntary sector OSCR rules though these can be accessed via SCVO - but VHS access to info is much simpler and easier better communication, always get a response
<ul style="list-style-type: none"> • Perhaps links via the CAB network could be developed in view of the number of clients who present there with health problems.
<ul style="list-style-type: none"> • Perhaps more promotion outwith the voluntary sector. As we are a fire service,

VHS has been very useful to us, helping to promote our partnership links with health services and voluntary organisations.
<ul style="list-style-type: none"> • Raise awareness in general
<ul style="list-style-type: none"> • Should I know more about what you are doing?
<ul style="list-style-type: none"> • The e-newsletter layout is pretty busy - it could be cleaned up a bit to make it easier to quickly see what was in each issue - you need to do lots of scrolling, and I get avalanches of info to trawl through, so anything that speeds up access is great!
<ul style="list-style-type: none"> • The key improvement for me has been the ability to collaborate better with local infrastructure to share expertise, widen the impact VHS can have and ensure a vibrant voluntary sector health sector in Scotland.
<ul style="list-style-type: none"> • The services I have used are all of very high quality
<ul style="list-style-type: none"> • We sometimes find it difficult to influence some key national stakeholders (e.g. Health Scotland). If this is something VHS can do on behalf of the third sector, we'd be keen to discuss this.
<ul style="list-style-type: none"> • Wider publicity - it appeared to me VHS was only interested in its members - not a wider audience e.g. voluntary sector not wider health workers

3.9 How well does VHS assist individual organisations?

VHS was then keen to know the extent to which stakeholders felt that VHS supported their individual organisation. The question (Q9, Appendix1) was framed around the five Strategic Objectives of VHS (see Appendix 3).

Of those respondents who were aware of VHS, 107 (46%) answered this question.

Respondents were asked to express the extent to which they felt that VHS assisted their individual organisation on a scale of values from Excellent to Poor (Question 9, Appendix 1). The most common response to this question was to select *not applicable*. This was probably explained by the fact that a number of organisations may well not have sought assistance from VHS in the ways described.

The greatest degree of satisfaction expressed with assistance provided by VHS was in relation to promoting the value of the voluntary sector in health improvement and

healthcare to the Scottish Government and the NHS (66% of respondents rated this function Excellent, Very Good or Good).

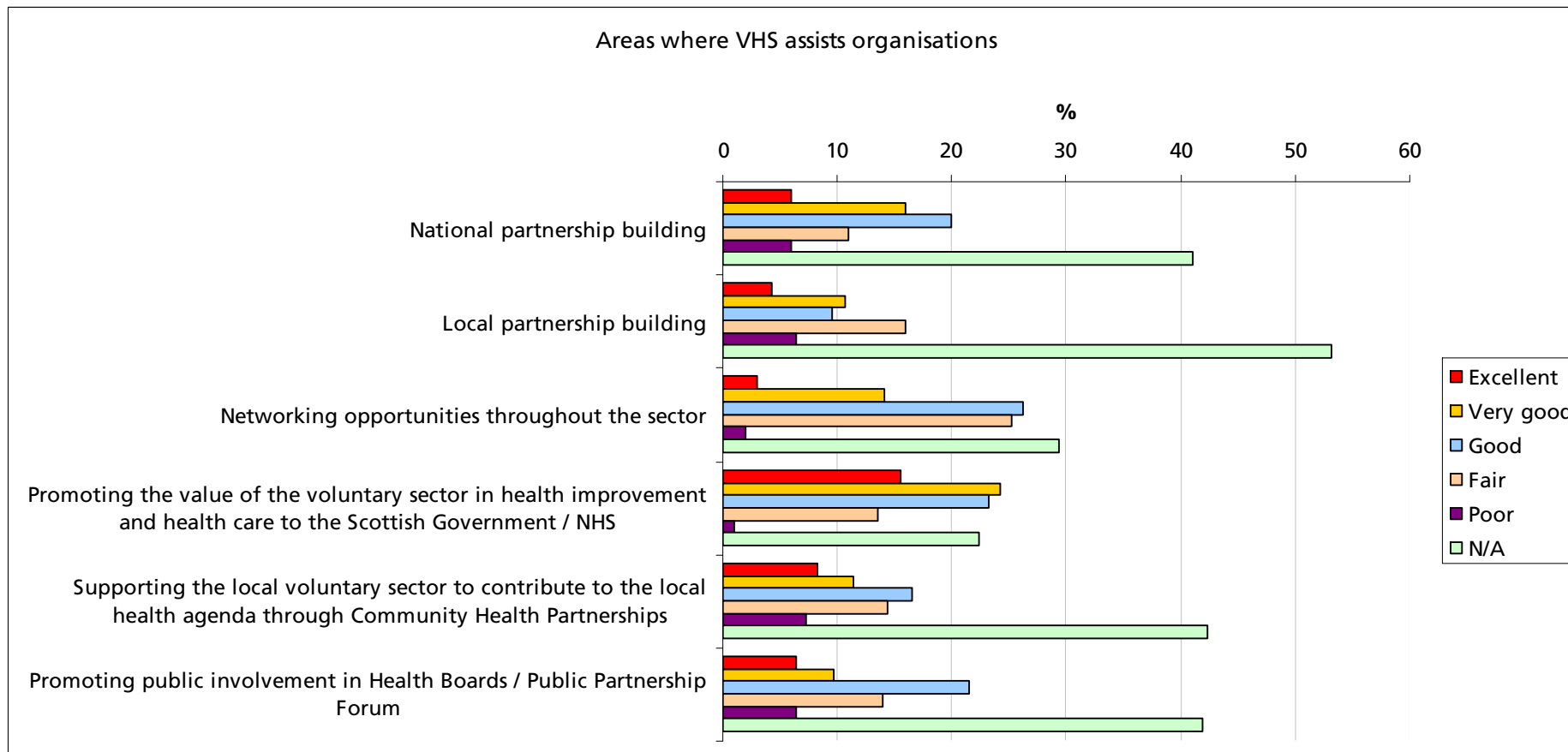
The next highest degree of satisfaction expressed with the assistance provided by VHS was in relation to supporting networking opportunities throughout the sector (43% of respondents rated this function Excellent, Very Good or Good).

