



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Designed to Add Value ***- a third dimension for One Wales***

A Strategic Direction for the Third Sector
in Supporting Health & Social Care

November 2008



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Ministerial Foreword



Designed to Add Value - a third dimension has been produced by the Welsh Assembly Government in recognition of the third sector's important contribution to health and social care. It will help to inform future directions guiding planners and providers of health and social care services across Wales.

Ensuring that the right services are provided 'in the right place, to the right person, at the right time' will require a more innovative and flexible approach to future local service provision. Stronger, co-ordinated partnerships across the statutory, independent and third sectors, as well as with local people, carers and patients will be necessary if services are to be responsive to individual needs providing integrated care. Using all resources within communities to best effect will be essential.

The third sector brings an 'added value' to services and support for local people in many ways but this can often be difficult to quantify. They can provide the glue linking services and additional resources, expertise, providing warmth, caring and time in a responsive and flexible way for people in need complementing existing statutory services.

Investment in the third sector brings many gains; financial, social and health, which together will help ensure a more sustainable system working in harmony for the benefit of local people in communities across Wales. *Designed to Add Value - a third dimension* recognises the added value the sector brings as well as the synergy it realises when working effectively with all partners.

I welcome your support in taking this work forward with a new and dynamic infrastructure that will realise potential from all partners for the benefit of those in need.

A handwritten signature in black ink that reads "Edwina Hart".

Edwina Hart AM

Minister for Health and Social Services

Designed to Add Value - *a third dimension*

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Summary

The third sector has a key role to play in preventing ill health; shifting services closer to where people live; involving local people in planning and providing care, delivering the type of responsive services and support particularly to the most vulnerable.

Empowering the citizens of Wales to live more vibrant, independent and fulfilled lives is a key determinant of health and well being. Third sector organisations underpin this through community development, engaging volunteers, accessing specific communities and supporting people to reach their full potential through advocacy, advice and self care.

Designed to Add Value - a third dimension recognises these strengths and builds upon key themes identified in the Welsh Assembly Government's 'The third dimension' A Strategic Action Plan for the Voluntary Sector Scheme.¹

It sets out where we are now, where we want to be and how we will get there and identifies the strategic direction for the third sector in supporting health & social care in the future through the following themes:

- Stronger partnership working within the third sector and between the sectors
- Improved service planning, delivery and resourcing
- Supporting self care and independence
- Improving access to services for specific communities
- Promoting and improving health & well being
- Volunteering for health & social care
- Developing social enterprises in health & social care
- Integrated services and workforce planning
- Reducing hospital admissions and improved discharge
- Research & development

The recommendations and actions identified will guide future directions focusing effort and resources in those areas where added value for all can best be maximised. *Designed to Add Value - a third dimension* will help stimulate further discussion and debate on how best the third sector can support health & social care adding even greater value to those in need throughout Wales.

The term 'third sector' has been used throughout the document to ensure consistency with 'The third dimension', - A Strategic Action Plan for the Voluntary Sector Scheme (Welsh Assembly Government January 2008).

Section 1: Introduction

1.1 In Wales our vision for the future of the third sector in supporting health & social care is -

‘A dynamic, innovative, responsive and sustainable third sector working in partnership with health communities ensuring the improvement of health, well being and independence for people and communities across Wales’

This will be underpinned by the following principles:

- Stronger partnership and collaborative working in planning, delivering and monitoring national and local services and support.
- Mobilising all resources and skills to ensure improved care and support for those in need in our communities.
- Valuing and supporting the skills and expertise of the third sector in complementing other health and social care professionals.

1.2 The third sector is a vital element making up the rich diversity of our society. It includes the range of organisations operating between the state and the private sector, such as small local community and third sector groups, registered charities both large and small and a growing number of social enterprises.

1.3 The third sector plays an important part in the prevention of ill health, the provision of health, social care & well being services and support for carers and local communities across Wales. It provides services such as advocacy, volunteering, information and advice provision, needs identification and fundraising. It is recognised by the Welsh Assembly Government as a key partner in supporting the delivery of health and social care services across Wales.

1.4 The Welsh Assembly Government’s *‘The Third Dimension’ - A Strategic Action Plan for the Voluntary Sector Scheme*¹ highlights the considerable breath of organisations and types of activity that the term ‘third sector’ embraces. It offers clarification -

‘There are community associations, self-help groups, voluntary organisations, charities, faith-based organisations, social enterprises, community businesses, housing associations, cooperatives and mutual organisations. They display a range of institutional forms, including registered and unregistered charities, companies limited by guarantee (which may also be registered charities), Community Interest Companies, Industrial and Provident Societies and unincorporated associations. Each organisation has its own aims, distinctive culture, set of values and way of doing things, but they all share some important characteristics in common, being:

- *Independent, non-governmental bodies;*
- *Established voluntarily by citizens who choose to organise;*

- *'Value-driven' and motivated by the desire to further social, cultural or environmental objectives, rather than simply to make a profit; and*
- *Committed to reinvesting their surpluses to further their social, cultural or environmental objectives -*

We believe there is a strong case for viewing bodies with these characteristics as a distinctive sector - one that makes a huge contribution to the social, economic, cultural and environmental well being of Wales'

1.5 During 2006, as part of *Building Strong Bridges*², a mapping of health, social care & well being services provided by voluntary sector organisations in Wales was undertaken³. The findings identified that there are more than 4,000 voluntary sector organisations engaged in providing health & social care services in Wales with an annual budget of approximately £292 million (2004-5). It is estimated that at least 120,000 people are involved in providing these services, the majority of whom are volunteers.

1.6 Current reform of the NHS, away from the traditional model of service provision provides an opportunity to build on strengths and be more flexible, innovative and responsive to the changing needs of patients, service users and carers. The balance of provision is shifting and more services will be provided closer to home, in communities and outside of the hospital environment.

1.7 *Designed to Add Value - a third dimension* sets out where we are now, where we want to be and how we will get there. It identifies how the third sector plays a key role in supporting the reform of the health & social care to make a real difference to the health of individuals and the community ensuring:

- The right services are delivered at the right time and in the right place, to the right person across the care pathway.
- The integration of the contribution of volunteers, carers and the third sector in better health.
- Engagement of the public, including vulnerable groups, in identifying needs and determining how best they can be met.

