

IMPROVING HEALTH IN WALES



# Building Strong Bridges

Strengthening partnership working  
between the Voluntary Sector  
and the NHS in Wales



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government



# BUILDING STRONG BRIDGES

## Strengthening partnership working between the Voluntary Sector and the NHS in Wales

- 'NHS Wales must set a framework that will maximise the contributions of the voluntary sector. It must ensure the involvement of voluntary organisations and community groups at all levels across the whole of health policy development, planning, delivery and review'.....

Improving Health in Wales - A Plan for the NHS with its Partners,  
2001

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# FOREWORD

Improving the health and well being of people in Wales requires a concerted effort by all stakeholders, and the voluntary sector has an important and unique role to play in this. Voluntary organisations provide a wide range of services and support, from advocacy to one to one care, often to the most needy and vulnerable in our communities. As a result, they are well placed to understand local needs and identify solutions, which can be translated into innovative policy development and action. Their work in helping to reduce inequalities in health is crucial and we must consider ways to nurture, support and develop this contribution.

The work behind Building Strong Bridges was undertaken to ensure that the role of the Voluntary Sector was fully understood within the changing health agenda and consequent structural reforms. We need to find ways in which the voluntary sector's contribution can be strengthened and for it to be involved fully in the new structures and systems being established. At such a time of change we must ensure that all partners are engaged. The voluntary sector's increased representation on Local Health Boards is one illustration of my commitment to this. Building Strong Bridges identifies opportunities to strengthen partnership working between the voluntary sector and the NHS, at local and national levels.

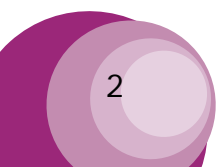
Recognising the work and skills of the Voluntary Sector as an integral part of the design and delivery of new services is essential. Partnership working, such as this, underpins better health and well-being, focussing on local needs as close to the community as possible.

Building Strong Bridges has helped identify what needs to be done. It is now up to all involved to fully embrace the ethos behind it and take action to ensure that it happens. We must remember that it is often the vital services and support provided by the Voluntary Sector, complementing statutory services, that meets gaps in provision, and for some, provides an essential lifeline.



Jane Hutt

Minister for Health and Social Services



# 1 Introduction

The voluntary sector is recognised as an important partner in supporting health and well-being in Wales. The sector undertakes a range of activities and services, often complementing the work of the statutory agencies in meeting the health and social care needs of local people.

Recent proposals for the NHS in Wales, set out in "[Improving Health in Wales – A Plan for the NHS with its partners](#)"<sup>7</sup>, outline the direction for health services in Wales over the next ten years. The need to address how best the voluntary sector could participate as an active partner in supporting health and well-being was clearly identified. This prompted a number of questions and discussion resulting in the establishment of the Building Strong Bridges project.

The purpose of this document is to provide a strategic direction for shaping and delivering the voluntary sector's contribution to the renewed NHS in Wales.

It aims to identify opportunities to strengthen partnership working between the sector and the NHS in supporting health and well being at national and local levels across Wales. The document puts forward a series of recommendations, which will be developed into an action plan.

This work has been undertaken in close partnership with the Wales Council for Voluntary Action (WCVA) and together we have consulted widely with formal and informal networks of the sector, as well as with the health sector and others with whom they work closely.

This report will help identify how the skills and expertise of the sector can be maximised as a key partner in the process of improving health and well being in Wales.

## 2 Summary

The voluntary sector already makes a significant contribution to support services across Wales. It complements the statutory services across health and social care, bridges gaps and supports seamless service provision. Also, it acts as a main service provider for the hospice movement, mental health, drug and alcohol services. Voluntary and community organisations are valued for their work in the representation and support of those most disadvantaged in our communities.

The voluntary sector is recognised by the Welsh Assembly Government as a key partner in delivering its health and well-being policy. This is reflected in the vision for the new NHS in Wales, where local people are central, and new structures, approaches and collaboration are being developed to support this.

The voluntary sector has highlighted a number of issues which currently prevents them from participating as a full and equal partner in the health and well-being agenda. The restructure process will provide a welcome opportunity to expand this contribution. More equitable representation and participation in the work to clarify roles, remits, responsibilities and accountabilities of Local Health Board members, supported by training, will help develop better understanding and local participation.

Communication, networks, and partnership working across health and social care needs to be strengthened. Additional capacity to meet the increased demands and to help realise the potential of the sector needs to be addressed. The introduction of health and social care facilitators within the voluntary sector would help to overcome many existing problems. Managing and supporting the changes needed to create new roles, relationships and ways of working envisaged for the future, will also be important.

Opportunities exist to build on current research and to strengthen future innovation and development in the sector. Monitoring and evaluation are important to help identify and share best practice and measure progress against plans.

The role of the voluntary sector within Trusts and primary and intermediary care can be strengthened, particularly in helping to address the health of vulnerable and disadvantaged groups, public participation and volunteering. The sector also has an important role in developing community health and well being.

This document provides an opportunity to build strong bridges between the NHS and the voluntary sector and highlights recommendations and actions involving all stakeholders, needed to help take this forward.

## 3 Background

3.1 The voluntary sector raised a number of concerns arising from the consultation of the new NHS Plan for Wales. In particular, this focused on partnership working between health and social care agencies at national and local levels and identified the following key issues:

- clarity of the purpose and role of the sector's representation across health and social care partnerships
- how the sector should be represented
- capacity at national and local levels to respond to consultation
- management of voluntary sector health and well being functions
- funding for voluntary organisations supporting health and well being.

3.2 As a result, a special project was established which aimed to review the situation and "identify opportunities to strengthen partnership working between the voluntary sector and the NHS in supporting health and well being at national and local levels across Wales."

3.3 The following objectives were identified.

### Objectives

- Identify opportunities to strengthen the role of the voluntary sector on Local Health Boards and local partnerships.
- Review the selection process and the accountability procedures for voluntary sector representatives on Local Health Boards.
- Identify training and professional development needs and other support mechanisms to maintain voluntary sector partnership working at local and national levels
- Clarify the role the voluntary sector plays in supporting health and well being and highlight how this may be reinforced in practice across the NHS
- Review the role of the NHS Wales Department in supporting and monitoring the role of the voluntary sector in the NHS and the essential links across the other groups involved in health and well being.
- Identify opportunities to strengthen the resources made available to support voluntary sector service delivery at local and national levels
- Explore means of strengthening cross group working within the Assembly on voluntary sector issues

3.4 Whilst this report concentrates on the relationship between the voluntary sector and the NHS in Wales it will make connections with the wider well being and social care agenda, in which the voluntary sector is also actively engaged.

3.5 The project was undertaken in close partnership with the WCVA and involved a number of key stages;

- assessing the current situation – understanding the context and key issues
- identifying key stakeholders – from within the voluntary sector and outside
- gathering evidence - from existing reports, policies, interviews and meetings
- analysing the results and
- providing recommendations for action

3.6 A list of key stakeholders consulted is attached in Appendix 1. Participatory workshops and meetings were arranged for Local Health Groups (LHG) and Local Health Alliances (LHA) voluntary sector health representatives, Health and Social Care Network members and County Voluntary Council (CVC) representatives. A small group of representatives formed a representative group providing more immediate feedback, complementing regular liaison with WCVA.

3.7 To help focus the feedback and discussions, questions were posed, which were adapted according to the different groups. A list of these is attached in Appendix 2.

## 4 The Scope and Role of the Voluntary Sector in Supporting Health and Well-being

4.1 The voluntary sector is complex in its structures, roles and responsibilities. It includes a wide range of voluntary organisations, community groups, volunteers, self-help groups, community co-operatives and enterprises, religious organisations and other not for profit organisations, of benefit to communities and people <sup>1</sup>. The sector is diverse and ranges from small self-help groups run by volunteers to large charities employing many staff, addressing a range of health issues impacting on health and well being.

4.2 The Wales Council for Voluntary Action (WCVA) is the main representative voice of the voluntary sector in Wales, with County Voluntary Councils (CVCs) representing local interests. In Wales, there are over 25,000 voluntary organisations <sup>2</sup>, 17% of these organisations relate to health and social issues. There are also a large number of non-health voluntary organisations whose work impacts on people's health and well being, such as environmental protection, housing and employment.

4.3 The sector fulfils a wide variety of roles; campaigning, advocacy, representing the interests of people who use services, providing information, mutual support for specific circumstances, lobbying, research, direct service provision, innovation, community services and facilities, and raising or distributing funds. Over recent years an increasing amount of their time has been involved in informing policy development and strategic planning at local and national levels.

4.4 The voluntary sector complements elected government and statutory services. They provide access to and representation of disadvantaged groups and help communities to identify and solve their own problems, developing community leadership and ownership <sup>3</sup>.

4.5 There has been growing recognition by policy makers and statutory bodies in Wales of the important contribution the voluntary sector can make to improving health and reducing health inequalities. However, a recent survey suggested that there was little public awareness of the voluntary sector's contribution to health and well-being in Wales. <sup>5</sup>

4.6 The voluntary sector plays an important role acting as the 'glue' linking different pieces of the jigsaw together. The sector is able to make connections between the NHS, social services and the wider determinants of health, including housing, education and training, employment and environment. It is able to be innovative, responsive and flexible in reflecting local needs and in finding solutions that work.