The third highest degree of satisfaction expressed with the assistance provided by VHS was in relation to national partnership building (42% of respondents rated this function Excellent, Very Good or Good).

Assistance provided by VHS with local partnership building, supporting the local voluntary sector to contribute to Community Health Partnerships (CHPs) and promoting public involvement in Health Boards and Public Partnership Forums (PPFs) elicited a lower degree of satisfaction from respondents.

Figure 13 below shows the degree of individual satisfaction with VHS assistance as experienced by respondents.

Figure 13 – Satisfaction with VHS assistance



This question also provided an opportunity for respondents to comment on the support received from VHS in other areas which they identified for themselves. The responses given are listed in Table 4 below.

Table 4 – Comments on support received from VHS in other areas
<ul style="list-style-type: none"> • Could do more in future with more awareness of role
<ul style="list-style-type: none"> • General support and advice giving re interpretation of policy and problem solving at local level
<ul style="list-style-type: none"> • Highlighting funding available
<ul style="list-style-type: none"> • It's difficult for a non-health body like ours to make full use of VHS's services
<ul style="list-style-type: none"> • To date have used as an info resource; the questionnaire has made me think that we should be promoting you in other ways.
<ul style="list-style-type: none"> • Unaware of any of this assistance availability

3.10 Future developments for VHS

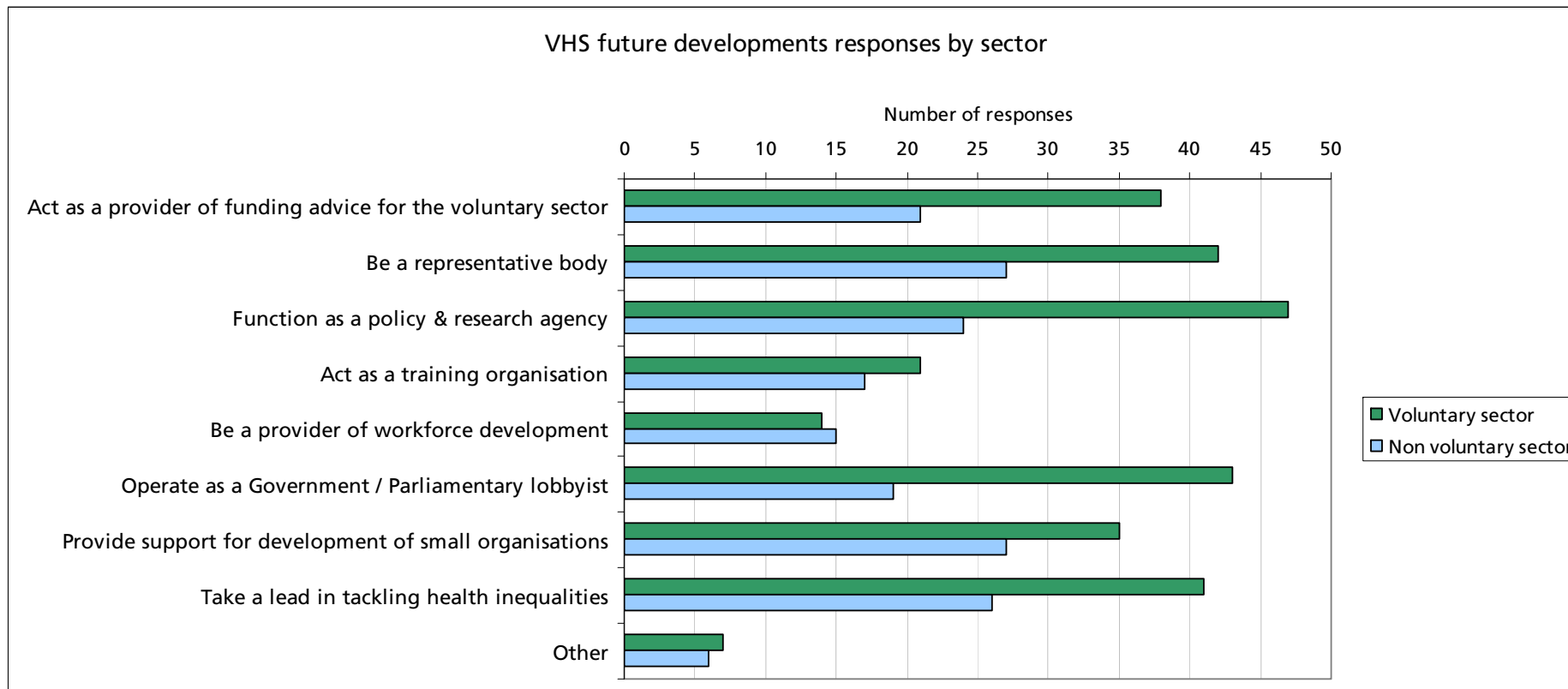
Finally, VHS was keen to know what future developments respondents would like to see VHS pursuing (Question10, Appendix 1). A list of possible priorities for VHS, derived from ongoing informal feedback to the organisation and informed by the five Strategic Objectives, was presented to respondents (Q10, Appendix 1).