1.8 Methodology

The identification of the key themes was undertaken in close partnership with Wales Council for Voluntary Action (WCVA), the local and national Health & Social Care networks and third sector organisations through the BSB Health & Social Care Facilitators' Networks across Wales. There was wide consultation with formal and informal local & national third sector Health & Social Care networks, as well as the statutory Health & Social Care sector and others with whom they work closely. The BSB Health & Social Care Facilitators provided an essential role in gaining local input and communicated the feedback at regional workshops.

A summary of the consultation is on the BSB website: www.buildingstrongbridges.co.uk

Section 2: Policy Context

2.1 Partnership working is the core principle for delivery of the Welsh Assembly Government's policies and plans -

“Our vision is of a fair and just Wales in which all citizens are empowered to determine their own lives and to shape the communities in which they live.”
One Wales, 2007

2.2 *The Government of Wales Act 2006* has major implications for the future governance of Wales.

Section 77 of the 2006 Act provides a basis for equality and requires the Welsh Ministers to *“make appropriate arrangements with a view to securing that its functions are exercised with due regard to the principle that there should be equality of opportunity for all people.”*

Welsh Ministers are under a statutory duty to ensure that their business is conducted, and its functions exercised, with due regard to the principle that there should be equality of opportunity for all people. The equality agenda is also underpinned by a large body of other legislation, including the *Equal Pay Act 1970*, the *Sex Discrimination Act 1975*, the *Gender Recognition Act 2004*, the *Race Relations Act 1976* and the *Disability Discrimination Act 1995*.

2.3 *The Welsh Language Act 1993* - The Welsh Ministers show a strong commitment to the Welsh language in line with their obligation to provide Welsh speaking customers with a clear indication of the bilingual services they can expect and to ensure that the English and Welsh languages are treated on the basis of equality in accordance with *The Welsh Language Act 1993*.

2.4 *One Wales*⁴ - Outlines the commitment to continuously improve local services in Wales embedding the imperatives of efficiency and citizen centred services in the context of the Wales Spatial Plan. This agenda also includes a commitment to social justice, sustainability and inclusivity for the people of Wales. It outlines the commitment to improving the well being of all vulnerable and disadvantaged people who rely heavily on our health service and confirms a determination to see that services provided by the NHS should be genuinely shaped by and meet the needs of the people it serves. It also refers specifically to further support for the Welsh Assembly Government's Voluntary Sector Scheme¹ and to further enhancing the role of the sector in policy formation.

2.5 *'Making the Connections'* and *Local Service Boards (LSBs)* - The review of local service delivery, led by Sir Jeremy Beecham⁵ (July 2006) and the Welsh Assembly Government's response *Making the Connections: Delivering Beyond Boundaries*⁶ (November 2006) identified LSBs as the new model for engaging the whole of Wales' public services in a new way of working by integrating services and responding more effectively to citizens' needs. The driving force for the LSBs is the citizen whose voice, needs and aspirations should guide the design and delivery of services. The third sector has a key role to play in citizen engagement with and through its' stakeholders.

2.6 *The Welsh Assembly Government's Voluntary (Third) Sector Scheme*⁷ provides a framework to guide implementation and develop best practice across a range of policies in partnership with the third sector. A review of the Scheme (in 2004) found it "fit for purpose" and recommended the development of the Strategic Action Plan to 'set out the next steps in implementing the Scheme'. This has been taken forward in *'The third dimension'*¹ which presents a clear strategy for the Welsh Assembly Government's future work with the sector.

2.7 *The Review of Health & Social Care*⁸ identified the need to:

- Encourage people to take responsibility for their own health
- Make a strategic adjustment of services to focus them on prevention and early intervention
- Reshape services to make them seamless and integrated
- Make workforce planning more sophisticated, robust and long term and based on future models of service provision

2.8 In response *Designed for Life*⁹ identified an ambitious reform programme to radically transform health and social care in Wales. This included:

- Promoting health and well-being by addressing the determinants of ill health and dealing with inequality;
- Adopting a citizen-centred model for the provision of public services across all sectors in Wales;
- Delivering cost-effective care safely, sustainably, and as locally as possible in accordance with published quality standards throughout Wales;
- Where possible, providing care in the home, or the community, rather than in hospital.

2.9 *Fulfilled Lives; Supportive Communities*¹⁰ - Sets out future directions for social services in Wales. It includes different services and different organisations working effectively together to meet people's needs and confirms the third sector as a key partner in promoting inclusion. It recognises that the third sector is already a significant provider of social care and related services and that it could have a much greater role in designing and providing the services of the future.

2.10 Other related and relevant policy areas include:

- *The Health, Social Care & Well being Strategies*
- *The Children and Young Peoples Plans*
- *The Community Services Framework*¹¹
- *Designed to Improve Health & the Management of Chronic Conditions in Wales*¹²
- *Healthcare Standards for Wales*¹³

Section 3: Learning From Experiences

3.1 Building Strong Bridges

3.1.1 *Building Strong Bridges* (BSB) published in 2002 aimed to ensure that the role of the third sector was fully understood within the changing health agenda and consequent structural reforms. It identified the need to find ways in which the third sector's contribution could be strengthened and for it to be fully involved in the new structures and systems being established at that time and to ensure that all partners are fully engaged.

3.1.2 BSB identified opportunities to strengthen partnership working between health & social care and the third sector at national and local levels. The Welsh Assembly Government recognised the third sector as a key partner in delivering its' health & well being policy and made financial resources available in 2003 for three years to support the actions identified to take forward the twenty two recommendations in BSB.

3.1.3 Following an independent evaluation of the *Building Strong Bridges'* Health & Social Care Facilitators¹⁴ continued funding was announced for BSB (2006 - 2009) to build on developments to date and supporting the delivery of *Designed for Life*. It was agreed that the contribution from the Welsh Assembly Government would be for a further three years and tapered funding arrangements have been introduced in 2008/9. From 1 April 2009 it is anticipated that the local Health & Social Care Facilitator posts will be considered as being integrated within local service provision.