"the role of the churches, women's, youth and children's groups, sports and activity groups, and voluntary organisations will be important to the success of the new framework for health and well being." <sup>4</sup>

## 5 Policy Context

5.1 Partnership working is the core principle for the delivery of the Welsh Assembly Government's policies and plans. The strategic plan, *Better Wales*, states "Voluntary and community organisations have a special role to play in encouraging community participation and voluntary action" <sup>6</sup>. The Plan for Wales is committed under Modern Government, to 'consider all new programmes to see who is best placed to deliver them'. Recent evidence recognises the strengthened influence and engagement of the sector with policy lead officials and on government policy-making.<sup>11</sup>

5.2 *The Voluntary Sector Scheme* <sup>1</sup> was formally adopted by the National Assembly in July 2000. It recognises the valuable contribution made by the sector, as well as its special nature in being independent, determining its own priorities, managing its own affairs and representing the interests of its constituents. The Scheme sets out a framework for partnership with the voluntary sector:

- consultation with the sector,
- measures to promote volunteers,
- community development and funding.

Under the Scheme the Assembly has established the Voluntary Sector Partnership Council, which is chaired by the Minister for Health and Social Services, Jane Hutt AM. Further details of the Scheme can be found on the Welsh Assembly Government's website [www.wales.gov.uk/themesvoluntarysector](http://www.wales.gov.uk/themesvoluntarysector)

5.3 *Improving Health in Wales: A plan for the NHS with its partners* <sup>7</sup> documents the important role that the voluntary sector has in fighting ill health, health inequality and well being. In particular, it noted that voluntary organisations offer NHS Wales:

- information on the experiences and needs of health care service users
- expertise and experience in planning, delivering, monitoring and evaluating health care services
- access to some of the most disadvantaged communities.
- flexible and innovative approaches to health and care services.
- experience in providing services to people
- access to funds not available to statutory agencies.

The plan identified the need to maximise the above contributions and ensure the involvement of voluntary organisations across health policy development, planning, delivery and review. Opportunities for involvement at the national level will come from participation in the Health and Well Being Partnership Council and at the local level through engagement with Local Health Boards.<sup>8</sup>

"Strong partnerships between the NHS, local government, communities and the voluntary sector are at the heart of our new and inclusive approach to health"

– Jane Hutt, Minister for Health and Social Services

5.4 Promoting Health and Well-being<sup>9</sup> proposed that the strategic direction for community and voluntary groups should include:

- developing their role as advocates for better health and well-being
- reviewing their current contribution to health, well-being and quality of life, with a view to developing it further as part of wider social and economic developments
- helping increase the provision of local services that encourage and support the achievement of better health and well-being.
- helping identify, through regional or national representative bodies, good practice and opportunities to contribute to improving health and well-being.

5.5 The Future of Primary Care<sup>10</sup> recognised the need to develop new models of working and teamwork to address current inequality in service provision, and to introduce more effective management of patient care. It identified the role of the extended and integrated team of primary care professionals and other health care and support staff working closely with social care and the voluntary sector.

"Opportunities will exist through new organisational structures in primary care to bring colleagues in local government and the voluntary and independent sectors together, to help take the aims of the strategy forward..."

A Primary Care Action Plan is now being prepared involving the voluntary sector to ensure that the essential steps needed to strengthen and develop the service can be put in place.

5.6 Community Strategies have to be produced by each local authority; the NHS and the voluntary sector are important contributors and partners in this process. Community strategies must engage and involve local people in identifying and addressing local needs and the availability of resources.

## 6 Current Position

6.1 The Assembly's Voluntary Sector Scheme provides a sound steer and framework to guide implementation and develop best practice across the range of policies, in partnership with the sector.

6.2 Compacts and partnership working are well established across Wales at national and local levels. A survey of compacts across Wales undertaken by WCVA in March 2001 showed that 19 of 22 Local Authorities had an agreed compact and joint liaison agreement with the sector. Partnership working between local government and the voluntary sector has been developed during the last decade and we need to build on and learn from their experiences. The development of Community Strategies will also strengthen this work. More recently, some local compacts have been developed with Health Authorities and also as partnership agreements between the Trusts, Local Health Groups (LHGs) and Local Authorities (LAs).

6.3 The development of Local Health Alliances (LHAs) and LHGs, has reinforced joint working. Local health promotion and public health services have developed links and partnerships with communities and local voluntary organisations supporting initiatives such as Sure Start, Healthy Living Centres, SHARP, and local Community Food projects. This provides a strong basis from which to continue to build collaborative working across traditional boundaries, as part of the development of future Health, Social Care and Well-being Strategies and community strategies in general.

6.4 Innovative developments and funding opportunities such as the New Opportunities Fund (NOF) Healthy Living Centres, Inequalities in Health Fund, Objective 1, European funding and other grant support schemes have also encouraged key partners to work more closely together. Many of these grants require evidence of voluntary sector involvement.

6.5 The introduction of open, transparent and inclusive policy, planning and decision making processes has led to a greater involvement of all stakeholders and citizens in Wales. The voluntary sector has been involved and supported in this, through the Voluntary Sector Partnership Council.

6.6 Within the Welsh Assembly Government, a Voluntary Sector Division has recently been established. The Voluntary Sector Team has the overall policy lead for the voluntary sector and volunteering with each of the Directorates adopting its own specific policy links relevant to its areas of work. In the NHS Wales Department there is no overall lead/contact for the voluntary sector.

6.7 Social Policy Department has always had strong links with the voluntary sector, providing core grant funding to a range of voluntary organisations covering physical and sensory disabilities, mental health, carers, older people, learning disabilities and children and families. Links between the two directorates are made, but tend to be informal.

6.8 The WCVA, links with the Assembly on health, well being and social care issues. As part of the Scheme, it facilitates bi-annual meetings between the Assembly Ministers and the voluntary sector networks. It links with voluntary health sector organisations through the Health and Social Care Network and the County Voluntary Councils through the Wales Association of County Voluntary Councils.

6.9 The voluntary sector has helped inform the new plans for the NHS and its partners in Wales and has been involved in each of the nine task and finish groups and the Steering Group. An outline summary of progress in those most relevant to the voluntary sector is attached in Appendix 4. The voluntary sector has been involved in the review of public health services across Wales and in the development of the follow up to "Better Health Better Wales", "Well-being Wales".

# 7 Key Issues

## 7.1 General

The following represent a number of barriers currently facing the voluntary sector in working with the health sector:

- lack of capacity to participate in partnerships
- complexity of the sector itself in terms of size, scope, role etc
- perceived lack of recognition and professional image
- sharing of and access to information
- lack of common understanding of partnership working
- skills gap relating to strategic planning etc and
- mutual misunderstandings of roles, responsibilities, work practice etc.

## 7.2 Structures

- The voluntary sector is generally supportive of the new structures across Wales and the development of a Health, Social Care and Well-being Strategy in each local government area. The proposed structural changes are likely to impact on the voluntary sector. Efforts to support good relationships and partnership working should be encouraged and the role of the sector reinforced at each level across Wales.
- The voluntary sector needs to be clear about the role and purpose of LHBs, the contribution the sector can make to their development and work, and ways of ensuring that their participation is meaningful, in preparing Health, Social Care and Well-being Strategies. Greater clarity, reassurance and guidance is needed to ensure that the sector has equitable access to and opportunities to contribute to the commissioning partnerships.
- The sector will need to understand the changing roles and responsibilities held within the Assembly. There needs to be a clear structure to underpin the essential links and co-ordination between the voluntary sector, the NHS Wales Department and other Departments, particularly Social Care Policy, the Office of the Chief Medical Officer and Local Government.
- There is a gap at a local level in ensuring continuity, collaboration and effective communication within the voluntary sector and

between voluntary and statutory agencies. This has also been identified by other agencies such as Community Health Councils and the New Opportunity Fund.

- The voluntary sector is complex in its composition. As a result, the networks and structures supporting health, social care and well-being at national levels, struggle with representation issues. Networks such as the Carers' Alliance and Age Alliance, which provide an umbrella framework for voluntary organisations with similar interests and specialisms, may offer opportunities to reinforce the broader Health and Social Care Network. One of the themes of the Children and Families Organisations' Grant is 'the national representation of bodies providing services to children in Wales'. Children in Wales receives core funding under this scheme. Local Health and Social Care Networks, as in Gwent and Powys, provide a useful model in strengthening local structures and links and in providing stronger links nationally.
- Structures such as the Health and Social Care Partnership in Powys (Appendix 8), which comprise of the Chairs and Chief Officers of the LHG, Trust, Social Services Department, Housing Department, County Voluntary Council and CHC, can help facilitate joint policy and strategy developments. In this case they use pooled budgets, lead commissioners and integrated provision to support flexible working.

## Recommendations

1. Underpin the new role and relationships of the voluntary sector and its NHS partners at all levels, through guidance and plans as part of the restructuring of NHS Wales.
2. The voluntary sector in Wales should consider its response to the new challenges of the NHS restructuring and the opportunity this presents for stronger co-ordination and networking by voluntary organisations and services.