Of those who were aware of VHS, 119 respondents (51%) provided an answer to this question.

The responses to this question were grouped by sector – voluntary sector: non-voluntary (mainly NHS) sector - in order to draw out differences in priorities for the future development of VHS.

Figure 14 below shows respondents' priorities for the future development of VHS by sector. The responses are shown in raw numbers.

Figure 14 – Priorities for VHS future developments by sector



The following information was obtained:

The highest priorities for VHS development expressed by the voluntary sector were for VHS to act as a policy and research agency, to operate as a Government / Parliamentary lobbyist and to continue to be a representative body.

The highest priorities for VHS development expressed by the non-voluntary sector were for VHS to continue to act as a representative body, to tackle health inequalities and to support the development of small organisations.

- 71 respondents (60%) indicated that VHS should function as a policy and research agency. 47 of these (40%) were from the voluntary sector while the remaining 24 (20%) were from the NHS and other non-voluntary sector organisations.
- 69 respondents (58%) saw the future development of VHS as a representative body. 42 of these (35%) were from the voluntary sector while the remaining 27 (23%) were from the NHS and other non-voluntary sector organisations.
- 67 respondents (56%) wanted VHS to take a lead in tackling health inequalities. 41 (34%) of these were from the voluntary sector while the remaining 26 (22%) were from the NHS and other non-voluntary organisations.
- 62 respondents (52%) wished to see VHS operate as a Government / Parliamentary lobbyist. Of these, 43 (36%) were from the voluntary sector while the remaining 19 (16%) were from the NHS and other non-voluntary organisations.
- At the same time, 62 respondents (52%) were also keen for VHS to provide support for development of small organisations. 35 (29%) of these respondents were from the voluntary sector while the remaining 27 (23%) were from the NHS and other non-voluntary organisations.
- 59 respondents (50%) wanted VHS to act as a provider of funding advice for the voluntary sector. 38 of these (32%) were from the voluntary sector while the

remaining 21 (18%) were from the NHS and other non-voluntary sector organisations.

Smaller numbers of respondents were interested in VHS developing as a training organisation or becoming engaged in workforce development.

The greatest divergence between the voluntary sector and the non-voluntary sector (mainly NHS) priorities for the future development of VHS were observed in relation to the top priority expressed – that VHS should develop as a policy and research agency – where the number of voluntary sector respondents was double that of non-voluntary sector respondents.

A similar divergence of perspectives was evident in the percentage of those wishing to see VHS operate as a Government / Parliamentary lobbyist, where, again, the numbers supporting this development from the voluntary sector roughly doubled those from the non-voluntary (mainly NHS) respondents.

A high degree of concordance between the voluntary sector and the non-voluntary (mainly NHS) sector responses was observed in relation to the provision of support for small organisations – this was a fairly similar priority for both sectors. Related areas that had received a low priority throughout the survey – the areas of training and workforce development – were also a similar priority for both sectors.

Of those responding to this question, 13 (11%) provided an additional or different priority for the future development of VHS.

These are listed in Table 5 below.

Table 5 – Future VHS developments – additional / different priorities

<ul style="list-style-type: none">• Develop formal links with hospital information services
<ul style="list-style-type: none">• Developing localism & partnership with CVS
<ul style="list-style-type: none">• I'm sure all of the above would be valuable but I feel VHS's representative / lobbying role remains central & crucial as the NHS and wider health sector gets ever more complex and diverse
<ul style="list-style-type: none">• Interesting, VHS could go either way but doing both (being a representative policy / lobbying body or nurturing small organisations), difficult to continue to

do both.
<ul style="list-style-type: none"> • Not sure; there are too many organisations already doing the same work!
<ul style="list-style-type: none"> • Strategic engagement with local infrastructure organisations, to support voluntary sector delivery of health-related services, advocacy, analysis and campaigning
<ul style="list-style-type: none"> • Support patient involvement at national level
<ul style="list-style-type: none"> • With my limited knowledge of VHS my question would be - Are there gaps at the moment not being filled by other health organisations or are we duplicating efforts?
<ul style="list-style-type: none"> • Work better with local boards
<ul style="list-style-type: none"> • Would need to think about this in more depth. What already exists and how effective are their services.