3.1.4 The independent evaluation¹⁴ stated that at the start of BSB the third sector was clearly regarded as the weakest link amongst commissioners, providers and service users. It acknowledged that; *"BSB has done much to strengthen the voluntary sector, making it more representative, inclusive and effective. BSB has started to break down the barriers - and this must be regarded as a major success for the project. Nevertheless, partnership working remains difficult, with particular barriers arising from an uneven relationship with the statutory sector"*. Better partnership working therefore remains a key theme for future actions in *Designed to Add Value - a third dimension*.

3.1.5 BSB Health & Social Care Facilitators' Local Action Plans provide evidence that the work is more fully being integrated into the work of the Local Health Boards(LHBs) and that they continue to play a key role in supporting and promoting the third sector's active contribution to LHB priorities.

(BSB Health & Social Care Facilitators - Appendix 1)

3.1.6 *Building Strong Bridges* (BSB), provided a rich learning experience and basis from which to continue to build even better partnerships and collaborative working. In particular the role of the BSB Health and Social Care Facilitators has been shown to be central to the progress made and should be an important feature in future structures.

3.1.7 Volunteering for Health & Social Care - BSB recommended the identification of options to support the development of volunteering for health & social care across the NHS in Wales. In response to this the Welsh Assembly Government has supported the following initiatives:

- **Research** - Commissioned from WCVA concluded that volunteers make a significant contribution to health & social care services across Wales in a variety of ways.
- **A small grants pilot programme** - Was awarded to four national third sector organisations working in partnership with the statutory health & social care services to help strengthen the evidence base of Volunteering for Health & Social Care.
- **All Wales NHS Volunteering Network** - Supports collaborative working and the sharing of best practice in volunteering in the NHS. Members include NHS officers who have responsibility for developing and managing volunteering for health & social care initiatives within their organisations.

3.1.8 Networks and Alliances - The local and national Health & Social Care Networks and Alliances of third sector organisations are supported by the national and local BSB Health & Social Care Facilitators. There are also a number of Alliances of third sector organisations including the Long Term Conditions Alliance, which has been established to represent and provide a link with patients and carers on generic Chronic Conditions Management issues.

3.1.9 The Welsh Assembly Government works closely with Wales Council for Voluntary Action (WCVA) which represents and campaigns for third sector organisations, volunteers and communities in Wales. WCVA supports *Building Strong Bridges* through a national Health & Social Care Facilitator, who is responsible for working in partnership to strengthen the role and contribution of the third sector to support the health social care & well being agenda. The national Facilitator also co-ordinates and supports the local BSB Health & Social Care Facilitators across Wales supporting national health and social care policies.

3.1.10 Building Strong Bridges (BSB) has provided a rich learning, experience and basis from which to continue to build even better partnerships and collaborative working. In particular the role of the BSB Health and Social Care Facilitators has been shown to be central to the progress made and should be an important feature in future structures. *Designed to Add Value - a third dimension* will be important in informing the next steps for BSB. *(Details of all of these achievements can be found on the Building Strong Bridges website)*

3.2.1 Other health & social care policy initiatives where the third sector plays a key role:

- A partner in the delivery of mental health services in Wales.
- The development of and consultation on a series of Service Development and Service Commissioning Directives for Chronic Conditions including: Arthritis and Chronic Musculoskeletal Conditions and for Chronic Respiratory Conditions, Chronic and Non Malignant Pain and Epilepsy.
- Support for the Expert Patients Programme (EPP) across Wales.
- Representation on the Learning Disability Implementation Advisory Group (LDIAG).
- Establishing the Carers' Strategy Review Panel and developing the Welsh Assembly Government's Carers' Strategy and the Carers' Strategy Action Plan 2007.
- Representation on the Direct Payments Overview Group (2005) and the All-Wales Adult Protection Advisory Group and is expected to play a key role in the further development of guidance and good practice to protect vulnerable adults from abuse.
- Support for Palliative Care Services.

3.3.1 The Welsh Assembly Government also manages a number of grant schemes for the third sector:

- The Health Challenge Wales Voluntary Sector Grant Scheme.
- The Food and Fitness Grant Scheme.
- The National Mental Health Grant Scheme.
- The Grant Scheme for All-Wales Voluntary Organisations in the Health & Social Care Sector.
- The Assembly also contracts WCVA to deliver the Local Mental Health Grant Scheme and the Small Grants Scheme to national and local third sector organisations.
- Funding is also provided to Local Authorities via the Supporting People with Disabilities Grant Programme.

Section 4: The Contribution of the Third Sector in Supporting Health and Social Care

4.1 As part of Building Strong Bridges a national mapping of health, social care & well being services provided by voluntary organisations in Wales (2006) was undertaken by WCVA research unit.³ (For the key findings - www.buildingstrongbridges.org.uk)

The key findings include;

- An estimated total of 2,727 different services are provided by these organisations
- The voluntary sector provided an estimated total service budget of £292 million (2004-05).
- At least 120,000 people are involved in providing these services. The majority of these are volunteers (over 30,000 employees and over 5,000 trainees providing the equivalent of nearly 30,000 full time posts.
- The public sector funding for voluntary sector service delivery was approximately £150million made up of:
 - Welsh Assembly Government: £52.4 million (2004-05).
 - Local Authorities: £78.8 million in 2003-04 (8.0 percent of total social service expenditure).
 - Local Health Boards: £13.4 million in 2004-05 (0.5 percent of the secondary care budget).
- In addition other funding included
 - National Lottery £17.2 million
 - Other voluntary organisations or charitable trusts £14.0 million
 - Generated through fees or sales £16.6million
- Over 30,000 employees and over 5,000 trainees provide the equivalent of nearly 30,000 full time posts within voluntary sector services.
- At least 85,000 volunteers are involved in providing these services. 60% of these volunteers are over 50, two thirds are female and 11 % are under 25.
- Volunteers provide the only source of personnel input in 18 % of services, with the majority of volunteer input being into advice and advocacy services, and services which promote general health.
- Volunteers in local and regional organisations contributed about 3.5 hours per week, indicating a substantial commitment.

