



THE VOICE OF THE VOLUNTARY HEALTH SECTOR

Improving CHP engagement with the third sector

**A survey of CHP General Managers by Voluntary
Health Scotland**

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1 Introduction

This is the report of the survey of CHP General Managers into ways to improve CHP engagement with the third sector which was carried out by Voluntary Health Scotland at the end of 2008. For the purposes of this report CHP has been used throughout to mean both Community Health Partnerships and Community Health and Care Partnerships.

Voluntary Health Scotland (VHS) is the first national intermediary body for health-facing third sector organisations of its kind to have been set up in the UK. Established in 2000 in response to demand from key third sector organisations and driven forward through a partnership between the Scottish Council for Voluntary Organisations (SCVO) and the then Health Education Board for Scotland (HEBS), VHS is now supported by the Scottish Government Health and Wellbeing Directorate (SGHWD) and NHS Health Scotland.

In addition to acting as a hub for its 300 organisational members, Voluntary Health Scotland works in partnership with the Scottish Government, NHS Health Scotland, and other NHS bodies in Scotland, local government, the Scottish Parliament, SCVO and the wider third sector.

The activities of Voluntary Health Scotland contribute to the work of NHS Health Scotland and the Scottish Government Health and Wellbeing Directorate in health improvement, addressing health inequalities and promoting public and community involvement in planning and delivering health services.

Along with Scotland's other main intermediary bodies, VHS seeks to advance the generic role of the third sector by partnering Government in agreed public service planning and delivery; strengthening and empowering communities; acting as advocate for individuals, communities and the third sector in developing policy thinking; and being an agent of positive change in individuals and society as a whole.

1.1 Policy context

The context for partnership working for health in Scotland and for the development of Community Health Partnerships was set out in the White Paper's *Partnership for Care* (2003) and *Delivering for Health* (2005) and strengthened in the NHS Reform (Scotland) Act 2004, which provided the impetus for the development of CHPs.

The *CHP Regulations* form the legislative base on which the Guidance is based and came into effect on 1st October 2004.

Voluntary Health Scotland was identified in the *Community Health Partnerships Statutory Guidance* (2004) as one of the key bodies to be consulted on ways in which the views and experience of the voluntary sector locally might be built into the organisational arrangements for each CHP.

VHS has produced two Advice Notes to support the involvement of the third sector in CHPs. The first, *Community Health Partnerships: involving the voluntary sector* (2005), offered guidance on the contribution that the voluntary sector can bring to the work of Community Health Partnerships and the second, *Further advice note on the role of voluntary sector members of CHPs* (2007), supported the organisational role which the voluntary sector member can play in a CHP.

The Scottish Government published *Better Health, Better Care: action plan* in December 2007, identifying CHPs as the delivery agents for shifting the balance of care away from hospital based reactive care towards more community based approaches and anticipatory care.

1.2 Purpose of survey and approach taken

In order to support the further development of local partnerships for health planning and delivery, VHS carried out a survey with General Managers (GMs) of CHPs to identify where supports could be targeted for building more effective partnerships with the third sector.

A list of survey questions was drawn up. These were designed to allow VHS to look at how GMs rated their own knowledge and understanding of their local third sector, where it would be appropriate to target greater information provision around specific topic areas and lastly, to give GMs an opportunity to provide feedback on where they felt VHS and local organisations or intermediary bodies could make other supports available to support partnership development locally.

The survey comprised a mixture of questions, both asking for a rating of 1-5 and allowing for free text where respondents could expand on their answers with examples or experiences.

A copy of the survey is attached at Appendix One

The web based survey was conducted using Survey Monkey, and all 40 CHP General Managers and Directors were invited to take part. The initial invitation was followed up with a further reminder sent just prior to Christmas 2008.

In all, ten of the 40 invited General Managers of CHP's responded to the survey, which gave a 25% response rate.

2 Survey results and discussion

While survey respondents were small in number, we have used percentages where relevant.

2.1 Knowledge of the local third sector

The first set of responses asked for was an analysis of the GMs' own knowledge of their local third sector, using a rating scale of 1 (poor knowledge) to 5 (good knowledge). All the respondents rated their knowledge at 3 or above. When asked about their knowledge of the *extent* of their local third sector and their knowledge of *specific organisations*, 60% of respondents rated their knowledge at 4 and the remaining 40% rated their knowledge at 3 on the scale.