3.11 Final comments

Finally, respondents were asked to provide any other comments about VHS and its place in the Scottish voluntary sector (Q11, Appendix 1). Of those who were aware of VHS, only 25 (11%) responded to this question. Table 6 below shows their responses.

Table 6 – Final comments relating to VHS and its place in the Scottish voluntary sector

<ul style="list-style-type: none"> • We had hoped for more concrete help in finding a voice with the NHS and exploring the option of possible partnerships
<ul style="list-style-type: none"> • Need to ensure that local Interfaces work with VHS and that each complement the other e.g. re local funding advice & training support
<ul style="list-style-type: none"> • I feel Paths for All need to find out more about VHS and work together more strategically so we can make the most of both our organisations' strengths. Thanks
<ul style="list-style-type: none"> • The intermediary landscape is often referred to as cluttered - I'd like to see VHS stick to its core purpose and business and find ways of working with other existing structures to provide some of the more direct services in local areas - predominantly CVS, VCs and Voluntary Action Scotland. Don't try to be most things to most people.
<ul style="list-style-type: none"> • I regret that our comments are not positive. They reflect the total

<p>disengagement we currently feel from VHS' activities, and they categorise the lack of any positive impact we can identify from VHS' work has on the VS health agenda</p>
<ul style="list-style-type: none"> • I am not sure what the difference is between CHEX and VHS?
<ul style="list-style-type: none"> • It would be useful to have VHS act as a bridge between health bodies and those in other fields (like fuel poverty) who want to make the right links with the health sector.
<ul style="list-style-type: none"> • With my limited knowledge of VHS my question would be - Are there gaps at the moment not being filled by other health organisations or are we duplicating efforts?
<ul style="list-style-type: none"> • In the Arran context, VHS has been invisible. Have seen no evidence of VHS in my CVS involvement with North Ayrshire CHP. Do not know if they have been involved with North Ayrshire PPF. First contact in four years with Arran CVS was a phone call about two weeks ago asking if we received VHS newsletters etc.
<ul style="list-style-type: none"> • Work with Scottish Health Council in promoting the PPF
<ul style="list-style-type: none"> • I am not sure what input / influence VHS had in the volunteering process - I am disappointed about the CEL directive on volunteers' reimbursement of expenses. This is worded in a way that has allowed NHS Tayside to produce a policy which, as far as volunteers and their managers are concerned, is inconsistent and unfair.
<ul style="list-style-type: none"> • Should continue to exist as its services are well received by the voluntary sector and the wider NHS
<ul style="list-style-type: none"> • I should know more about it but have seen little aimed at NHS staff
<ul style="list-style-type: none"> • VHS ought to deliver a robust and challenging analysis of the failure of the NHS to fully engage voluntary sector approaches
<ul style="list-style-type: none"> • Fantastic work in promoting the voluntary sector and in keeping us well informed of health policy, thanks to a great team!
<ul style="list-style-type: none"> • Those who fund VHS should understand its necessary role and make sure its independence is built into their thinking and not interfered with or, shall we say, 'informally disapproved of'.
<ul style="list-style-type: none"> • The sector seems a bit crowded at the moment. The Long Term Conditions Alliance seems to inhabit a lot of similar space and it would be helpful to see a more regular working relationship between the two bodies. If this already happens, apologies, I'm not especially clued in!
<ul style="list-style-type: none"> • My knowledge is limited, being a recent member. Most of the information in the Summer <i>Briefing</i> I already knew through CHEX and the local MtSC - but

your knowledge of local government policy and links with NHS is most interesting.
<ul style="list-style-type: none"> • Valuable partner
<ul style="list-style-type: none"> • I believe there is a place for VHS and we need to look at how it links with local networks and activity. I would like to see a partnership agreement with CVS/Interfaces and future work being stronger, more cohesive & better informed
<ul style="list-style-type: none"> • Support organisations that take on volunteers within the statutory setting
<ul style="list-style-type: none"> • It is very important that VHS remains a strong voice for the health related voluntary bodies.
<ul style="list-style-type: none"> • We are not members as I had little knowledge of whether we were considered a voluntary health organisation and therefore met criteria for membership, or what VHS could do for us if we were. The SIAA are our umbrella body but it may be useful to be members of VHS also?

4 Observations and Next Steps

Observations arising from the data generated from the Stakeholder Survey are discussed below, under the following broad headings:

4.1 Reach, awareness and perceived identity of VHS (Sections 3.1 – 3.6)

4.2 Awareness of, uptake of and satisfaction with VHS services (Sections 3.7 – 3.9)

4.3 Priorities for further development of VHS (Section 3.10 – 3.11)

The observations are made with reference to the appropriate area in the Results section.

Observations

General

Voluntary Health Scotland considers the Stakeholder Survey to have been a very successful exercise. In addition to extending a direct invitation to respond to the Survey to nearly 800 primary contacts, VHS was able to disseminate the Survey much further through its networks, reaching up to 5,000 known potential respondents and possibly more, by cascading the Survey out through its contacts.