(Taken from the executive summary - www.buildingstrongbridges.org.uk)

Section 5: Current Evidence of Effectiveness and Added Value

5.1 A review of further evidence of effectiveness and added value of third sector interventions in health & social care has been undertaken by WCVA research unit.

The key findings from the WCVA evidence review (interim report) include;

- Voluntary sector organisations are involved in providing services to a wide range of groups of people and people with many different conditions or illnesses.
- Looking at organisations as those which provide services, enhance public services, support public services or advocate on behalf of service users is supported by the academic literature.
- The evidence base for the effectiveness of voluntary sector provision of services is limited and needs to be broadened - most existing research concentrates on mental health.
- The concepts of efficiency, economy, effectiveness, equity of provision and efficacy (accessing people who would not otherwise be contacted) need to be developed so that there is a common language for service planners and commissioners, procurement officers and third sector and public sector service providers.
- Where comparisons have been made, difficulties arise for several reasons:
 - Costs are allocated to a sector based on the organisation providing residential accommodation, and not each service.
 - In one area, third sector and statutory organisations often provide services for clients with different needs.
 - Measures of service quality are often context specific.
- Sometimes where comparisons could be made (eg the evaluations of Healthy Living Centres) the data is presented generically rather than by sector.
- The variation in costs can be very large within a sector, even once client need is taken into account.
- The conflict between the frameworks involved in demonstrating 'added value' to public funders and the ethos of many third sector organisations can make the collection of appropriate data difficult and contributes to the lack of comparative studies.
- Voluntary sector groups have to adapt in the way that they work when accepting public money to provide a service. This can have both positive and negative effects.

5.2 *The Audit Commission Report 'Hearts and Minds'*¹⁵ asks what is the added value of the voluntary sector. Is it when commissioners perceive that they get more for its community than it funds, for example when volunteers deliver a service instead of paid staff or when third organisations secure match funding for a service partially funded by a statutory organisation? Or is it as voluntary sector providers perceive, in a less tangible but equally important social and economic way, their user focus; specific knowledge; expertise and experience of particular user groups? Or can 'added value' be defined as the strength of the voluntary sector in supporting access to services through campaigning, mobilising volunteers or by bringing local people together to discuss and formulate responses to local issues and concerns.

5.3 The Office for National Statistics' *Quality Measurement Framework (QMF)*¹⁶ Project is developing a tool to assist government bodies in procuring and monitoring the performance of public sector providers to ensure more effective mechanisms for measuring and assessing the quality and value of public service. This tool will be available late 2009.

5.4 WCVA has produced guidance to inform future service planning and delivery arrangements in Wales.¹⁷ The guidance stresses that one of the great strengths of service planning and delivery from the third sector is *"its' ability to add value through the access to services. Organisations may add value by campaigning, by mobilising volunteers or by bringing local people together to discuss and formulate responses to local issues and concerns. Rather than providing direct services, or in addition to providing direct services, many voluntary sector organisations seek to influence behaviour or have a public education and awareness raising role"*.

5.5 The effectiveness and 'added value' of the third sector's contribution in supporting health & social care from this appears to be well recognised although it is not always easy to quantify. Further research and evidence will therefore be needed to help answer such questions.

Section 6: Service Attributes

A wide range of services supporting health & social care have evolved across Wales many of which are inconsistent and need further embedding within mainstream service planning and delivery. The complexity and diversity of the third sector can sometimes lead to confusion or lack of clarity as to what roles they can play in supporting health and well being and in particular to what and how they should be supported.

To provide a way in which we can help understand and utilise more effectively the third sector's contribution within local communities the following four service attributes have been identified:

- Providing services
- Enhancing services
- Supporting services
- Advocacy services

Whilst these are not definitive and a number of third sector organisations may identify with more than one of these of these attributes they help illustrate the important complementary role of the sector.

6.1 Service Providers - Consists primarily of directly managed services as part of core services commissioned through a Service Level Agreement (SLA) agreed to a high quality of standards. They are core services identified by local planners and resourced to ensure services and support are provided to those best placed to meet the need.

Case Study 1 - The Red Cross Re - Enablement Team - Provides support to people returning home from hospital for up to 6 weeks and supports individuals within their own home to avoid re-admission into hospital. This team can also provide services other than social care for example, shopping and cleaning.

Case Study 2 - Crossroads In the Vale (EMI) - Through an SLA with the LHB domiciliary care, day care and social groups are provided to those with late on-set mental illness (mainly dementia) and a counselling service is provided for family carers, as well as support and social groups for carers.

Case Study 3 - Age Concern Hospital Discharge Scheme (Swansea) - Provides a post hospital stay support service for people aged fifty or over. Support is provided through paid staff and volunteers providing a holistic approach and appropriate services for up to six weeks post discharge from hospital.

6.2 Service Enhancers - Secure resources from various sources and provide services that enhance or improve services and quality of life which are additional to core services. They bring an extra dimension to services as well as additional experience and skills. They also have the ability to engage directly with communities and disadvantaged groups.

Case Study 4 - Pontypool Pacers (Cardiac Rehabilitation Support Club) - Provides safe and appropriate exercise and socialisation classes to post cardiac patients who have gone through the care pathway and are now living independently. The group gives practical support and advice as well as adding to the health promotion/preventive agenda in health & wellbeing. It is self funding with subscriptions and grants.

Case Study 5 - Kick Start Programme - This was funded through Big Lotteries Fund for the prevention of Coronary Heart Disease. It is a multi-agency initiative led by Powys Mental Health Alliance. It aims to prevent coronary heart disease in people with poor mental health. Drug treatment, depression and lifestyle of people with mental illness contribute to a higher than average incidence of heart disease. The Kick Start programme encourages exercise and improving nutrition.

6.3 Service Supporters - The added value provided by volunteers working across health & social care. Volunteering plays an important role in supporting hospital discharge, delayed transfers of care, re-admissions and social networks as well as optimising service delivery and involving people and helping to support the prevention agenda.