The scores dropped slightly when the respondents were asked to estimate their knowledge of the *capacity* of their local third sector to deliver on shared objectives, with only 20% of people giving a rating of 4, 70% giving a rating of 3 and 10% rating their knowledge as 2.

While this indicates that there is a good level of knowledge of the third sector at CHP senior management level, it also shows that greater awareness needs to be raised of the capacity of the third sector to deliver on shared aims and objectives.

The next part of the survey attempted to rate the importance of issues where more knowledge and information would assist the CHP General Managers in supporting partnership working for health planning and delivery, again using a scale of 1 to 5.

The areas were:

- Quality – can third sector organisations deliver to an established NHS standard?
- Sustainability – will organisations be here next year to continue service delivery?
- Accountability – how and to whom do third sector organisations account for their use of public money?
- Communication – how do third sector organisations communicate their functions and capabilities effectively to the CHP and to each other?

- Risk management – do organisations have policies in place to manage risks such as staff shortages or loss of operating premises?

The issue rated as most important by GMs from the survey was *quality*, with 80% of respondents rating it at least point 4 on the scale.

The next most important issues were *relationships*, *sustainability* and *accountability*, with each of these having 70% of respondents rating the issue at either a 4 or a 5 on the scale.

Knowledge of how to *communicate* with the sector was low on participants' list of priorities, with only 40% of CHP General Managers rating it as a 4 or a 5.

2.2 Support resources used

VHS provided the following list of resources which it and other agencies have provided, and asked the GMs to indicate which of the resources they were aware of CHP staff accessing for supports

- VHS Advice Notes X2
- VHS e-bulletin
- VHS website and discussion forum
- VHS learning and development days
- VHS national conference (2008)
- Local CVS conferences
- CVS websites
- Local compacts
- Other

Local CVS conferences came out top, with nearly 90% of CHP General Managers saying that their staff had participated and that staff from nearly 75% of participating CHPs used CVS websites.

The third highest used resource was the national conference that VHS had facilitated in 2008 and which was attended by staff from over two-thirds of CHPs that participated in the survey.

Of the remaining resources, 45% of responding GMs' staff had used the two VHS Advice Notes, the VHS CHP e-bulletin and the VHS discussion forum. A third said their staff had used local compacts or had attended one of the VHS learning and development days.

None of the participating CHP General Managers were able to identify any other supports that their staff had accessed in developing relationships with the third sector.

2.3 Beneficial areas for possible future work

The rest of the survey gave respondents the opportunity to say which issues they felt would be most beneficial for VHS and its local partners to focus supports on and to highlight or suggest any specific pieces of work which might be useful.

The issues for discussion were phrased in such a way as to allow the respondents wide scope for feedback and were as follows:

- Perceptions of quality in third sector organisations
- Relationships with and within the third sector
- Sustainability and risk management within the third sector
- Accountability in the third sector
- Communication with and within the third sector
- Any other supports for improved partnership working

Each respondent was invited to submit a piece of free text relating to each or any of the issues they wished.

2.4 Changing the perception of quality in third sector organisations

When invited to comment on the NHS perception of quality assurance in the third sector one respondent said that *the ability to innovate and be flexible are key characteristics for third sector organisations and getting the right balance between these and achieving core quality standards is vital*. It was suggested that *identifying clear, measurable, quality measures* could do this.

In one geographical area the idea of developing a "kite mark" for third sector organisations had been suggested, which it was felt *would contribute towards giving a*

strong basis on which to make decisions about funding and joint working with specific organisations and it was also suggested that a link should be made with one of the many different *workforce competency frameworks to ensure voluntary staff/volunteers are 'fit for purpose'*.

The GMs surveyed indicated that they were unaware of any clear and robust quality frameworks for the third sector and none made mention of any of the frameworks that are already in use, such as the PQASSO (Practical Quality Assurance System for Small Organisations) quality standard being used within the CVS network.