Nevertheless, VHS was surprised by the extent of the response to the Survey (402 responses) and by the fact that 167 people (41.5%) who said they were not aware of VHS took the trouble to at least make initial contact with the enquiry, with most respondents in this category being from the non-voluntary sector. It was therefore encouraging that over 50% of these (86) left contact details to receive further information about VHS, over half of this group being from NHS bodies. Approaches will be made to these respondents with an invitation to take up associate membership of VHS.

4.1 Reach, awareness and perceived Identity of VHS

Reach

The reach of Voluntary Health Scotland is extensive and the organisation makes good use of its networking capacity to extend its reach even further. Despite this, however, VHS is still best known within the voluntary sector (Section 3.1).

By carefully noting the position of the respondent within their own organisation VHS was able to gauge the level at which its services were being targeted and the capacity or authority of the contact person to further disseminate information or act upon it.

With the majority of respondents coming from upper managerial or policy / information levels within the voluntary sector and from middle management or administrative levels within the non-voluntary sector it seems likely that VHS contact with the voluntary sector is being maintained at policy and strategic levels, whereas contact with the non-voluntary (mostly NHS) sector is maintained at a level where staff are less empowered to disseminate information or take action in relation to policy development or joint working (Section 3.2). At the same time, staff turnover is higher at middle management and administrative levels than at higher management levels and there is a risk of contact being lost.

VHS concludes from this that greater efforts need to be made to target information at more strategic levels within the non-voluntary sector. At the same time, encouragement needs to be given to all primary contacts for VHS information to take responsibility for disseminating VHS information within their own organisation.

Ascertaining the focus of respondents' work enabled VHS to establish the functional areas in which its information and services might be making most impact. Currently it seems that it is in those areas where the NHS is most likely to engage with the voluntary sector because this is required by statute or policy directive - patient and public involvement and volunteering (the NHS has designated officer posts for these functions) and in health improvement (especially in mental health, substance abuse, sexual health, healthy eating, early years and young people's initiatives), often in partnership with local authorities (Section 3.3).

VHS services and information also reach local voluntary sector intermediary bodies (mainly CVS) which are engaged in the capacity building that allows the voluntary sector to deliver sustainable services in thematic areas, such as health (Section 3.3).

While this pattern of engagement allows VHS to focus on supporting the sector to engage effectively with the areas of NHS and local authority activity described above, a greater challenge is faced by VHS in extending its reach to those areas within the NHS and local authorities where there is no statutory requirement to work with the voluntary sector – in particular, primary care delivery – and in convincing some CVS that VHS can assist with local health policy insight.

Respondents to the Survey were to some extent unsure of their VHS membership status (Section 3.4). Nearly all VHS members are from the voluntary sector, yet only 39 VHS members (19%) responded to the Survey. There were considerable discrepancies in respondents' awareness of their VHS membership status, with numbers of non-members believing they were members and some respondents who believed they were not members or were unsure of their membership status actually being members.

This is a timely reminder to VHS to review membership names and contact details regularly and to ensure that members are encouraged to update their own information with VHS.

Awareness

While VHS is confident that it has considerable actual and potential reach, it has been useful to find out by which channels individuals and organisations become aware of

VHS. The most readily identifiable route to awareness of VHS identified by Survey respondents was the VHS website (Section 3.5). This confirmed what is already known intuitively, as the website receives a very large number of hits (currently averaging 111,000 a month). The second most identifiable route was through receipt of the e-news, which has steadily increased its circulation numbers over the last year to nearly 800.

It was gratifying to learn that the third most common route to awareness of VHS was by word of mouth (Section 3.5). Both the Director and Partnership Development Officer make use of the frequent opportunities they have to promote VHS both formally and informally in public and have established extensive contact networks at national and local levels. Nevertheless, qualitative information obtained in responses to questions in Sections 3.8 (*Improvements to existing services*) and 3.9 (*How well does VHS assist individual organisations?*) suggests that VHS needs to do much more work to raise awareness of who VHS is and what it does. VHS is committed to energetic marketing of its distinct identity.

Perceived identity of VHS

Voluntary Health Scotland is most commonly identified as a national voluntary sector representative body by both voluntary and statutory sectors (Section 3.6). While almost as many stakeholders see VHS as an intermediary body contributing to government policy making, this identity was more readily understood by the voluntary sector.

A considerable number of respondents see VHS as a body carrying out research and policy analysis (Section 3.6), although this identity is more commonly recognised by the voluntary sector. VHS itself believes that it has established some track record of expertise in research and policy analysis within and on behalf of the voluntary sector and in contract to Government.

Smaller numbers of respondents in both sectors suggested that VHS was a body offering advice and support for the development of small organisations and channel for the sector's voice. This is persistent perception and VHS is the first to recognise that it has very limited capacity to engage with and support individual organisations.

The information obtained from the responses contained in Section 3.8 (*Improvements to existing VHS services*) and Section 3.10 (*Future developments for VHS*) reinforces the

inference that while both statutory and voluntary sectors see VHS as a national representative and intermediary body within the voluntary sector, the statutory sector sees VHS more as a support and information-giving body for the sector, while the voluntary sector sees VHS more as an advocate for change, through research and policy analysis.