Case Study 6 - The Alzheimer's Society Befriending Project (Torfaen) - Provides a volunteer service to reduce the isolation of people with dementia and their carers by providing a friend who will support them through emotional and physical stresses associated with Alzheimers and associated illness.

Case Study 7 - Car Linc Môn Transport Services - Enables local people to make essential journeys where there is no other suitable transport available. They offer individuals transport for shopping, GP and hospital appointments, and to visit families. The service is undertaken by volunteers. Car Linc Môn work closely with the Red Cross Transport service as well as Social Services.

6.4 Service Advocates - Activities that champion the voice of service users, patients and carers to promote, support and develop closer involvement of service users in the planning and delivery of services. The groups seek to help those affected by specific issues to have a voice, give their opinions and share their experiences and in turn effect positive changes to the way services and support systems are run.

Case Study - 8 - FoRus - You Have a Voice, We Help Make it Heard. An independent organization working to promote, support and develop closer involvement of service users in the planning and delivery of mental health services within the Caerphilly Borough.

Case Study - 9 Mental Health Advocacy Scheme (Gwynedd and Ynys Mon) - Offers an independent advocacy service for people experiencing mental health issues using paid advocates and trained volunteers. Funding for this scheme comes from a range of sources.

Section 7: Key Issues

7.1 To help achieve world class health and social care we need to ensure that services are responsive, flexible and able to meet the needs of all communities especially the most disadvantaged. Services need to be primarily focused on the holistic well being of local people, patients & carers and ensure integration of services across organisations and professional boundaries.

7.2 A number of key themes have been consistently drawn together from users, the third sector and health & social care professionals which will help to shape the future directions and priorities for the next three years:

- Stronger partnership working across the third sector and between the sectors
- Improved service planning , delivery and resourcing
- Supporting self care and independence
- Improving access to services for specific communities
- Promoting and improving health & well being
- Volunteering for health & social care
- Developing social enterprises in health & social care
- Integrated services and workforce planning
- Reducing hospital admissions and improved discharge
- Research & development

7.3 Stronger Partnership Working Within The Third Sector and Between The Sectors

7.3.1 No one agency or sector alone can make the real differences necessary to improve the quality of life or achieve what many people want for their communities. Recent years have seen real changes towards integrated action at the local level. Partnership working is increasingly recognised as generating solutions to problems that single agencies cannot solve, thus improving the services that users receive and enhancing the co-ordination of services across boundaries -

“ ... the Welsh Assembly Government is committed to ensuring that there is an integrated infrastructure that represents, promotes, supports develops and is accountable to the full range of voluntary sector activity at national and local level.”
Partnership Agreement between the Welsh Assembly Government and WCVA, 2006.

7.3.2 The Welsh Assembly Government is fully committed to the ‘partnership model’ across the sectors and this is underpinned in the key policy documents including ‘*Making the Connections*’ and ‘*One Wales*’.

Local Service Boards have been established to promote collaboration in recognition that improving performance for the citizens of Wales needs better cross sectoral working and a whole system response.

7.3.3 The National Leadership and Innovation Agency for Health (NLIAH)⁸ has undertaken a literature review and produced a Guide to collaborative working for managers and practitioners working in health & social care. The Guide recognises that collaboration is firmly rooted as the dominant model in the design and delivery of public services across all areas of policy and confirms that although *“this form of working has occurred sporadically in particular policy areas over the last 20 years it is now firmly rooted as the dominant paradigm in the design and delivery of public services across all areas of policy”*.

7.3.4 Stronger partnership working between the third sector, health and local government is necessary to ensure better integrated planning and service delivery as well as effective use of resources. Opportunities to scope joint service need and provision should be developed along with joint action to support joint funding opportunities. Pooled budgets provide means by which third sector service provision may be met to best address local needs in a seamless way.

7.3.5 The independent evaluation of BSB (2006)¹⁴ demonstrated the progress made in supporting partnership working since 2003. The research also revealed various understanding about the elements of and opportunities for partnership working. It identified that where there was a sound partnership working and ethos this impacted upon the work of the local Facilitator. The review stated that *“The BSB Facilitators had a key role in developing and supporting effective partnership working. Whilst they cannot generate this alone other stakeholders in the HSCWB arena look to them to facilitate the voluntary sector part of the partnership work”*. The report highlighted examples of effective partnerships and noted considerable scope for Local Health Boards, NHS Trusts, Local Authorities and other stakeholders to work together to add value to local initiatives and to develop even stronger bridges between the third and other sectors through joint working.

7.3.6 Increasingly the value of third sector organisations working in partnership with other third sector organisations is being recognised by funding bodies. Further partnership working should be encouraged to help avoid duplication of effort and administration and enable organisations to build service capacity through the sharing of skills and experience -

“We are also keen to promote greater partnership working between the third sector organisations themselves, not only to ensure a stronger voice for citizens locally, but also to improve efficiency through the sharing and pooling of capacity”. Welsh Assembly Government Strategic Action Plan for the Voluntary Sector Scheme 2007

7.3.7 The Big Lottery ‘Way of Life’ grant scheme required that projects should have a partnership agreement in place outlining the roles and responsibilities of each organisation involved. The evidence from this funding suggests that partnership requires considerable investment of time and resources, particularly from third sector organisations.

7.3.8 Where LHBs and Local Authorities are contracting with the same third sector organisations they should be encouraged to move towards more integrated service planning, delivery and resourcing with lead service planning and delivery or pooled budget arrangements. The Building Strong Bridges Health & Social Care Facilitators could play a key role in supporting this.

Case Study 10 - In Conwy the BSB Health & Social Care Facilitator was seconded to the Local Authority to support the development of a joint service level agreement. The outputs included; the collation of funding information from all directorates within the LHBs and local authorities, a new draft SLA for all organisations and commissioners and service specification monitoring arrangements.