Many small organisations do not have individual policies for every area of work and instead policies can be integrated into good governance arrangements, which may need to be adapted slightly to mesh with NHS expectations of quality management.

The governing team may be known as the board of trustees, board of directors or management committee. Whatever the name, it will act as the ultimate authority in any third sector organisation.

2.5 Building relationships with and within the third sector

Responses to the issue of building and sustaining relationships, both with the sector and within the sector itself, revealed a picture of where it was working well locally and suggestions as to where it could be improved. Among the suggestions to improve relationships was *better coordination and willingness to come together formally when a [third sector] consortium approach is beneficial* and for third sector organisations to have improved *participation in pathway development with NHS staff*.

Work on building relationships was deemed beneficial and it may be that this involves sharing existing or emerging practice or developing new supports, which would lead to new practices evolving.

Each CHP is required by statute to include *a member of a voluntary organisation whose activities include the provision of a service similar or related to a service provided by the Board under or by virtue of the Act*, although no mention was made in the survey of their influence on relationships between CHPs and the third sector. This may be an indication that the third sector members of CHPs are not yet embedded into the day-to-day workings of their CHPs and are not yet seen as full and effective partners. This might

also go some way to explaining the differences in the roles and relationships that each has in their respective CHPs.

VHS is supporting the development of an emerging national network for third sector committee members of CHPs. The network will allow members to share experiences and practice to enhance the relationships between CHPs and their local third sector. It is intended that the peer support network will encourage the adoption of best practice across CHPs in Scotland leading to improved cross sector relationships.

2.6 Creating sustainability and managing risk within the third sector

In the main, those who responded to the question regarding *sustainability and risk management in the third sector* gave quite full responses, perhaps underlining the importance given to this topic.

Interestingly one GM felt that an area of importance was that of developing service level agreement *frameworks which identify clear common aims, targets, objectives, funding and exit strategies*. This would certainly go some way to creating greater levels of sustainability and reducing risk in partnerships but this would be something the third sector could only do in conjunction with local statutory sector commissioning officers.

Another GM felt that *the voluntary sector needs to be aware of and contribute to public sector strategic priorities in order to better mainstream/sustain voluntary sector provision*, noting that, as provision of services is increasingly expected to be based on *robust evidence of need and evidenced based interventions, capacity building within voluntary organisations may need to be strengthened*.

The CVS Network, which is a collaboration of local voluntary sector intermediary bodies that together provide support to the voluntary and community sector, is identified in the Statutory Guidance for CHPs as being one of the *key networks* which were to be consulted in building *the views and experience of the voluntary sector locally into the organisational arrangements of each CHP*.

As local partners of VHS, individual CVS are being encouraged to develop stronger relationships with their local CHPs in order to ensure their programmes of capacity building and engagement are targeted and relevant to health care and planning.

It was also suggested that for third sector organisations to rely on the CHP as the *main funding source* was not a good idea, otherwise it *might be better* [for the NHS] *to do things ourselves*, although VHS is not aware of any CHP providing core funding to a third sector organisation and continues to support and encourage the local third sector to developing increasingly devolved funding sources.

2.7 Developing a better understanding of third sector accountability

There was less feedback on the issue of *accountability* although it was noted that third sector organisations, both large and small, are being expected to demonstrate robust accountability arrangements, for example in financial and patient/client safety. It was suggested that *umbrella voluntary organisations may need to provide training and support to enable organisations to meet expectations*.

Ensuring that an organisation is accountable is a crucial responsibility of all voluntary management committees. Charities in particular are bound by law to be accountable to the public. The *Charities and Trustee Investment (Scotland) Act 2005* introduces a whole raft of new arrangements for charities in Scotland, including requirements to provide information to the Office of the Scottish Charity Regulator (OSCR) and to the public, particularly with regard to annual reports and accounts.

Many third sector organisations have clients, or service users, on their management committees and this can lead to a healthy debate about what services have been commissioned by funders and what service users need or wish for. This can sometimes leave NHS managers feeling they need to take a leap of faith to fund an organisation out of their dedicated NHS budget.

This is not an excuse for not working in partnership but a reason to develop stronger and closer partnership structures which are able to adapt as required to meet the evolving needs of individuals.