## Action

- Provide further information and guidance to the sector on structural and commissioning issues
- Raise awareness of and ensure inclusion of voluntary sector concerns in the development of further guidance etc

- Produce a simple directory of the new structures and the NHS Directorate and Social Care Group, indicating roles, responsibilities and contact numbers
- Identify a lead official within the NHS Wales Department and NHS regional offices to link with the voluntary sector and across other Departments
- Identify a link person for health and social care at County Voluntary Council level
- Strengthen local and national health and social care networks

### 7.3 Representation

- There was some concern and confusion regarding the role, remit, responsibility and accountability in representing the sector – how, what, and whom are they representing? Are they representing the sector or a representative of the sector? There is a need to clarify the role, functions, skills and responsibilities of all representatives on LHBs, and other groups such as the Task and Finish groups, not just the voluntary sector, in further guidance issued.

"Are they representing the sector or a representative of the sector?"

- The increased representation of the voluntary sector on LHBs, Task and Finish Groups and other partnership meetings is recognised as an important development. There is a commitment to do this well.
- A number of lessons have been learnt from voluntary sector representatives on LHGs and other groups to date. Voluntary sector representatives often felt isolated, side lined and not valued as equal members of the groups. They found it difficult to access information from the sector and the group and this inhibited their contribution and sometimes made it difficult to best represent the sector. These lessons are important in the development of LHBs and other partnerships in the proposed NHS structure. Care must be taken to address this as part of future partnerships, training and board development.

"The voluntary sector is at the margins of the agenda"

- The nomination of voluntary sector representatives on LHGs was facilitated by County Voluntary Councils and was felt to be a sound method. A variety of approaches was adopted, the majority of which were by public advertisement and interview, following the Nolan principles (Appendix 5).
- Representation to date is not always consistent, with some members representing their specific organisations and vested interests as opposed to a broader, strategic representation of the sector. Voluntary sector representatives on LHGs need to have a good, up to date understanding of the sector in their area, with access to an established network to ensure effective dialogue, consultation and feedback. Representatives need to have the skills to contribute effectively to decisions.
- For nominations to LHBs, it may be useful to consider the appointment of one representative from a voluntary organisation and the other from the County Voluntary Council, preferably a designated Health and Social Care Co-ordinator, with a clear role and remit. (See Recommendation 8.4)

"Representatives often have token responsibility and no proper links for feedback"

- Representation takes time and resources, and this has had an impact locally and nationally. Currently it was felt that there were inequities in remuneration and support for representatives.

## Recommendations

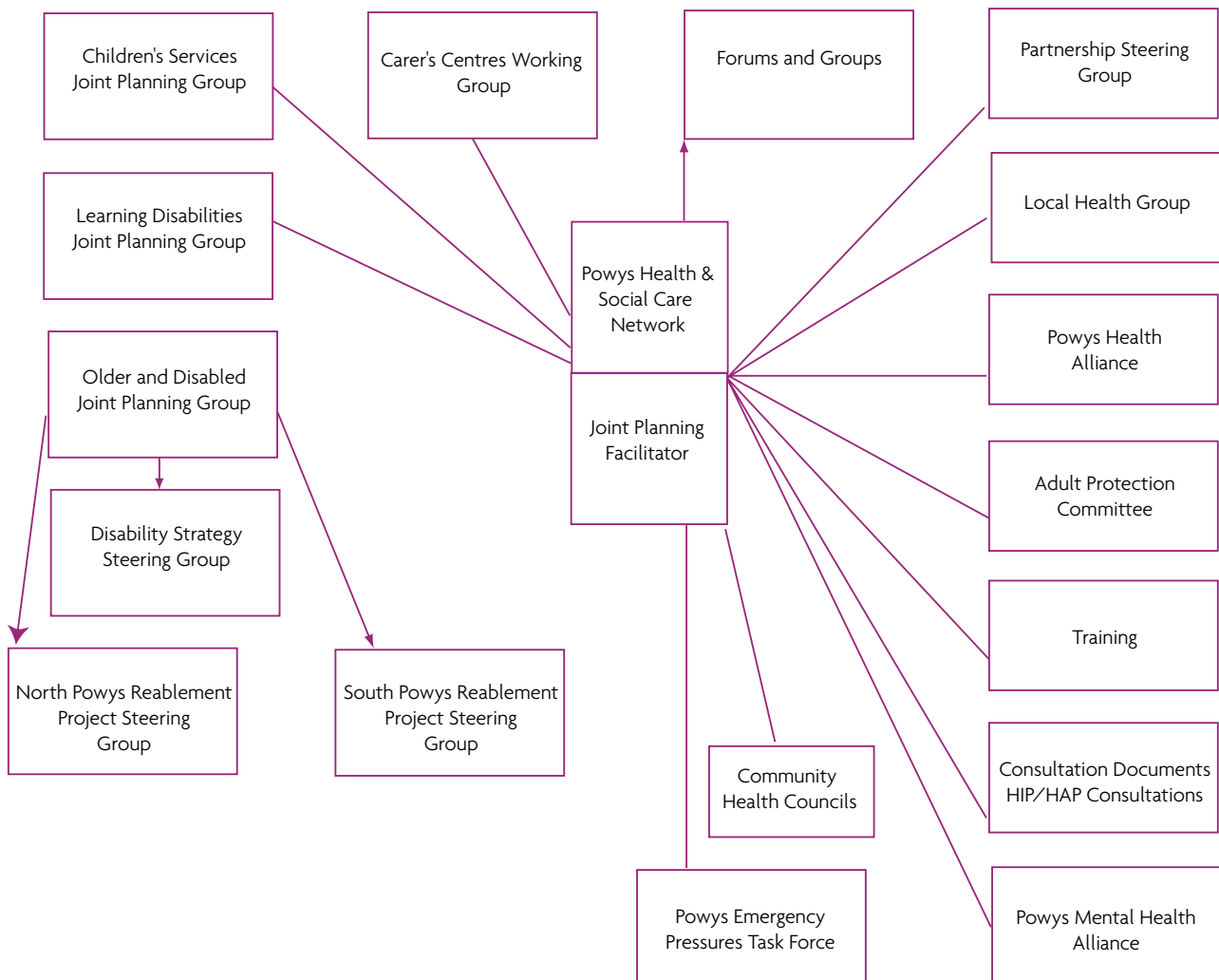
3. Implement consistent processes for the appointment, support and reimbursement of voluntary sector representatives on LHBs.
4. Ensure the clarity of purpose and role of all Board members. voluntary sector representation on LHBs and other partnership groups through the preparation and consistent application of accountability agreements and other guidance issued.

## Actions

- Develop and issue guidance clarifying the roles, responsibilities, appointments and accountabilities of LHB members, reinforcing core skills and corporate responsibility.
- Strengthen local and national networks to support feedback, information exchange and accountability of LHB representatives.

## 7.4 Capacity

- Lack of capacity to support health and well-being in the voluntary sector, has been an ongoing issue. The increased emphasis on partnership working and policy developments requiring a more inclusive approach, has placed additional demands on the sector.
- The capacity gap is an issue at all levels and is particularly seen at local level, where many partnerships, LHAs, LHGs and local compacts, addressing health, well being and social care have evolved, making additional demands on resources. The New Opportunities Fund (NOF) has also identified this gap in the development of Healthy Living Centres. The extent of the demands on CVCs can be seen below, from the CVC in Powys, Powys Association of Voluntary Organisations (PAVO).



- The Assembly has supported the general capacity of the voluntary sector, through increased funding to County Voluntary Councils (CVCs) across the broad partnership agenda. In response to the specific demands in health and social care, some temporary, part time, Health and Social Care Facilitator posts have been established locally. These have proved to be very effective. Feedback from the health, social care and voluntary sectors has supported such posts for bringing 'added value' locally, and building strong bridges between the voluntary and statutory sectors. Such posts would help solve a number of the problems identified in this review by:
  - supporting partnership working in the address and assessment of local needs
  - co ordinating and networking good practice, expertise and experience
  - representing the voluntary sector
  - supporting the local needs of disadvantaged groups
  - facilitating access and participation of key groups at greatest need
  - supporting training and professional development needs
  - information dissemination
  - strengthening volunteering for health
  - co-ordinating and supporting applications for funding
  - developing innovative approaches
- Health and social care facilitator skills are illustrated in Appendix 6. Facilitators would have an important role in supporting the representation of the voluntary sector at LHB level. Evidence from the Voluntary Sector Mental Health Development model suggests that such posts achieve more effective representation. The co-ordinator is informed and updated and understands the voluntary sector in their area, in order to best represent and support their work.
- The WCVA has also emphasised the impact that the restructuring has had and will continue to have on their ability to respond to the demands of consultation, participation and partnership working with the Assembly and the NHS across Wales.
- National voluntary organisations, providing services for disorders such as diabetes, epilepsy and alzheimer's, Wales wide, are concerned about their capacity to deal with each of the 22 LHBs

across Wales and the lack of available funding. There is a need to ensure that the sector is linked into commissioning partnerships, in an equitable and effective way. Mechanisms for effective commissioning and developing collective agreements are needed and should be taken account of in the development of further guidance.

## Recommendation

5. Strengthen the local and national support structure to facilitate effective organisation and co-ordination of the voluntary sector so that it can play its full part in the planning, development, commissioning and delivery of services. At local level the development of Health and Social Care Facilitators within CVCs should be considered as a way forward.