7.3.9 Collaboration and co-operation should be seen as a way to improve services for citizens and embedded in most aspects of public service policy design and delivery. The economic benefits combined with the benefits for users underlie the importance of ongoing collaboration. There is still a need to continue to build on and support better and more effective partnership working within the third sector and between the sectors.

Recommendations

1. Continue to build upon partnership working to date amongst third sector organisations and across sectors to add value, share expertise and realise opportunities and joint synergy.

Actions

- BSB Health & Social Care Facilitator posts should be included within the new NHS structures and funded locally. A national Facilitator to support integrated partnership working and sharing best practice across Wales should be supported nationally.
- The Welsh Assembly Government DHSS will identify opportunities to strengthen grant allocations to the third sector within the review of healthcare grants.
- Key grant giving organisations will be encouraged by the Welsh Assembly Government to target future funding at supporting partnership working and policy priorities.
- The local and national BSB Health & Social Care Facilitators should encourage partnerships within and across the sectors through integrated service planning and delivery and support the evaluation of existing models of good practice to demonstrate and share impact and outcomes.
- LSBs should ensure that third sector partnerships are central to their work and best practice disseminated across Wales.
- Opportunities to scope joint service need and provision should be developed along with joint action to support joint funding opportunities.

7.4 Improved Service Planning, Delivery and Resourcing

7.4.1 The third sector adds great value to the NHS and the people it cares for. It plays an important role in complementing, not replacing, existing statutory sector services. The Welsh Assembly Government recognises the need for health and social care services to be strengthened and more closely aligned and fit for purpose providing a firm platform for the implementation of the *Health, Social Care & Well being Strategies* and the *Children and Young Peoples' plans*.

7.4.2 *The Audit Commission Report, 'Hearts and Minds: Service Planning and Delivery from the Voluntary Sector'*¹⁵ identified that *"Including the voluntary sector among the suppliers of public services can generate benefits for service users, communities and tax payers including making a larger, more diverse and more competitive supply base for public services and with their good understanding of service users' needs it will help to produce high quality services, well targeted to the specific needs of diverse groups of service users"*.

7.4.3 Improvements in service planning and delivery will need to ensure that the right services are provided by the right people in the right place and that all resources are used to best effect. The third sector is well placed to inform and support this process understanding and working in the community by helping assess needs and informing appropriate service delivery models. Future structures and systems will need to take account of this.

7.4.4 Better and consistent service planning and resourcing is a key theme in this document. There are inconsistencies in the current systems and these need to be improved to ensure that the third sector contributes to informing need as well as the delivery of services to meet these. A better understanding also needs to be developed by all sectors of the resource challenges faced by each other.

There must be "... a willingness to consider new ways of providing services, including an increasingly mixed economy of provision, with the potential for a greater role for the third sector in delivery". Delivering Beyond Boundaries, Welsh Assembly Government (Nov 2006)

7.4.5 The Welsh Assembly Government's Communities and Culture Committee published (June 2008) the results of their Inquiry into funding for the voluntary sector. The report acknowledges that funding for the sector has increased significantly over the past four years (£79 million in 2002/3 to £174 million in 2006/7). It recommends a review of funding criteria, a web based portal providing information on funding for the sector and making application forms for funding clearer.

7.4.6 The Welsh Assembly Government has published guidance entitled *'Procurement and the Voluntary Sector: Guidance for the Public Sector in Wales'*.¹⁹ This guidance offers public sector procurers practical information and advice on working together with all types of supplier/provider in the search for value for money public services.

7.4.7 The Welsh Assembly Government's *'The third dimension' - A Strategic Action Plan for the Voluntary Sector Scheme* emphasises that the contribution of the third sector to citizen centred public services needs to be enhanced and that it requires further investment. To this end proposals for an 'Invest to Serve Fund' are being considered. The Fund would provide a range of grants (capital and revenue, loans or grants or a mixture of each) to modernise third sector business management systems. This would increase the ability of the sector to develop services that a public body was realistically likely to purchase under a contract, and to put in place the systems, procedures and business skills required to enable it to tender successfully for contracts.

7.4.8 With regards to the third sector's delivery of public services, *'The third dimension'* also states that with 'in contracting services from third sector organisations, public sector procurers should apply the principles of 'full cost recovery and that the third sector should not be viewed as a cheap form of out sourcing' -

"The Welsh Assembly Government's Code of Practice for Funding the Voluntary Sector makes it clear that three year funding should be the norm, since short term funding can divert valuable resources into a continual bidding for funds. It often constrains organisations from making medium or long term commitment to its users or beneficiaries and can restrict its ability to recruit, retain and invest in the best staff"
A Strategic Action Plan for the Voluntary Sector Scheme (November 2007)

7.4.9 WCVA has produced guidance to inform future service planning and delivery arrangements in Wales.¹⁷ The guidance identifies the third sector's involvement as an essential element in the achieving the citizen centred agenda by providing constructive challenge from a service user perspective in designing services and delivering services. The guidance also proposes the establishment of clear procedures for determining when grants or procurement should apply. This depends upon whether a tendering procedure is applicable or whether a partnership approach is sought to develop activities or services.

7.4.10 The fragmented and independent nature of the third sector can make it confusing for service planners to understand what services are on offer from the third sector. Organisations may only provide a service in a small geographical area or to a single section of the population making it more difficult for planners who may need to provide the service right across the region or to more than one section of the population. One solution to

addressing this could be to develop a consortia approach which would provide a single point of reference for the service planning and delivery of packages of services from third sector organisations on a regional and local basis.

Case study 11 - DAWN Consortium (North Wales) - Acts as a partnership 'clearing house' for its' members who are all involved in specific services related to the Criminal Justice system. The intention is to make the services dynamic and relevant as well as cost effective and seamless so that service users can progress through a framework of different interventions. It consists of service providers from the third & private sector and statutory organisations that plan services.

7.4.11 Whilst the Welsh Assembly Government recognises that the third sector and others should be involved and consulted in a collaborative way in service development and planning it must be borne in mind that such service planning and delivery strategies can only be signed off by the statutory authorities who are accountable for the use of public money.