It was felt that accountability was important in building credibility with funders and is linked with perceptions of quality.

Research by the Scottish Council for Voluntary Organisations (SCVO) shows that, in 2006, public sector funding to the third sector in Scotland amounted to almost £1.25 Billion. This funding has had to adhere to at least as strict accountability criteria as similar

funding for the public sector and, while this is not conclusive proof that all third sector organisations have strong accountability arrangements, it does at least indicate that there is a culture of strong governance able to manage these vast amounts of public money.

With the addition of the strict reporting criteria and accountability arrangements that third sector organisations require to show when applying for any grant based income, it is not unreasonable to suggest that the third sector is acutely aware of accountability requirements, some might say even more so than its public sector partners, and very able to implement these in any partnership arrangement.

2.8 Improving communication with and within the third sector

When given the opportunity to comment on how communication with the third sector could be improved one respondent noted that *CHPs and PPFs can have a positive role to play in promoting good communication with the third sector and fostering trusting relationships*, but it was not made clear how this could happen.

As mentioned earlier, each CHP includes, by statute, *a member of a voluntary organisation whose activities include the provision of a service similar or related to a service provided by the Board under or by virtue of the Act*, and these members would appear to be the ideal people to support in developing better communication with the local third sector. Whilst the third sector members do not have the managerial control their CHP colleagues in nursing for example may have, they should still be able to support the development of effective two way communication between the sector and the CHP, as outlined in the 2007 VHS Advice Note, *Further advice note on the role of voluntary sector members of Community Health Partnerships*.

With the support of the VHS Advice Notes, CHPs should be able to support the engagement of the voluntary and community sector to engage in the development, planning and delivery of local services.

As noted previously, a network of third sector members of CHPs is under development, and this will assist CHPs to maximise their relationships with the voluntary and community sector.

One GM thought *it would be useful to know what national organisations can offer CHPs* and given the array of different organisations available to work with there is a great deal which can be offered, from specialist information on particular conditions to information on generic issues, such as the third sector role in supporting self management in long term conditions, building sustainability or evaluation.

National organisations come in many forms, from those with a small staff team and a strategic focus, like VHS, to organisations with a large workforce who work with local structures, such as Sense Scotland. There are also organisations that may support a network of local organisations over which they have no management control, such as the Community Health Exchange (CHEX).

One need, which many of the national organisations that CHPs may wish to develop relationships with have in common, is the requirement for them to work locally within the local governments Single Outcome Agreement (SOA) framework. CVS locally are supporting third sector organisations to become more involved in SOAs and this should encourage the identification of more common ground between national and local organisations.

As noted above, the use of the SOA framework in local service delivery is focusing third sector organisations on delivering outcomes to meet local priorities and working within these frameworks allows organisations a better understanding of where resources are being targeted and why. Anecdotal evidence would suggest that the HEAT targets, as used by NHS Scotland, are less understood by third sector organisations at local level and an increase in partnership working on developing local delivery plans would assist in developing a greater understanding of the way in which health services target their resources.

2.9 Other possible supports for partnership working

When respondents were given the opportunity to forward their own ideas as to what other supports could be made available to improve partnership working there were only a few further issues raised.

One of these was developing a shared recognition of the challenge of limited resources and how to maximise what is available collectively locally and the second was similar in

that it noted that CHPs need to know what capacity is available from individual organisations.

Another comment was that there was a *need for more understanding among voluntary sector of the restraints placed on statutory agencies.*

All of these other possible supports were themes which were fairly consistent throughout the survey and will form a large part of the work ahead for VHS.

3 Conclusions and next steps

3.1 Conclusions

It is apparent from the survey results that the senior management within CHPs is very aware of the extent of the third sector but is less aware of how the sector can assist in meeting the objectives of the NHS. It would appear that CHPs have made good use of supports provided by Voluntary Health Scotland and the CVS network but also that there needs to be more work done on raising awareness and increasing confidence in the capacity of the third sector to deliver on shared outcomes.

3.1.1 The issue of quality needs to be openly discussed and a reconciliation of the differing arrays of frameworks agreed so that quality measures can be agreed between partners who are working on shared outcomes. The key would appear to be developing a way to clearly communicate expectations and define commonly agreed quality outcomes, rather than processes, and which could be used by all partners.