## Actions

- Identify options to support the appointment of local health and social care facilitators.
- Develop and support networks to exchange information, best practice and co - ordinate joint service development plans with national voluntary organisations at local, regional and national levels.

## 7.5 Resource

- The Assembly has provided additional funding to the WCVA and CVCs to support national and local involvement in partnerships.
- The voluntary sector receives funding for health and social care from the Assembly as core service delivery and additional project funding. Core grant funding (£5.8m) covering older people, physical and sensory disabilities, carers, mental health and learning difficulties is provided by Social Care Policy. Policy funding covering mental health, disabilities, chronic illness and stroke rehabilitation is provided through Primary and Community Health Division. The Children and Families Organisations Grant provides core funding for national voluntary sector organisations. Funding is also provided by the Health Promotion Division as voluntary grant funding (£200k) and service delivery for sexual health and smoking cessation support. Other Departments across the Assembly also provide support for health related initiatives such as Sure Start and drugs and alcohol related work. Gaps

appear to exist in the provision of funding for national voluntary health organisations and in targeted resources supporting innovation and development of the sector across the NHS.

- The voluntary sector also receives funding from Health Authorities (HAs) and Local Authorities (LAs) across Wales. A summary of HA allocations is attached at Appendix 7. Funding allocations across Wales vary as they are discretionary. The sector is concerned about the effects that the structural changes may have on this funding and upon their funding more generally. Continuity and protection of their funding is important in the transition to LHBs, as is the need to ensure equity of access to national funds.

"There appears to be some overlap and duplication of funding of the voluntary sector between organisations and departments"

- The Assembly supports flexible working between Local Authorities and the NHS, in the Health Act (1999) Increased Partnership Framework, to establish joint working initiatives. This special grant is distributed directly to Local Authorities (£4.85m 2002-3 and £10 m for 2002-3) which, in some areas, is being used to support work in the voluntary sector. This funding provides opportunities to support seamless, flexible and responsive services involving the voluntary sector, and further emphasis could be given to this in the future. Sharing experiences from this, such as the work in Carmarthen, which aims to identify the potential contribution of the voluntary sector to health and social care is important.
- The sector has an important part to play in the interface between social services, community and hospital services. New guidance on the development of intermediate care, commissioned by the NHS and LAs, should highlight the role of the voluntary sector as a direct service provider, identifying potential funding opportunities supporting new approaches to service delivery.
- The sector feels disadvantaged and disempowered by not being a direct fund holder for initiatives and developments. They are frequently responding to other people's needs for feedback, representation and input to bids, but not in control.
- The sector has strengths that need to be more fully recognised and utilised, particularly in addressing the broader determinants of health, health inequalities, public participation and in accessing hard to reach groups. They have a key role to play in

addressing such areas as substance misuse, mental health, and the health and well-being of carers and older people.

"There is a need to demonstrate engagement of the public not just consultation ...the voluntary sector will be seen as the community lead"

- Resources in the form of people and buildings are often overlooked. Opportunities to share expertise, staff and buildings should be explored more fully, particularly in the context of partnership and flexible working and as part of the NHS reorganisation. This will be of particular relevance in the restructuring of LHBs and in the development of primary care resource centres.
- NOF will shortly be consulting on future directions for the next funding round. The Assembly is able to ensure that these funds are meeting the policy needs in Wales. Such funds provide an opportunity to reinforce the voluntary sectors' role in supporting health and social care through innovative developments with statutory agencies.

"For the voluntary sector to work effectively in health then there needs to be consistent and sustainable funding"

- The sector spends much time and effort in ensuring ongoing funding is available. In some cases, short term, piecemeal funding is being used to underpin core functions. There is a need to develop a clearer, co ordinated and strategic approach to funding of the voluntary sector, across health and social care, consistent with the Code of Practice for Funding the Voluntary Sector<sup>12</sup>. This will need to address processes, criteria, gaps, duplication, monitoring and communication and take account of the broader contribution which the voluntary sector makes to health, social care and well-being across the health determinants. This is currently being addressed through a Review of Voluntary Sector Grant Schemes to Voluntary Bodies in Health and Social Care and within the broader review of voluntary sector grant schemes across the Assembly.

## Recommendations

6. The proposed review of national health and social care grant funding to the voluntary sector should be commissioned and completed as soon as possible.
7. Robust arrangements must be put in place to protect NHS funding of existing and approved voluntary sector schemes/ programmes during the period of NHS restructuring.
8. Voluntary sector involvement should be integral to the preparation of policies, strategies and guidance for the development of programmes and funding for the improvement of existing services and the introduction of new programmes.

## Action

- Implement the findings from the voluntary sector grants funding review
- Review existing funding sources such as the flexibility funding, and future funding sources such as NOF, to help strengthen voluntary sector involvement in local service provision.
- Identify and encourage opportunities to share NHS staff and premises with the voluntary sector.
- Ensure commissioning guidance takes account of the role of the voluntary sector at regional and national levels in leading and submitting funding proposals
- Identify opportunities to support the sector in addressing health inequalities and participation.
- Ensure that the Code of Funding Practice is monitored and implemented

## 7.6 Communication

"The work and time the sector gives is recognised – we need to develop a better understanding of the pressures and resource constraints we all face."

- The work of the voluntary sector is valued and appreciated by statutory bodies. However, there is not always a clear understanding or communication of the issues and difficulties facing each of the partners or of the roles and functions each can play in supporting health, social care and well-being. This, along

with different cultures and language, often leads to misunderstandings and misconceptions. Efforts to overcome this need to be supported at local and national levels. Training and professional development opportunities (See recommendation 8.16), joint resources and the ongoing development and maturity of local schemes and partnerships, will help to address this.

"There is a general problem of lack of understanding between sectors and a need to share the same vision between all partners"

- In some instances the statutory sector (assumed to be the 'professionals') perceives the voluntary sector as 'amateur.' This needs to be overcome. As partnership working is strengthened and the role of the sector is underlined, all involved - health professionals, voluntary workers and officials, will develop better communication, understanding and appreciation of each other's professionalism, skills and expertise. Opportunities such as job sharing, multi-disciplinary training, joint appointments and secondments, will all help to strengthen understanding and should be encouraged and supported at national and local levels.

"Professionals tend to think they know best."

- Communication between the NHS and the sector is not always as effective as it could be. Opportunities to strengthen this should be considered in the restructuring process at Assembly, regional office and LHB levels and across the sector itself.
- Traditional structures, roles and responsibilities within the Assembly do not always meet current needs. This inhibits joint working and cross boundary communication and collaboration. Systems and procedures are often felt to be unnecessarily complex, confusing and lacking in transparency. Communication and partnership working within the NHS Wales Department and between other Directorates, such as Social Care, could be improved and addressed as part of the restructuring process.
- Sharing experience and best practice is important. Networks to support this should be encouraged.(Appendix 8). A co-ordinated network of Health and Social Care facilitators across Wales would help strengthen the infrastructure and improve communication at national, regional and local levels.

## Recommendations

9. Strengthen shared understanding between the NHS and the voluntary sector, of the complementary roles and contributions each can make in supporting health, well-being and social care.
10. Identify clear lines of communication and responsibility with and between the voluntary sector and the NHS, within the Assembly, at regional offices, LHBs and Trusts.
11. Support local and national networks between the NHS, social care and the voluntary sector.

## Action

- Develop a simple document and website highlighting the work of the voluntary sector and the role they play in supporting health and well being
- Develop opportunities to support joint training between the health and voluntary sectors.
- Actively encourage joint appointments, secondments, job-sharing between the voluntary sector, the NHS and the Assembly
- Identify a senior official, LHB official, Regional Office member and Trust representative responsible for co - ordinating collaboration with the sector.
- Develop and produce a bi-annual newsletter highlighting current practice and developments between the sectors.
- Establish a network of Local Health and Social Care Facilitators strengthening the links between the Assembly, WCVA, CVCs, LHBs and Trusts, Public Health Services and the Wales Centre for Health.
- Encourage the establishment of local Health and Social Care Networks across Wales.
- Develop and promote a web-based map of voluntary sector organisations, contacts and work across Wales
- Organise a joint conference highlighting the work of the voluntary sector in health and social care building on experiences from across Wales and wider afield.

## 7.7 Partnership

"The quality and cost effectiveness of services can be significantly improved when organisations work well together."

Audit Commission

- The Audit Commission<sup>13</sup> identified that working in partnership is a critical task for health agencies, NHS Trusts, voluntary sector, local councils and the police. It also recognised that partnership working is challenging and time consuming and needed common understanding to work effectively.

"Managers need to develop their skills in collaboration and partnership working."