4.2 Awareness of, uptake of and satisfaction with VHS services

Awareness of services

It was useful to observe that the four services provided by VHS of which respondents were most aware - the routes which VHS provides to government policy making, the provision of regular e-news bulletins, the events which VHS puts on featuring current policy making and the carrying out of surveys – corresponded fairly closely with the perceived profile of the organisation (Section 3.7)

Unsurprisingly, awareness of the services provided by VHS was higher in the voluntary sector than in the statutory sector (Section 3.7), but the four services best known to the voluntary sector were those of which the statutory sector was also most aware.

These observations has led VHS to conclude that it explains and markets its services consistently to both voluntary and statutory sector audiences, although greater efforts could be made to market VHS services to the NHS and local authorities.

Uptake of services

There was some discrepancy between awareness and take-up of services (section 3.7), with more respondents making use of those services which they could access simply by opting to receive information – receipt of e-news bulletins (sign-up only required), access to the VHS news service (via the website) and receipt of the quarterly *Briefings* (members only). The events provided by VHS are also a popular service.

Unsurprisingly again, take-up of the services provided by VHS was higher in the voluntary sector than in the statutory sector (Section 3.7). Far greater numbers of

voluntary sector respondents said they made use of the e-news bulletins, the VHS news service, the surveys and the events.

These observations make it important for VHS to continually step up its efforts to encourage greater take-up of its services by the statutory sector, as these can assist with partnership building.

Satisfaction with services

Generally, respondents rated VHS services highly (Section 3.7). Nearly all VHS services were rated as excellent or very good by over 50% of respondents. Specifically, over two-thirds of respondents rated excellent or very good the ability of VHS to act as a conduit to policy makers, to provide informative e-news bulletins, to carry out surveys, put on events and seminars and provide supportive advice to the sector.

Suggestions for improvement to the services clustered under the two broad headings of raising awareness of the services in the first place, especially with the statutory sector; and being more pro-active in advocating for a greater independent role for the voluntary health sector (Section 3.8)

At the same time, in relation to satisfaction expressed with the assistance given to individual organisations (section 3.9), most of those who had sought and/or received individual support rated highly the networking opportunities and the assistance with national and local partnership building provided by VHS.

It is important for Voluntary Health Scotland to clarify with its members and stakeholders the limitations to its capacity to engage with and support individual organisations and the respective roles of VHS and CVS as national thematic intermediary body and local infrastructure and capacity-building bodies. At times, requests are made to VHS for infrastructure support – starting up an organisation, making representation to statutory bodies on loss of funding, governance issues – which properly lie within the areas of responsibility of CVS.

4.3 Priorities for further development of VHS

Comparison between the responses made by the voluntary sector and those made by the statutory sector led VHS to observe a divergence in priorities for VHS between the sectors (Section 3.10). This echoed the responses made in Section 3.6 – *Perceived identity of VHS*; and Section 3.8 – *Suggestions for improvement*. Additional priorities offered by respondents tended to focus on the local agenda and support for small organisations.

On the basis of responses to this enquiry, VHS believes that it has most to offer the sector and Scottish Government as a national voluntary sector representative body, carrying out research and policy advocacy and taking a lead in determining a more strategic role for the sector as a whole in maximising its impact on the reduction of health inequalities and improvements in healthcare. It can best support the local voluntary sector by working through SCVO and networks of local intermediary and interface bodies eg. the new Voluntary Action Scotland (VAS).

Voluntary Health Scotland would not be making best use of its strengths if it confined itself to being an information exchange and networking agency. And it does not have the capacity to support and develop individual organisations. With greater resources, VHS could be contributing more to workforce development – this being an element essential to the credibility of the voluntary sector.

Useful additional suggestions were made (section 3.11) encouraging VHS to work on complementary agendas with other key national agencies eg. CHEX, the Scottish Health Council, Long-term Conditions Alliance (LTCAS).

Next steps

As a result of these observations, VHS will:

1. Encourage all those non-member respondents who supplied contact details to take up Full or Associate Membership of VHS
2. Review contact details for all existing voluntary sector members and stakeholders, ensuring onward dissemination of information within the organisation

3. Review contact details for all existing statutory sector members and stakeholders, ensuring that contact is established with senior managers
4. Clarify VHS membership eligibility and publicise in updated membership leaflet
5. Carry out or commission as appropriate marketing support to clarify the profile of VHS, establishing its unique identity and indicating what the organisation is - and is not
6. Improve the reach of VHS and spread awareness of the organisation, especially in those areas of the statutory sector less inclined to work with the voluntary sector
7. Revise and update the VHS website and other products eg. e-news bulletins in line with the conclusions of this enquiry
8. Engage with appropriate national bodies and organisations on shared and/or complementary health policy agendas
9. Engage with the required intermediary bodies to enable VHS to offer appropriate support and development advice in local areas
10. Clarify the priorities for the future direction of VHS expressed by stakeholders in different sectors and further develop the skills required to allow VHS to excel in its chosen priority areas

Helen Tyrrell
Phil McAndrew

January 2010

Appendix 1

Voluntary Health Scotland Stakeholder Survey 2009

Introduction

Voluntary Health Scotland (VHS) has been in operation for nine years now and we believe that it is now time to assess its perceived role and the value of the services which it offers.