This could possibly be done by using, for example, the Institute of Medicines six Dimensions of Quality, which state that all interactions should be:

- Safe
- Effective
- Patient Centred
- Timely
- Efficient
- Equitable

3.1.2 A degree of inter-sectoral rivalry appears to still exist, whether real or perceived, which can detract from the important business of providing for clients. VHS and the CVS network are actively working to support third sector health networks, which allow organisations to share experiences and gain a better understanding of each other's distinct role. Organised networks also make it easier for third sector organisations to become involved in NHS programme development, such as Keep Well, its work on meeting multiple and complex needs and the Equally Well Programme through the implementation test sites.

3.1.3 In accordance with much other research, the survey has shown a concern about the sustainability of third sector organisations and their management of risk. While third

sector organisations ideally will have a range of funding sources, this in itself brings increased reporting and accounting arrangements, which can draw from the capacity to deliver services for their clients. Conversely, relying upon a single funding source can deny an organisation the capacity to be innovative in its approach, one of the strengths of the sector identified in the survey.

3.1.4 Overall accountability in the third sector, not just financial but also in areas such as patient/client safety, has been identified as a concern of some CHP General Managers. Open discussion does need to take place around what differing organisations mean by *accountability* and to whom any organisation may be accountable to, i.e., its funders or its clients.

3.1.5 A theme throughout the survey was that GMs thought the third sector needed a greater understanding of *“the constraints placed upon statutory organisations”*. VHS takes this to mean both financial constraints and that the NHS has strict governance and accountability frameworks that needed to be adhered to. It appeared that the GMs had limited awareness of any mirroring of these accountability arrangements within the third sector.

3.1.6 A major challenge for the third sector appears to be presenting in an effective manner the high levels of competence and good governance found in the sector generally. This is necessary to ensure that the sector is seen as a dependable planning and delivery partner which can provide an alternative and complementary model of service delivery.

3.2 Next Steps

Using the feedback in this survey, VHS will continue to work strategically, both nationally and through local partnerships, to promote a greater understanding between the third sector and its statutory counterparts that will lead to improved partnership working for health planning and delivery. This will be carried out in the emerging context of the national framework for *Shifting the Balance of Care* and the *Meeting the Shared Challenge* support programme as well as supporting the pilot areas for *Equally Well* where applicable.

3.2.1 An agreed understanding of the dimensions of quality in healthcare should be reached locally between CHPs and the third sector.

- VHS will support CHPs to develop their relationships with the CVS network in order to develop a better understanding of local quality frameworks for health.
- VHS will signpost third sector organisations to relevant competency frameworks.

3.2.2 CHPs should take an opportunity to review their relationship with their local CVS to ensure it is strategically effective and assess its impact on the CHP relationship with the wider third sector.

- VHS will work closely with the CVS network to increase their effectiveness in health related fields and will host a joint conference with SCVO to promote strategic CVS engagement with CHPs and Single Outcome Agreements.

3.2.3 CHPs should assess the role their third sector committee member plays in enhancing engagement with the local third sector and look for ways in which they can be further supported to do so.

- VHS will continue to support the third sector members of CHPs to develop their roles through development days and the provision of relevant information.
- VHS will continue to support the development of health related networks, including the network of third sector members of CHPs, and provide opportunities to highlight these through the VHS website.

3.2.4 National third sector organisations should take the opportunity to collectively assess their relationships with CHPs with the view of identifying where common aims can be met by joint approaches.

- VHS will hold meetings with national third sector organisations to discuss their relationships with CHPs, identify common aims and agree a way to build upon these.

3.2.5 CHPs should review their relationships with their local third sector from the perspective of the NHS contribution to the sustainability of the sector. This might include reviewing any funding, communication or reporting arrangements among others.

- VHS will continue to support and encourage the diversification of funding sources for the health facing third sector, including social enterprise approaches where those are suitable.

3.2.6 Local health-facing third sector organisations should use CVS events as a way of showcasing how they work as well as what they do.

- VHS will support CVS as local partners to develop their local health related events in a way that showcases how third sector organisations work.