- There is evidence of good partnership working between the NHS and the Voluntary Sector in Wales<sup>15</sup>. Powys Health and Social Care Partnership provides a strong basis for partnership working across Health and Local Government and for the future development of health and well-being strategies (Appendix 8). Experiences such as this need to be shared and mechanisms to do this should be explored.
- There is also evidence of barriers to effective partnerships. Evidence from the wider partnership research commissioned by WORD, 'A Study of Partnerships between the Public, Private and Voluntary Sectors', will help provide further details and guide future actions.
- Partnerships such as LHGs and LHAs, in which the voluntary sector is involved, are not always felt to be equitable. This needs to be addressed through clear guidance, training and leadership, in the transition to LHBs and in the development of Health, Social Care and Well-being Strategies.
- The voluntary sector has responded well to the need to work in partnership with health, local government and other key stakeholders. Evidence of partnership working within the voluntary sector and between national voluntary organisations is less obvious. It does exist, but opportunities to strengthen this should be considered further. This would open up further opportunities to the sector.
- NOF supports partnerships with the voluntary sector on health and well being issues. Further opportunities, through NOF, should be considered to strengthen partnership work addressing inequalities in health.

- Partnership working is evident between organisations and within initiatives. To help avoid overlap and duplication, we need to ensure that partnership working across initiatives is also happening, transferring skills and expertise, and building on local networks and knowledge. The development of LHBs, community strategies and local Health, Social Care and Well-being Strategies should help this.
- Revised Commissioning Guidance for Social and Health Care Services from the Independent Sector is in preparation, for consideration by the newly formed care strategy group. The voluntary sector has been involved in its preparation and it will set standards for developing partnership working in the future.

## Recommendations

12. Strengthen partnership working within the voluntary sector and between the sector, the NHS and local government.
13. Identify opportunities to strengthen voluntary sector partnerships to reduce health inequalities.

## Actions

- Build guidance into future NOF programmes, to support partnership working between the health and voluntary sectors, focussing on health inequalities
- Strengthen the emphasis in any future guidance in the Inequalities in Health Fund Scheme and the Health Act 1999 Flexibilities Special Grant, to encourage and support partnership working with the voluntary sector between primary care, Trusts and Social Services
- Act on the findings from the WORD Study of Partnerships between the Public, Private and Voluntary Sectors.
- Establish mechanisms to identify and disseminate good partnership working
- Include partnership skills training as an integral component of training for LHB teams and other health bodies.
- Ensure that the voluntary sector is effectively involved in Health, Social Care and Well-being policy development.
- Support the appointment of health and social care facilitators to strengthen local partnership working.
- Identify opportunities to strengthen partnership working within and across the voluntary sector.

## 7.8 Training

- Developing skills is an integral part of organisational development and managing change. Voluntary sector representatives did not always feel well equipped to contribute effectively to the NHS Plan consultation process, to LHBs and to the development of future Health, Social Care and Well-being Strategies. Both generic and more specific training needs were identified, and included:
  - strategic planning
  - national and local policies
  - teambuilding and partnership working
  - brokering and negotiating
  - business planning
- The voluntary sector identified the need for training for statutory sector partners to help ensure true partnership working with all stakeholders.
- Multidisciplinary training should be encouraged. Opportunities to share training across the sectors will help build relationships, trust, respect and understanding. This was seen to be important for future LHB members, to develop corporate responsibility and teambuilding. The more specific training needs relevant to the sector should be taken forward by its members and WCVA.
- Initial and post graduate training for health professionals can play an important part in helping develop a better understanding of the role all partners play in achieving better health and well-being. It supports policy in practice across Trusts, Primary Care, and LHBs. Training for Assembly officials was also identified as being important.
- Training opportunities involving the voluntary sector in public and patient participation and in reducing inequalities in health were being missed. These could be undertaken jointly with Community Health Councils and other key agencies.

## Recommendations

14. Encourage joint training and professional development opportunities between the NHS, the Assembly, academic institutes and the voluntary sector, supporting partnership working, reinforcing the voluntary sector role in health, social care and well-being.

15. Ensure that the corporate training programmes for LHB members strengthens their understanding of the role and contribution of the voluntary sector representative in 'corporate' responsibility, teambuilding and partnership working.

16. Address the specific training needs of the voluntary sector to support their contribution to Health, Social Care and Well-being Strategies.

## Action

- Identify opportunities to strengthen existing training of health professionals in partnership working with the voluntary sector.
- Develop a training programme for LHB members, as part of their ongoing development, building on the experiences of LHGs to date.
- Support regional development days to raise awareness of the role of the voluntary sector in health and well being.
- Develop training programmes to meet the training needs of the voluntary sector to support input into Health, Social Care and Well-being Strategies.
- Encourage the involvement of the voluntary sector in the delivery of training and curriculum development at local and national levels
- Establish training days for health and social care officials at the Assembly to help raise awareness and develop a better understanding of the work and potential of the sector in supporting health and well-being.
- Encourage and support secondments between the NHS and the voluntary sector as part of professional development plans.

## 7.9 Monitoring, Research and Development

- Schemes, agreements and partnerships with the voluntary sector exist across Wales; however the degree to which these are applied varies. Mapping, monitoring and evaluating progress is essential and needs to be strengthened.
- Opportunities to strengthen monitoring exist through the Voluntary Sector Scheme, and LHBs, which have a 'duty of co-operation.' Progress on how this is taken forward will be monitored by the Assembly through local Health, Social Care and Well-being Strategies. CVCs, through Health and Social Care

Facilitators, could offer a means to monitor progress more closely and help develop and support local action research.

- Information and research is needed to help demonstrate fully the nature of the contribution of the voluntary sector in Wales. Further evidence is needed on the added value that the sector brings, the economic contribution it makes and other more specific approaches and initiatives issues relevant to health, well-being and social care in Wales. The WORD research on partnerships currently underway, will help inform future work in this area.

"Many voluntary organisations have an impact on health; even small organisations such as sports clubs and bingo clubs have an impact, but that impact is very difficult to measure"

- Lessons should be drawn from developments in other regions, (UK and Europe), demonstrating good practice between the voluntary sector and the NHS. Initiatives such as the Scottish Community Health Exchange and the Northern Ireland Community Development and Health Network provide useful examples. Opportunities to support new approaches and innovation, involving the voluntary sector through health development approaches between health, well-being and social care, need to be identified.

## Recommendations

17. Strengthen the monitoring and review systems between the NHS and the voluntary sector as part of the performance management process for the assessment of partnership working.

18. Support research and developments and community health action research between the NHS and the voluntary sector

## Action

- Monitor partnership working with the voluntary sector within the performance management framework.
- Identify and support action research opportunities to strengthen the work of the sector in working with the NHS, across Trusts, primary care and LHBs.
- Act on the research findings from the WORD research on partnerships

- Explore opportunities to support innovation and development through community health development approaches involving the NHS and the Voluntary Sector.
- Support opportunities to strengthen links between research establishments and the voluntary sector.
- Strengthen the monitoring of progress against commitments as laid out in the Voluntary Sector Scheme within the NHS Directorate.

## 7.10 Development Opportunities

There are a number of other opportunities in which the role of the voluntary sector can be strengthened in addition to those identified above. They include:

- The development of the **LHB Pathfinder Projects** to enable community services to be managed and delivered in different ways. The voluntary sector has an important part to play in both the delivery and support of community services for better health and well-being. The role of the voluntary sector will need to be highlighted as a key player in this and supported in the guidance produced.
- Most **NHS Trusts** across Wales have links with the voluntary sector, but the extent and quality of these vary. Links with the WRVS, the League of Friends and community mental health services are the most common. Working arrangements are also made with individual organisations such as the Alzheimer's Society and the Stroke Association etc. Opportunities to build on and strengthen these need to be developed and best practice shared. Some Trusts appoint Volunteer Co-ordinators to help support and integrate the work of the voluntary sector more fully, working in partnership with discharge liaison officers and others. Volunteer Co-ordinator posts need to be encouraged, located in Trusts, primary care, or within local volunteer bureaux on the basis of an agreed partnership.

**"Trusts, LHBs and primary care that engage fully with the voluntary sector will unlock new potential to improve the health and well being of their local communities."**

- There is a long tradition of **volunteering in health** and social welfare in Wales, accounting for more than half of all volunteering <sup>14</sup>. Volunteers contribute through fundraising for

equipment; caring support to patients and visitors; transport; befriending and day care services, providing invaluable support to the stretched health and social care services. The Compact identified the importance of volunteering in its supporting paper on volunteering. This is reinforced in 'A Model Policy for Volunteering in the NHS' produced in December 1998 by the Volunteering Partnership for Wales. Outcomes from this are unclear; there is a need to refocus and update this, mainstreaming the work within the new structures and plans for the NHS in Wales. The development of 'volunteering for health', should be considered further, building on the experience of similar developments in other parts of the UK.

- **Planning and delivery of services** and support for health and well being in communities should not happen in isolation.

A whole systems approach to planning needs to be encouraged. This would support the integration of the work of the voluntary sector as one of a number of approaches to addressing local needs, including community services, social services, voluntary services, independent services and health services. A simple health and well-being 'corridor' or 'continuum' illustrating the links between such developments as integrated care plans, clinical networks, clinical governance and National Service Frameworks (NSFs), would help provide a clearer picture of how they link to each other in the whole well-being agenda. This should be considered in the assessment of local needs and in the development of local Health, Social Care and Well-being Strategies. This would help to identify the voluntary sector's contribution as part of a 'whole systems' or integrated approach to health, well-being and social care.