The purpose of this survey is to gain an understanding of how VHS is perceived by its members and stakeholders in the voluntary sector and beyond, in order to judge the extent to which it is providing the kind of services and support which the third sector and other stakeholders need and to determine any future direction which VHS might take.

The questionnaire is very simple to complete and should only take a few minutes of your time. All your answers will remain confidential and the results will enable us to enhance or change our services where required, for your benefit.

Thank you very much for your time.

Phil McAndrew

Communications Officer

email: [Phil.McAndrew](mailto:Phil.McAndrew@vhs.org.uk)

Questions

1 Are you aware of Voluntary Health Scotland?

- Yes
- No

2 Please enter your details - these will remain confidential and allow VHS to send you highlights from the survey results

- Name
- Organisation

- Position in organisation
- Email
- Main focus of work

3 Are you / is your organisation a member of VHS?

- Yes
- No
- Don't know

4 Through which current channels are you aware of VHS activities? (tick all that apply)

- VHS website
- VHS e-news
- Link from another website, e.g. NHS, Scottish Government
- VHS email
- Search engine e.g. Google
- VHS printed leaflet
- Colleague / word of mouth
- VHS business card
- Other (please specify)

5 Do you see VHS as a: (tick all that apply)

- Local voluntary sector organisation
- National voluntary sector representative body
- Intermediary body contributing to government policy making
- Training and consultancy body
- Research and policy analysis body
- None of the above
- Other (please specify)

6 Did you know that VHS offers the following services & facilities? (tick all that apply)

- Can act as a conduit to policy makers within Scottish Government and NHS Scotland
- Provides regular e-news bulletins with the latest health news & publications, conferences and other events
- Participates in health surveys of interest to the voluntary sector and Government
- Provides Advice Notes on building local partnerships
- Hosts events for the voluntary sector and NHS on topical policy issues
- Provides health-focused news from a range of media sources
- Facilitates the opportunity to take part in Government, NHS & Parliamentary consultations
- Provides information about funding sources for voluntary sector organisations
- Distributes quarterly newsletters analysing Scottish Government and NHS policies
- Hosts a discussion forum on the VHS website
- Holds a library of publications from VHS, the Scottish Government, NHS, the Scottish Parliament, the voluntary sector and other sources
- Signposts information on third sector training and academic courses

7 Which of the following VHS services and facilities do you use or have you used and how would you rate those you have used? (tick all that apply)

- Use VHS to access to policy makers within Scottish Government and NHS Scotland
- Make use of the regular e-news bulletins with the latest health news & publications, conferences and other events
- Participate in key surveys of interest to the voluntary sector and Government
- Make use of the Advice Notes on building local partnerships
- Make use of health-focused news from a range of media sources

- Attend events for the voluntary sector and NHS on topical policy issues
- Participate in Government, NHS & Parliamentary consultation opportunities
- Follow up on information about funding sources for voluntary sector organisations
- Make use of the quarterly newsletters analysing Scottish Government and NHS policies
- Join in the discussion forum available on the VHS website
- Use the library of publications from VHS, the Scottish Government, NHS, the Scottish Parliament, voluntary sector and other sources
- Followed signposting to information on third sector training and academic courses

8 Can you think of any improvements that can be made to existing services?

9 How well do you feel that VHS assists your organisation? (tick all that apply)

Choose from: excellent, very good, good, fair, poor or n/a

- National partnership building
- Local partnership building
- Networking opportunities throughout the sector
- Promoting the value of the voluntary sector in health improvement and health care to the Scottish Government / NHS
- Supporting the local voluntary sector to contribute to the local health agenda through Community Health Partnerships
- Promoting public involvement in Health Boards / Public Partnership Forum
- Other (please specify)

10 What future developments would you like to see VHS pursuing? (tick all that apply)

- Act as a provider of funding advice for the voluntary sector
- Be a representative body
- Function as a policy & research agency
- Act as a training organisation
- Be a provider of workforce development
- Operate as a Government / Parliamentary lobbyist
- Provide support for development of small organisations
- Take a lead in tackling health inequalities
- Other (please specify)

11 Please use the text box below for any other comments about VHS and its place in the Scottish voluntary sector

Those who indicated in question 1 that they were unaware of VHS were asked the following question.

We should like to take this opportunity to tell you more about Voluntary Health Scotland, its membership opportunities and the support it provides for the third sector, Government and the NHS in improving health and health care in Scotland.

To receive further information about VHS and the ways in which it can support your organisation, please complete the details below and press "Next"

- Name
- Organisation
- Position in organisation
- Email
- Main focus of work

End of survey

Thank you for taking part in our stakeholder survey. The results will be published in the autumn and we shall make feedback on the results available to all those who supply us with their contact details.