3.2.7 CHPs, CVS and health-facing third sector organisations should review their websites and contact lists to ensure that they are up to date and easily accessible by partner agencies.

- VHS will make available its database of third sector health facing organisations to support CHPs in finding and contacting third sector organisations with whom they may wish to work.
- VHS will continue to maintain an up-to-date list of contact details for CHPs, which it will ensure is accessible to all third sector organisations.
- VHS will make a dedicated space available on its website for the third sector CHP network.

3.2.8 CHPs and CVS should review the content and circulation of their newsletters and briefings to maximise their impact on their local health facing third sector.

- VHS will continue to publish regular e-bulletins aimed at third sector members and staff of CHPs.
- VHS will actively seek, collect and publicise examples of good and promising practice in partnership working which it will share with all interested parties.

In addition to the above commitments, VHS will seek to further develop its links with the Association of CHPs, both strategically and through the network of third sector members of CHPs. VHS will also actively seek ways in which the learning from this survey can be implemented with our partners and stakeholders.

Following the current review of the CHP General Managers network, VHS will discuss the findings of this research specifically with the General Managers network to look for ways in which the learning can be implemented in the light of the review findings.

Bill Weir

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February 2009

Appendix 1

Copy of original survey

VHS survey on partnership supports to CHP General Managers

Since February 2004 Voluntary Health Scotland (VHS) has been supporting the third sector in its understanding of, and relationships with, CH(C)Ps, providing information, direct support and networking opportunities since CHPs were first brought to public attention in the white paper, Partnership for Care.

The main focus of the ongoing support has been to develop local capacity in the third sector, to ensure they are able to participate in the planning and delivery opportunities which are inherent in the partnership approach of a CHP

VHS is now seeking input from General Managers and Directors of CHPs and CHCPs to identify which supports would be relevant to them and to look for suggestions of possible new resources or ways of working which can be developed to meet their needs for support in engaging the third sector in local health planning and delivery.

We thank for your participation in the survey, which should only take a few minutes of your time. The results will be shared with the General Managers Network to help develop new ways of working together to support effective local partnerships for health. As the next Network meeting is proposed for early December we would appreciate if you could complete the survey by Wednesday 26th November to allow us time to analyse the results.

Please enter your contact details

Name

CH(C)P

Question One

With the current emphasis on localism and improved partnership working to deliver outcomes, it is important that partners from statutory, private and the third sectors have a good understanding of those with whom they work, or intend to work with.

With this in mind how would you rate your own knowledge of your local third sector, with 1 being poor knowledge of the sector and 5 being good knowledge?

	1	2	3	4	5
How well do you know the extent of your local third sector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well do you know the capacity of your local third sector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well do you know specific organisations which can deliver your aims and objectives in partnership with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

From your own knowledge of the local third sector what would you describe as your main support needs to get to know and understand your local third sector better?

VHS survey on partnership supports to CHP General Managers

Question Two

Could you please indicate how important knowledge of the following issues are in supporting partnership working for health planning and delivery with the third sector, with 1 being least important and 5 being most important?

	1	2	3	4	5
Knowledge of quality issues in the third sector, including quality frameworks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of third sector relationships and partnership working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of sustainability and the management of risk in the third sector	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of accountability within the third sector and its effect on partnership working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of communicating with and between third sector organisations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please add any other issues you think may be important

VHS survey on partnership supports to CHP General Managers

Question Three

What third sector supports have members of staff from CH(C)Ps who work in partnership with the third sector used?

Please tick all you know which apply.

- VHS Advice Notes (X2)
- VHS e-bulletin
- VHS Learning and Development days
- National VHS conferences
- Local CVS conferences
- VHS website and discussion forum
- CVS website
- Local compacts

Other (please specify)

Please tell us which issues it would be most beneficial for us at VHS and our local partners to work on and any specific pieces of work you would like us to develop.

Perceptions of quality in third sector organisations

Relationships with and within the third sector

Sustainability and Risk Management within the third sector

Accountability in the third sector

Communication with and within the third sector

Any other supports for improved partnership working

VHS survey on partnership supports to CHP General Managers

Thank you for your time and support!