- **Public Participation and Advocacy** - the new NHS in Wales is committed to the involvement and participation of people identifying and addressing their needs. To do this we need to help empower and support people, patients, groups from local communities, and health professionals, to develop the confidence and skills to contribute. It is important that the voluntary sector is involved in the early planning and development of the Public Involvement Strategy to ensure that the excluded sections of the population, including harder to reach and disadvantaged groups, have a voice and influence. The voluntary sector is involved in the patient support and advocacy pilot 'Pathfinder' schemes and

the results from this will help steer future developments. Further opportunities to support independent advocacy services in Wales are also being considered.

- **Community Health Development** - Involving local people in supporting and sharing responsibility for their own health and well being is important in achieving a more sustainable approach to health and well being. The concept of Lifelong Investment in Health as highlighted in the NHS Plan recognises this. It identifies the importance of community health development approaches in helping people to participate, develop confidence and self-esteem, and support others in achieving better health and well being. The voluntary sector has an important role in strengthening community capacity for health and has strong community development skills and networks that need to be utilised. Innovative, community health development approaches with the voluntary sector, need to be strengthened across the NHS and supported in the National Public Health Service and the Wales Centre for Health. It will also need to be addressed in the follow up to "**Better Health Better Wales**", "**Well-being Wales**".

"The involvement of the NHS in community health development will facilitate clearer, more accurate and shared views of the health needs and priorities of individuals and communities ...It will provide accepted, trusted and effective ways of involving people in decision making processes and will offer greater opportunities for self help and for people to accept more responsibility for their own health"

Improving Health in Wales 2001

- **Community Approaches to Primary Care**  
Community health and primary care services often provide the first bridge between individuals and the NHS. The voluntary sector plays an important support role in bridging the two and in helping to strengthen the links between services, organisations and people, to achieve continuity of care. The primary care action plan will explore alternative approaches to supporting the health, well-being and care needs of local communities. Community approaches, involving local people and the voluntary sector offer a number of solutions and the development of resource centres will provide an opportunity to take this forward.

- **Carers, Older People, Children and Young People**

Carers play a vital part in the lives of patients and people with health needs in the community. The Implementation Plan of the Carers Strategy in Wales and the forthcoming strategy for older people will need to build on the expertise of the voluntary sector in developing alternative approaches to hospital and intermediary care. Under the strategy for children and young peoples' 'Framework for Partnership,' the Assembly is introducing new partnership planning arrangements for services for children and young people. There will be an overall framework partnership and separate partnership for children age 0 – 10 (early entitlement) and young people age 11 – 25 (extending entitlement). There is a need to continue to break down the barriers to joint working in developing the best solutions for all involved. The voluntary sector will continue to play an important and increasing role in this area.

## Recommendations

19. Encourage the development of the voluntary sector's role within Trusts, primary and community care
20. The new planning processes at local and national level must be geared to integrate the voluntary sector as an equal partner and contributor in the assessment of need, preparation of strategies and plans and the review process. These processes must be as clear and transparent as possible to facilitate understanding and ownership.
21. Strengthen innovation and community health development between the voluntary sector and the NHS.
22. While the sector should be fully engaged in the whole planning process, it has particular strengths in supporting older people, children and young people, carers, disadvantaged groups, public participation and advocacy in health and must, therefore, be central to the planning of these areas.
23. As in other parts of the UK, it should identify options to support the development of 'volunteering for health' across the NHS in Wales.

## Action

- Review opportunities to support 'volunteering for health' across the NHS in Wales.
- Identify opportunities to strengthen innovative community health development approaches between the voluntary sector and the NHS.
- Develop guidance and identify good practice to promote the work of the voluntary sector in Trusts and primary care across Wales
- Establish a web site/newsletter to share best practice and strengthen networking across Trusts and other partners in Wales.
- Build on the lessons gained from the Pathfinder Patient Support and Advocacy Schemes and consider options to progress independent advocacy in Wales.
- Develop a simple health and well-being planning framework illustrating the links between clinical pathways, care pathways etc identifying the opportunities for voluntary sector involvement.
- Ensure that the role of the voluntary sector is addressed in the primary care action plan as part of community approaches to primary care.
- Ensure that "Well-being Wales", the follow up to "Better Health Better Wales" addresses the role of the voluntary sector in supporting health and well-being.

## 8 Summary of Recommendations

### Structures

1. Underpin the new role and relationships of the voluntary sector and its NHS partners at all levels, through guidance and plans, as part of the restructuring of NHS Wales.
2. The voluntary sector in Wales should consider its response to the new challenges of the NHS restructuring and the opportunity this presents for stronger co-ordination and networking by voluntary organisations and services.

### Representation

3. Implement consistent processes for the appointment, support and reimbursement of voluntary sector representatives on LHBs.
4. Ensure the clarity of purpose and role of voluntary sector representation on LHBs and other partnership groups through the preparation and consistent application of accountability agreements and other guidance issued.

### Capacity

5. The local and national support structure needs to be strengthened to ensure effective organisation and co-ordination of the voluntary sector so that it can play its full part in the planning, development, commissioning and delivery of services. At local level, the development of Health and Social Care Facilitators within CVCs should be considered as a way forward.

### Resource

6. The proposed review of national health and social care grant funding should be commissioned and completed as soon as possible.
7. Robust arrangements should be put in place to protect NHS funding of existing and approved voluntary sector schemes/ programmes during the period of NHS restructuring.

8. Voluntary sector involvement should be integral to the preparation of policies, strategies and guidance for the development of programmes, and funding for the improvement of existing services and the introduction of new programmes.

## Communication

9. Strengthen shared understanding between the NHS and the voluntary sector of the complementary roles and contributions each can make in supporting health, well-being and social care.

10. Identify clear lines of communication and responsibility with and between the voluntary sector and the NHS, within the Assembly, at regional offices, LHBs and Trusts.

11. Strengthen local and national networks between the NHS, social care and the voluntary sector.

## Partnerships

12. Strengthen partnership working within the voluntary sector and between the voluntary sector, the NHS and social care.

13. Identify opportunities to strengthen voluntary sector partnerships to reduce health inequalities.

## Training

14. Encourage joint training and professional development opportunities between the NHS, the Assembly, academic institutes and the voluntary sector, supporting partnership working, reinforcing the role of the voluntary sector in health, social care and well-being.

15. Ensure the corporate training programme for LHB members strengthens their understanding of the role and contribution of the voluntary sector representative in 'corporate' responsibility, team-building and partnership working.

16. Address the specific training needs of the voluntary sector to support their contribution to Health, Social Care and Well-being Strategies.

## Monitoring, research and development

17. Strengthen the monitoring and review systems between the NHS and the voluntary sector as part of the performance management process for the assessment of partnership working.
18. Support research developments and community health action research between the NHS and the voluntary sector.

## Other Developments

19. Encourage the development of the voluntary sector's role within Trusts, primary and community care.
20. The new planning processes at local and national level must be geared to integrate the voluntary sector as an equal partner and contributor in the assessment of need, preparation of strategies and plans and the review process. These processes must be as clear and transparent as possible to facilitate understanding and ownership.
21. Strengthen innovation and community health development between the voluntary sector and the NHS.
22. While the sector should be fully engaged in the planning process, it has strong involvement and particular strengths in supporting older people, children and young people, carers, disadvantaged groups and public participation and advocacy in health, and must therefore be central to planning of these areas.
23. As in other parts of the UK, identify options to support the development of volunteering for health across the NHS in Wales.

## 9 Conclusions

The voluntary sector is recognised by the Welsh Assembly Government as a key partner. The significance attached to its role and contribution in the health and well-being agenda is reflected in its influence on policy making and the consultation and review processes associated with the NHS restructure programme. However, challenges remain to achieve more effective and equal integration of the voluntary sector in health and well-being, at local and national levels.

Structural change to the NHS in Wales presents an ideal opportunity to support and encourage new plans for partnership working in the creation of truly integrated, seamless approaches to care and support for local people. The voluntary sector is not a panacea, but it could make a bigger contribution, particularly in representing and addressing the needs of the disadvantaged and less well off in our communities.

Changing mindsets and challenging existing practice, professional roles and responsibilities, will be part of the brave new world. Support, training, guidance and information will be essential to help give everyone the confidence and skills needed to change and test new models and ways of working, for which there may be no precedents. Good leadership to steer and support this, particularly at LHB level, and in the development of Health, Social Care and Well-being Strategies will be an important factor.

There are many opportunities to **build strong bridges** between the statutory and voluntary sectors to help translate policies into practice. Some are easier and build on existing work, such as in the development of clearer guidance and greater emphasis on the sector's role. Some are more fundamental, but equally important, such as the need to strengthen capacity and partnership working. Others, which help develop a better understanding and mutual respect, will take time, and will need ongoing encouragement, training and support.

By sharing ideas, expertise, understanding and problems better solutions can be found. The voluntary sector, the NHS and Local Government can all improve the way they work in achieving our shared goals, to improve the health and well-being of the people of Wales, our elders, children, disabled and more vulnerable people.

**Building Strong Bridges** identifies action needed to help strengthen partnership working between the voluntary sector and the NHS in Wales, involving all stakeholders, in working towards a better Wales for everyone.

The purpose of this document is to provide the strategic direction needed to address the various issues identified and discussed. Facing up to these issues will need a determined plan of action that proposes a range of short, medium and long term sustainable and affordable changes and action that fits the wider agenda and priorities of the Welsh Assembly Government.