Appendix 2

Those not aware of Voluntary Health Scotland

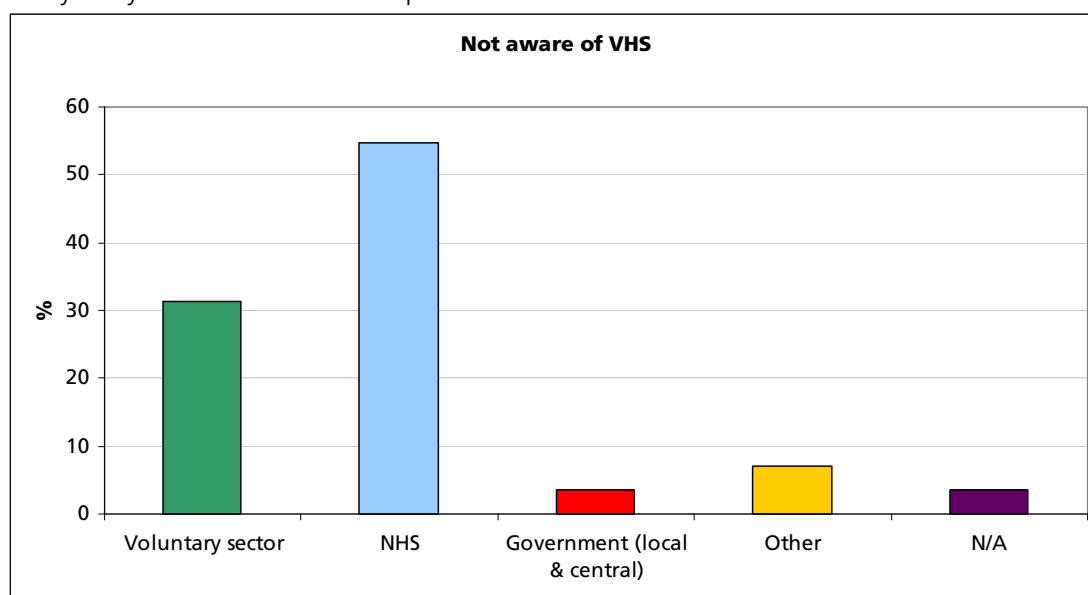
Not aware of Voluntary Health Scotland: 167

Not aware of VHS and provided contact details: 86

Break-down by sector of those who provided information

Voluntary sector	27
NHS	47
Government (local & central)	3
Other	6
N/A	3

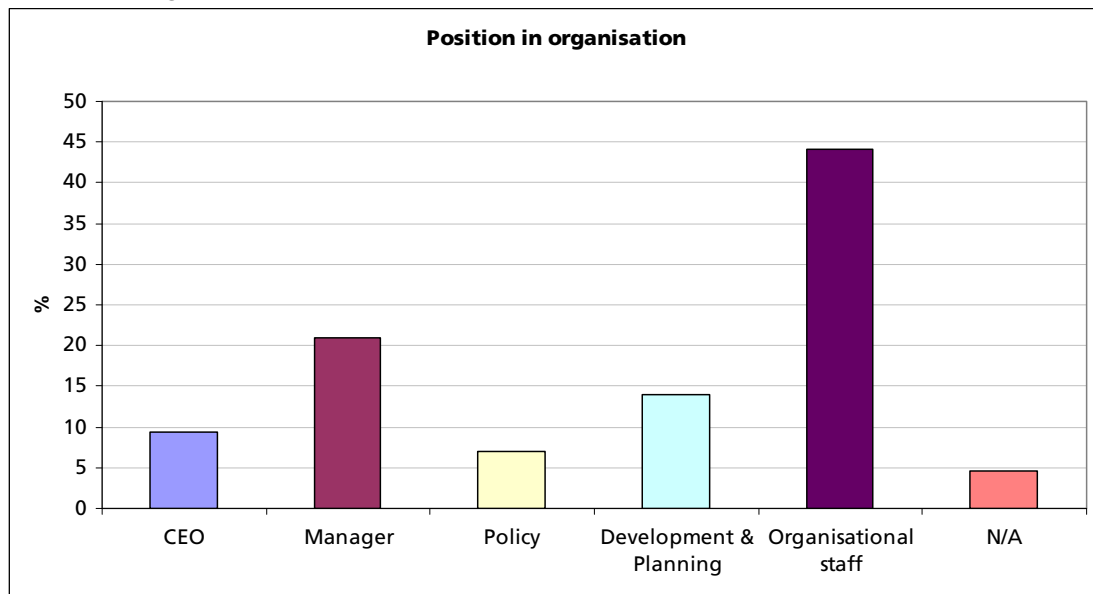
Analysis by sector of those who provided information



Position in organisation

CEO	8
Manager	18
Policy	6
Development & Planning	12
Organisational staff	38
N/A	4

Position in organisation



Main focus of work – most frequent response: healthcare



Voluntary Health Scotland
35 Melville Street, Edinburgh EH3 7JF
Tel: 0131 225 7290 Fax: 0131 220 9940
Email: mail@vhscotland.org.uk
www.vhscotland.org.uk



Voluntary Health Scotland is supported by
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