7.4.12 There is concern from the third sector that there is currently limited understanding within the statutory sector of the health and social care services that the third sector provides. The sector also highlights inconsistent processes with variations in service planning and delivery, timetables and pricing structures. The majority of the contracts issued to the third sector by the statutory sector are for less than three years and the 'full cost recovery' principle is not always applied therefore not leading to a 'level playing field'. Short term funding can also have some beneficial impact on piloting and developing services and the learning from this. *The Evaluation of the Health Challenge Wales Health Promotion Voluntary Sector Grant Scheme*²⁰ stated that "the scheme illustrated how short term funded project work can be effective in developing an organisation's agenda, developing new evidence based learning and creating new partnerships".

7.4.13 *Healthcare Standards for Wales*¹³ set out the Welsh Assembly Government's common framework of healthcare standards to support the NHS and partner organisations, including the third sector, in providing effective, timely and quality services across all healthcare settings. These standards are taken into account by those providing healthcare, no matter what the setting. They are also for the general public to be aware of the standards of healthcare they can expect to receive. Working practices are in place to enable probity, quality assurance, quality improvement and patient safety to be the central components of all routines, processes and activities.

Case Study 12 - Rhondda Cynon Taff (RCT) and Merthyr Voluntary Sector Healthy

Governance Toolkit - The toolkit is designed to give advice on clinical governance and includes information about the national and local context, standards, legislation, good practice, training, quality assurance schemes and impact assessments.

7.4.14 Third sector organisations have not always been successful in developing diversified funding sources and this has often led to a dependency of ongoing funding from the statutory sector. All organisations need to develop a better understanding of the diverse resource demands faced by each agency enabling them to identify opportunities to work more effectively in partnership to ensure services are aligned to local priorities.

7.4.15 There are inconsistencies in the current service planning, delivery and resourcing processes and these need to be strengthened to ensure that the third sector contributes effectively to informing needs as well as the delivery of services to meet these informing performance and monitoring.

Recommendations

2. Improve the service planning, delivery and resourcing processes to include the third sector in the most effective way in informing need and delivering health and social care services.
3. All organisations should develop a better understanding of the resource challenges faced by each agency and work together to help resolve this.

Actions

- The Welsh Assembly Government will need to provide further guidance on service planning to help guide improvements to help support greater visibility and recognition for the sector in procurement protocols and practice ensuring a 'level playing field' for all bidders on price, full cost recovery and service performance assessed on outputs, outcomes and impact.
- Better co-ordination of third sector services ensuring best value and the effective use of all resources to meet local needs.
- Explore opportunities to establish and test models such as a consortia approach across the third sector in health & social care.
- Engage third sector support in public participation, planning and auditing services.
- Develop and pilot a tool to assess governance and compliance for the third sector with the Welsh Assembly Government's Healthcare Standards for Wales.

7.5 Supporting Self Care and Independence

7.5.1 The Welsh Assembly Government recognises the need to encourage people to take responsibility for their own health consistent with *The Wanless Report (2003)* and other guidance.

7.5.2 Evidence of increasing chronic conditions and resulting demands on health & social care services makes self care central to current and future policies. This has already been identified within *Designed for Life* and *The Welsh Chronic Conditions Model and Framework*. The third sector already plays an important role in self care but further integration and mainstreaming of their work is necessary along with evidence on the impact and effectiveness.

7.5.3 The Limiting Long-Term Health Conditions task and finish group established to inform the Welsh Assembly Government's Public Health Strategic Framework will focus on this and help identify how individuals can become skilled and have the confidence to self manage and remain independent.

Case Study 13 - Long Term Conditions Alliance - Of national third sector organisations has been established to promote partnership working and the sharing of best practice models to improve the care of people living with chronic conditions. Membership includes representatives from a wide range of organisations including Arthritis Care Cymru, Diabetes UK and Asthma UK.

The overarching aim of the Alliance is to encourage and facilitate service user empowerment and engagement. The LTC Alliance has established a Service User and Carer Reference Group to support the implementation of *Designed to Improve Health & Chronic Conditions in Wales*. The Alliance has also commissioned an independent evaluation of the range of self care initiatives offered by member organisations.

7.5.4 Carers play an important role in supporting those who wish to live an independent life. *The Welsh Assembly Government's Carers' Strategy for Wales Action Plan*²¹ sets out the strategic direction for carers from both the perspective of the carer as someone who looks after a relative, friend or neighbour and from the perspective of the carer as a person with their own physical and mental health needs. Research indicates that a majority of carers experienced physical injuries since they began to care as well as stress related illnesses since becoming a carer. Self care is therefore also a key issue for carers.

7.5.5 The third sector currently supports self care in a variety of ways. This includes local support, peer groups, support for carers, the provision of information and help lines and befriending schemes. It also manages specialist schemes to support the management of particular conditions. Third sector organisations are already delivering a wide range of self care services for people living with chronic conditions in the community ranging from information provision through to peer support and formal condition specific groups. These help to ensure that it is only those in real need who are admitted to hospital and where possible support is provided to help others remain in their own homes. Further opportunities to improve the co-ordination and integration of these services should be considered.

Case Study 14 - Diabetes UK - Is supporting a national education programme for people with type 2 diabetes - DESMOND (Diabetes Education and Self Management for On Going and Newly Diagnosed)

Case Study 15 - Depression Alliance Cymru - Has worked with members to produce a self management resource on living with depression and and promoting good mental health.

7.5.6 The Expert Patient Programme (EPP) is an NHS based self management course for people living with any long term health condition. It aims to help people improve their quality of life by learning different skills to better manage their condition on a daily basis. The third sector plays a key role in supporting the rolling out of EPP across Wales by ensuring that people are aware of the programmes and are able to access them locally.

Case Study 16 - Hafal - Has developed a web based mental health promotion resource with information and advice on self management for patients, carers and families.

Case Study 17 - Terrence Higgins Trust - Convene and facilitate an All-Wales multi disciplinary network on HIV; contribute learning on HIV to other relevant networks and promote the effective self management of HIV.

Case Study 18 - Arthritis Care Cymru - Provide publications and information as well as run self management courses for people with arthritis. There are also courses to help others to understand arthritis better.