Once VHS has analysed the information, we will share the results of the survey and work with the General Managers Network and our other partners to seek ways to meet the needs of General Managers for support in engaging the third sector in local health planning and delivery.

Please click on 'done' to submit your answers.

Appendix 2

Responses to free text questions

Please note not all respondents gave free text answers to all questions

From your own knowledge of the local third sector what would you describe as your main support needs to get to know and understand your local third sector better?

Work with the local CVS
Map of local third sector orgs working in health related programmes. Knowledge of local skills base and gaps/development needs.
Events with partners linked to common aims and objectives
A clearer overview of what each organisation does and can deliver in response to the CHP's aims and objectives. Our local CVS is very active and this is in place in part.
North Lanarkshire Partnership Board has a sub committee, the Voluntary Sector Partnership Board of which I am a member. This is enabling us to keep abreast of developments and opportunities within the Third Sector. We are also implementing the Infobase project which will provide us with a much more comprehensive picture of the Third Sector and it's capacity locally.
As we work closely with our local CVS our knowledge and understanding of our local third sector is improving all the time
Keeping up to date with new developments across the third sector.
Being clear how the activities of key local organisations complement CHCP work - have very good relationship re some - but probably other less influential that make a valuable contribution

Please add any other issues (not included in the survey) which you think may be important

This is perhaps covered in some of the above, however I think knowledge of governance arrangements and business infrastructure are important also.
--

Please tell us which issues it would be most beneficial for us at VHS and our local partners to work on and any specific pieces of work you would like us to develop.

Perceptions of quality in third sector organisations

Work underway in West Dunbartonshire
The ability to innovate and be flexible are key characteristics for third sector orgs and getting the right balance between these and achieving core quality standards is vital
Identifying clear, measurable, quality measures
There have been some discussions around a kite mark for Third Sector organisations which when combined with the InfoBase would give us a strong basis on which to make decisions about funding and joint working with specific organisations.
More publicity on the good work that takes place
The third sector umbrella group needs to consider the plethora of work being developed around workforce competency frameworks to ensure voluntary staff/volunteers are 'fit for purpose'.
Need for clearer outcomes of work

Relationships with and within the third sector

Work underway in West Dunbartonshire
More work around collaborative partnerships with and within the third sector would be helpful.
Participation in pathway development with NHS staff
Works well locally.
Better coordination and willingness to come together formally when consortium approach is beneficial

Sustainability and Risk Management within the third sector

Work underway in West Dunbartonshire
Working with CHP's and CPP's to develop risk tools and sustainability strategies will be increasingly important in the current economic climate.
Development of SLA frameworks which identify clear common aims, targets, objectives, funding and exit strategies.
This would tie in with the idea of a kite mark which could look at sustainability, risk, governance arrangements etc.
(See above comment on competency). The voluntary sector needs to be aware of and contribute to public sector strategic priorities in order to better mainstream/sustain voluntary sector provision. Increasingly provision is expected to be based on robust evidence of need and evidenced based interventions. Capacity building within vol orgs may need to be strengthened.
Less reliance on CHCP as main funding source - better to be one funder not the single /main funder otherwise might be better to do things ourselves
Again must be able to demonstrate this. perception this is weak

Accountability in the third sector

This would be beneficial
This will be important in building credibility with funders and is linked with perceptions of quality
See above comment on development of SLA frameworks
Voluntary organisations, large and small, are increasingly being expected to demonstrate robust accountability arrangements, for example financial and patient/client safety. An umbrella voluntary organisation may need to provide training and support to enable organisations to meet expectations.
Same answer as previous re sustainability
Delivery on SLA

Communication with and within the third sector

work underway in West Dunbartonshire
CHP's and PPFs can have a positive role to play in promoting good communication with the third sector and fostering trusting relationships
The new self management strategy will provide a national focus for improved communications.
It would be useful to know what national organisations can offer CHPs in relation to long term conditions.
Need for more understanding among voluntary sector of the restraints placed on statutory agencies

Any other supports for improved partnership working

Work underway in West Dunbartonshire
Shared recognition of challenge of limited resources and how to maximise what we have.
Difficult to answer given the diversity of the third sector. CHPs need to know what capacity is available from individual organisations.



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