## Key Stakeholders

### 1. Voluntary Sector

Representatives from the following were consulted

Wales Council for Voluntary Action (WCVA)

County Voluntary Councils (CVCs)

Health and Social Care Network

LHG voluntary sector representatives

LHA voluntary sector representatives

National Voluntary Organisations

### 2. Wales Assembly Government

Representatives from across the following Directorates were consulted:

Social Care Policy

NHS Wales Department

Communities Directorat

Local Government Modernisation Division

Office of the Chief Medical Officer

### 3. Health Sector

Representatives were nominated from:

Trusts Paul Barnett, Ceredigion/ Carmarthen

Health Authorities Peter Higson, NWAHA

Local Health Groups Kay Howells, Bridgend LHG

### 4. Local Government

Local Authorities Huw Gardner

WLGA Lynda Brandsbury

### 5. Other

Association of Welsh Community Health Councils Jane Jeffs

New Opportunities Fund (NOF) Paul Dixon

## Key Questions

1. What are the barriers to the voluntary sector participating and supporting health and well being?
2. How should voluntary sector representatives be selected and made accountable to LHBs?
3. What training and professional development and other support is needed by the sector?
4. How can the work of the voluntary sector be reinforced in practice across the NHS?
5. How might resources be strengthened to support the work of the sector, nationally and locally?
6. How can the National Voluntary Organisations interact with the NHS in Wales in its new structure?
7. In what ways can National Voluntary Organisations link with the LHBs and the local voluntary sector representatives on them?
8. How can the flow of funding to National Voluntary Organisations be maintained?

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- <sup>2</sup> Lindley C (2001) The voluntary sector and public health in Wales. Wales Council for Voluntary Action Briefing Paper. Public Health Review Task and Finish Group Paper 18. Unpublished Report
- <sup>3</sup> Wales Council for Voluntary Action, 1999 (a) Our Design for Life: The voluntary Sector and the National Assembly for Wales. WCVA
- <sup>4</sup> Welsh Office (1998) Better Health Better Wales. A consultation paper. Cardiff : Welsh Office
- <sup>5</sup> National Assembly for Wales (2000) Public opinion on health and well-being. Health Promotion Research Summary No. 1. Cardiff: National Assembly for Wales
- <sup>6</sup> National Assembly for Wales (2000) [www.betterwales.com](http://www.betterwales.com). Strategic Plan of the National Assembly for Wales. Cardiff : National Assembly for Wales
- <sup>7</sup> National Assembly for Wales (2001) Improving Health in Wales: A plan for the NHS and its partners. Cardiff : National Assembly for Wales
- <sup>8</sup> National Assembly for Wales (2001) Improving Health in Wales: Structural Changes in the NHS in Wales. Cardiff : National Assembly for Wales
- <sup>9</sup> National Assembly for Wales (2000) Promoting health and well-being: A consultation document. Cardiff : National Assembly for Wales
- <sup>10</sup> National Assembly for Wales (2001) Improving Health in Wales: The Future of Primary Care : a consultation document. Cardiff National Assembly for Wales
- <sup>11</sup> Centre for Civil Society and National Council of Voluntary Organisations (2001) Next Steps in Voluntary Action - An analysis of five years of developments in the voluntary sector in England, Northern Ireland, Scotland and Wales.

12 National Assembly for Wales, Code of Practice for the Voluntary Sector, 2001

13 A Fruitful Partnership – effective partnership working, Nov 1998, Audit Commission

14 National Survey of Volunteering (1997) – National Centre for Volunteering

15 National Assembly for Wales, Health in Wales – the Chief Medical Officer's Report 2001 – 2002 , March 2002

## Task and Finish Groups: Summary of the Key Issues Considered

- In the **Public Health Task and Finish Group**, a paper describing the public health activities currently being undertaken by the voluntary sector helped to inform the review of Public Health. The work of the voluntary sector has an important part to play in building capability in public health in Wales, and in the development of the follow up to Better Health Better Wales. The sector has an important role in developing and supporting community capacity for health and well-being and in addressing health inequalities.
- The **Joint Working Task and Finish Group** has identified a number of undertakings. These include a new grant scheme to assist local authorities in joint working; protocols on information exchange between health and social care; tackling obstacles to joint working; a research and development project to support better partnership working; and a framework to maximise the contribution of the voluntary organisations and community groups. Each of these is of particular relevance to the voluntary sector and provides a number of opportunities to strengthen and build on links with the sector.
- The **Patient Focus and Public Involvement Task and Finish Group** has undertaken a range of activities including a review of current patient and public involvement and training and a literature review of best practice. It has also worked closely with the WVCA on the advocacy project which will help inform future developments. Opportunities to build on the existing links, skills and infrastructure of the voluntary sector, in supporting patient and public involvement, offers further potential. Lessons will also be drawn from the two pilots on Local Strategies for Public Participation.
- The **Service Development Task and Finish Group** focused efforts on Primary Care, Intermediate Care, Access and Excellence, and Improving Health and Well-being. The voluntary sector has an important role to play in supporting health, well-being and social care and opportunities to support this need to be reflected in the Primary Care Action Plan.

Guidance to be issued by the Welsh Assembly Government on intermediate care, disadvantaged groups, partnership working and access and excellence should also identify the voluntary sector's role.

- The **Structures Task and Finish Group** produced the consultative document on structural changes in the NHS. Voluntary sector representation was strengthened on Local Health Boards (LHBs.) LHBs will work closely with Local Authorities, Trusts and the voluntary sector to ensure joined up and integrated commissioning arrangements for hospital and community services as appropriate in local areas, overseen by three regional assembly offices. Some Pathfinder projects will be established in which LHBs will assume responsibility for community services currently provided by Trusts. This will provide opportunities to explore the development of voluntary sector service delivery in close partnership with others.
- The **Health Care Challenges Task and Finish Group** focussed on five main areas; Children's Services, Clinical Governance, National Service Frameworks, Clinical Networks and Research and Development. The voluntary sector plays an important part across all of these and mechanisms to ensure their ongoing engagement will need to be assured at local and national levels.
- The **Workforce Task and Finish Group** identified a range of issues to be addressed, including different ways of working. Alternative ways of working and approaches involving the voluntary sector are already evolving across Wales. The voluntary sector has skills and expertise needed in supporting health and well-being. Further opportunities to develop and support this need to be explored as part of the ongoing work.

### Results of the WCVA questionnaire on voluntary sector local health group membership

Below are the results of a questionnaire survey, which was undertaken by WCVA to gather information on the activities of voluntary sector members of local health groups. County voluntary councils were asked to provide information on the methods used to appoint voluntary sector members of local health groups and about the ways in which the members relate to the voluntary sector in their local areas.

Questionnaires were sent to the 22 County Voluntary Councils in Wales in July 2001 and 21 (95%) responded.

#### Summary of main points

- The majority (71%) of voluntary sector LHG members who responded were recruited by advertisement and interview
- Most (86%) of the LHG members who responded attend meetings with voluntary sector for and/or individual organisations
- Just over half (57%) of respondents attend meetings of CVC trustees
- About half (48%) provide written information on their activities for inclusion in newsletters or for mailing to health and related organisations
- LHG members relate broadly across a range of types of voluntary organisations.

## Method of appointing voluntary sector members of local health groups.

Method	Number	Notes
NB some used a combination of methods		
Public advertisement and interview	15 (71%)	Some advertised only to other voluntary organisations  In one area advertisement failed to produce suitable candidates and LHG member was nominated for first term
By election	6 (29%)	Members were elected by local voluntary organisations and/or user and carer groups, in some cases this was through the local Health & Social Care Forum. In one area an election was proposed but only one candidate was nominated to stand.
Nominated by a relevant group/organisation e.g. Health & Social Care Forum	5 (24%)	One member nominated by county learning disability forum.

## Type of contact between LHG member and the local voluntary sector.

Attends CVC trustees' meetings	12 (57%)	By request, in one area
Attends voluntary sector forum meetings concerned with health	18 (86%)	By request, in one area
Meets with individual voluntary organisations/groups on a regular basis	18 (86%)	Occasionally/by request in three areas
Provides articles for CVC newsletters	14 (67%)	In conjunction with joint planning/consultation worker in one area
Provides information for inclusion in mailings to health and other related organisations	10 (48%)	In conjunction with Joint Planning/consultation worker in one area
Organises meetings about the work of the local health group	8 (38%)	In conjunction with Joint Planning/consultation worker in two areas
Other activities	4 (19%)	<p>Including;</p> <ul style="list-style-type: none"> <li>• Liaising with Local Health Alliance</li> <li>• Compiling a monthly report which is widely circulated</li> <li>• Attending other voluntary sector forum.</li> <li>• Involvement in development of health compact.</li> <li>• Co-opted member of CHC</li> </ul>

Type of voluntary sector organisations to which the LHG member relates.

Service providers	17 (81%)	
User and carer groups	16 (76%)	
Community Groups	13 (62%)	
Advice and advocacy organisations	15 (71%)	
Other	1 (5%)	Director of CVC is the LHG member and therefore relates broadly to the sector

## Voluntary sector members of Local Health Groups

County Voluntary Council	LHG member	Contact details as provided
GAVO Blaenau Gwent	Les Clarke	Tillery Court Day Hospital, Abertillery
BAVO Bridgend	Ann McAllister	
GAVO Caerphilly	Margaret Veater	margaretveater@hotmail.com
CAVS Ceredigion	Deris Williams	general.office@ceredigion- lhg.wales.nhs.uk (mark e- mails to Ann)
CVSC Conwy	David Scott	davescott@dial.pipex.com
DVSC Denbighshire	Alan Benbow	office@dvsc.freemove.co.uk
FLVC	Debbie Smith	dsmith@wallaseycab.co.uk debbiesmith@ukonline.co.uk
Mantell Gwynedd Gwynedd	Margaret Tuzuner	
VAMT Merthyr Tydfil	John Meredith	
GAVO Monmouthshire	Pat Smith	Eastbrook Farm, Mamhilad, Pontypool NP4 8QZ

County Voluntary Council	LHG member	Contact details as provided
Neath Port Talbot CVS	Dr Kevin Fitzpatrick	kevinfitzpatrick@shaw- trust.org.uk
GAVO Newport	Bob Paginton	21 Dale Road, Newport, NP19 9DZ
PAVS Pembrokeshire	Anne Moazzen	anne.moazzen@pavs.org.uk
PAVO Powys	Gloria Jones Powell	gloria@fennifach.fsnet.co.uk
Interlink Rhondda Cynon Taff	Anne Higgins	01443 485505
Torfaen Voluntary Alliance	Peggy Tapper	peggy@gwentcs.org.uk
V CVS Vale of Glamorgan	Gaynor Voake	Gaynor.voake@bt internet.com
AVOW	Marjorie Dykins	15 Cambridge Square, Wrexham LL11 2YG
Medrwn Môn Ynys Môn	Barbara Hotchkiss	joxvs@anglesey.gov.uk (mark e-mails to Barbara)

## Job Description :Health and Social Care Facilitator

### Objectives of the post

1. Ensure that voluntary and community organisations are consulted on strategic policy matters and other developments related to the development of the health and well-being and social care agenda.
2. Expand and establish opportunities for the participation of voluntary organisations in the formulation and development of policy and plans.
3. Facilitate the involvement of voluntary organisations in new projects or developments that arise from strategic policy development.
4. Facilitate the involvement of appropriate voluntary sector representatives in Health and Social Care joint planning including specific projects or task and finish groups.

### Main tasks

- Support the voluntary sector's input into joint planning, convene meetings/events as required and report on behalf of the sector.
- To be the focal point for reflecting issues identified by the voluntary sector in relation to the activities, plans and policies of local, regional and national health bodies.
- Support the Health and Social Care Network in Powys via information exchange, calling meetings, maintaining information on membership and remit of member groups.
- Develop voluntary sector involvement in joint commissioning and pooled budgets, initiatives and projects, and report on progress to the Health and Social Care Network.
- Monitor progress on the Compact for Health and Social Care and support the voluntary sector representatives on the joint liaison group.
- Contribute to the identification of the information and training needs of Health and Social Care voluntary organisation representatives and take appropriate action to ensure that those needs are met.

- Organise briefings, seminars and other events to engage the voluntary sector in the health and social care agenda.
- Ensure that there is appropriate liaison with other local or national organisations that may have an interest in developing joint health and social care related initiatives.
- Canvass views and draft voluntary sector responses on health and social care consultation documents.
- Produce progress reports on a regular basis and other reports as required to a multi-agency steering group and PAVO's Board of Management.
- Contribute to information dissemination to the sector using briefing papers, advice notes, information sheets and PAVO newsletters.
- Help develop a multi-agency Health and Social Care Newsletter.

## Health Authority Allocation of Funding to the Voluntary Sector 2001/02

The attached table and graphs give details of the funding that has been allocated by Health Authorities to the voluntary sector in 2001–2002. This demonstrates that the total allocation to the voluntary sector = £8.793m.

Table 1 shows how each of the five Health Authorities has allocated funding across each of the sectors. In summary the following allocations were made:

Health Authority	2001-2002 allocation £m	Percentage of overall allocation (%)
Bro Taf	3.642	42
Gwent	1.613	18
Dyfed Powys	1.591	18
Morgannwg	0.765	9
North Wales	1.181	13
Total Allocation	8.793	100

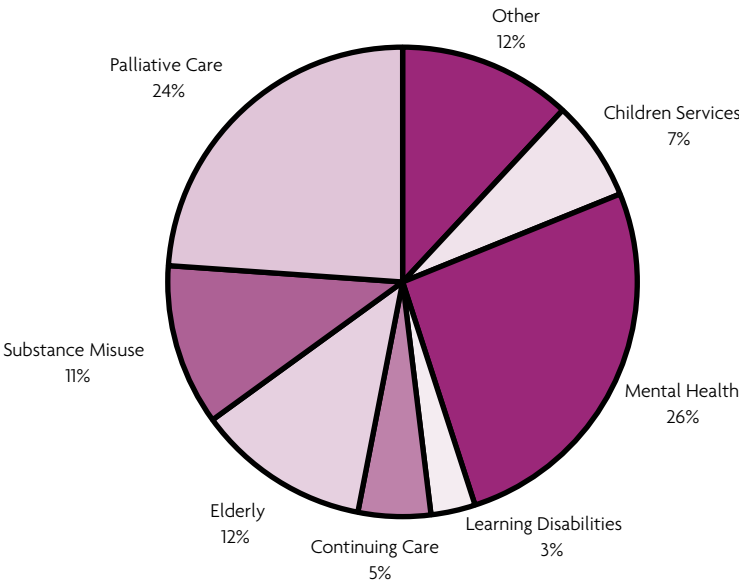
The above summary demonstrates that Bro Taf Health Authority has allocated the largest proportion of the total - 42%.

The chart overleaf demonstrates the spread of funding over the main services that are provided by voluntary organisations; it is evident that palliative care and mental health provisions receive the highest proportions of the allocations, between them making up half of all funding.

It should be noted that 12% of the stated allocations have not been categorised into headings given.

(The information provided has come directly from each of the five Health Authorities finance directorates, in response to a request for information, sent by NHS Financial Performance.)

### Voluntary Sector Funding 2001/02 - Distribution of spend



## Examples of Health/Voluntary Sector Partnerships and Networks from Powys

### Powys Health and Social Care Network

The NETWORK was established on the 8th March 1999 following an invitation to all known Voluntary Organisations in the County, and subsequent upon meetings of PAVO's members' Voluntary Sector Fora held in each Shire during 1998. The establishment of the Network is in order to:

- Bring together all voluntary organisations operating within Powys whose objects encompass health and social care issues.
- Enable nominated representatives to sit on planning groups including the Local Health Group and multi-agency groups, and to have a forum for consultation on issues of policy formation.
- Identify issues arising in Powys for consideration by the appropriate statutory bodies and to offer opportunities for co-operation between members.

Since almost 55 organisations are already represented on the Network and it is expected to grow, a Working Group representing eleven Interest areas has been selected. These are:

- Elderly
- Children (including Young Carers)
- Disabilities
- Carers
- Youth Justice
- Substance Misuse
- Learning Disabilities
- Mental Health
- Transport
- Housing
- HIV/AIDS

The Working Group is charged with the task of contributing, in partnership, to discussions with health and social service colleagues, to determine a process for planning and consultation. Membership of the Network is open to any Voluntary Organisation operating within Powys whose objects encompass health and social Care issues.

## Powys Health and Social Care Partnership

Powys Health and Social Care Partnership was formalised in March 2000. Its steering group comprises the Chairs and Chief Officers of the LHG; Powys NHS Trust; Powys Social Services Department; Powys Housing, Environmental Health and Trading Standards Department; Powys Association of Voluntary Organisations and the Community Health Councils. The aim of the Partnership is to drive forward and co-ordinate joint policy and strategy development, using the following flexibilities to break down some of the traditional boundaries:

- Pooled budgets – the NHS and local authorities to bring their resources together into a joint budget to both commission and provide services
- Lead commissioners – one authority to transfer funds and delegate budgets to the other to take responsibility for commissioning both health and social care
- Integrated provision – NHS Trusts or LHGs to provide social care services beyond the level possible under current powers

The Partnership successfully attracted £474k of National Assembly funding to develop re-ablement teams covering Ystradgynlais/Brecon and Newtown/Welshpool. The main aims of the reablement teams are:

- To reduce unnecessary hospital admissions
- To promote early discharge from hospitals

The teams comprise health and social services staff, supported by the British Red Cross Home from Hospital scheme and other voluntary organisations, and is an example of how agencies can integrate together to deliver services.

Jayne Thornhill, Joint Planning Facilitator, PAVO, represents Powys Health and Social Care Network at Project Steering Group meetings.

The Partnership has also developed rapid response services across Powys to relieve the pressure on hospital beds during the winter.

The Partnership met in April 2001 and agreed that an incremental approach to service integration would be pursued using the 'Flexibilities for joint working between Health and Local Government' guidance.

There are many opportunities to use the flexibilities to create new and more seamless services in Powys. These include:

- the implementation of free nursing care initiative through a pooled budget
- the development of locality based multi-disciplinary teams (the 'one stop shop concept, with social workers, community nurses, GPs and occupational therapists being co-located)
- the integrated model of learning disabilities
- development of intermediate care