7.5.7 Third sector organisations provide information, advice and signposting to other third sector services for service users and carers. These signposting services are crucial in helping people aware of and able to access local services and support most appropriately. Services are being developed through volunteer information desks within hospitals and in some GP surgeries as well as other services across communities. In the recent BSB Mapping Exercise it was identified that *“of the 660 estimated advice, advocacy and helpline services, some 545 are services where advice might be obtained on health issues, 98 are more explicit advocacy services or self advocacy groups and 17 are national or regional telephone help lines. Along with primary care services, these services represent what is often the first source of advice on health issues. The greatest number of these services target the general public, offering general advice .For particular groups or health conditions, web based advice or telephone help lines give an anonymous way of finding out about issues that might be difficult to raise with a health professional face to face”*.

Case Study 19 - A Guide to Services for Mental and Emotional Wellbeing in

Merthyr Tydfil and RCT - The guide was produced by the local County Voluntary Councils, the LHBs and the local authorities and contains details of relevant organisations that can offer support.

7.5.8 Improved awareness of the third sector’s role in supporting self care and independence and the social and economic impact upon hospital discharge, reducing hospital admissions and delayed transfers of care as well as general health and support for self care, is needed. Investment in the third sector can bring a greater return on investment across a number of fronts, which are not always taken full account of.

Recommendations

4. Strengthen the role of the third sector in supporting self care and independence.
5. Identify and share best practice across Wales of the wide range of services provided by the third sector to support self care and independence.

Actions

- Support the LTC Alliance to co-ordinate and promote the third sector’s role in supporting self care and independence.
- Evaluate a sample of existing third sector self care programmes/services and disseminate findings across Wales.
- Develop a comprehensive signposting for third sector services across the wider community services
- Ensure that health & social care bodies utilise the skills and expertise of the third sector in supporting self care and independence.

7.6 Improved Access To Services for Specific Communities

7.6.1 *One Wales* identifies a commitment to the principles of social justice, sustainability and inclusivity. It also recognises that people are not just passive consumers but that they are increasingly interested in playing an active part in the services they receive and the communities they live and work in -

“The evidence that good health is not purely a matter of good fortune can be found in the 2001 Census, the Welsh Health Survey 2003/4 and the Welsh Index of Multiple Deprivation (WIMD) 2005. What all these show crudely, is that the more affluent you are the healthier you are”. Evaluation of the Health Challenge Wales Health Promotion Voluntary Sector Grants Scheme, People & Work Unit, 2007

7.6.2 The Welsh Assembly Government’s *‘The third dimension’ - A Strategic Action Plan for the Voluntary Sector Scheme* identifies that the voluntary sector *‘is in a strong position to provide front line services when certain criteria need to be met including meeting the needs of service users who have multiple disadvantages, requiring a portfolio of services from an informed provider and when services need to be directed at sections of the community that have been excluded from traditional service provision’.*

7.6.3 The desire to achieve social justice is a key motivation in the third sector’s work to strengthen communities. The very nature of the sector enables its services to be accessed more easily by specific communities. Services are more flexible and can be tailored to meet specific needs through the provision of local services and self-help groups within the community. They play a particularly important role in supporting people’s health & well being and often meet the gaps in the system.

Case Study 20 - Swansea Young Single and Homeless Project - Is a partnership of young people, staff and volunteers managed by a management committee. The aim of the Project is to enable young people with housing issues to take up their rights to develop the skills needed to live independently, support young people to become active participants in their community and to assist young people to access primary health care.

7.6.4 The Welsh Assembly Government’s *Inequalities in Health Fund* was set up in 2001 by the then Minister for Health & Social Services, to stimulate and support local action to address health inequalities and the factors that contribute to it including access to health services. Many third sector organisations are directly involved in this providing necessary support to specific communities.

7.6.5 The third sector is well placed to help reduce health inequalities with specific groups through engagement in the planning and service delivery for health & social care services. Health and social care service planners should utilise this opportunity more fully when identifying and meeting the needs of local people as part of their strategic planning.

7.6.6 'One Wales'⁴ is committed to developing a *Rural Health Plan* to ensure that the future needs of rural communities are met in ways which reflect particular conditions and characteristics of rural Wales. This work is currently underway and will draw from a variety of sources to identify how services in rural areas can be improved.

7.6.7 Third sector organisations play a key role in supporting the community infrastructure in rural communities and in particular supporting access to services through local transport schemes.

Case Study 21 - Monmouth Young Carers' Project - Provides a support service for young carers (aged 8-18) who look after a parent, grandparent or sibling with a physical or mental illness or disability or who is frail or elderly. It provides advocacy, information and social activities.

Case Study 22 - Menter Cwm Gwendraeth (Carmarthenshire) Bywyd da project - Targets 14-25 year olds who are not fully engaged in mainstream education. The project officer works closely with local schools and youth focused agencies to improve access to services. Through this work they promote the positive emotional well being of young people.

7.6.8 The Rural Health Institute's review on '*Access and service models in rural health*' (2005) highlighted the substantial role played by the third sector in improving access to health services in rural areas. The case studies highlighted difficulties with access to medical services and suggested that innovative models will be required to resolve those difficulties. The findings showed lack of available evidence and highlighted the need for further investigation that could include the sustainability of third sector support to rural health inequalities.

Case Study 23 - Innovate Trust - Has undertaken research into and has promoted physical activity opportunities for people with learning difficulties.

Case Study 24 - Breast Cancer Care - Have run workshops and seminars to raise awareness of breast cancer that are targeted at specific minority ethnic groups to help reduce health inequalities.

Case Study 25 - Ethnic Minority Women's Health Awareness Project, MEWN Cymru - This project aims to increase awareness by changing cultural knowledge and perceptions at both organisational and personal levels. It helps women from minority ethnic background to have greater access to mainstream health providers in Cardiff and Newport. They do this by holding cultural/faith based training to service providers and provide training on general health issues to specific EM groups. They have also produced a booklet on Accessing Health Services.

7.6.9 Many third sector organisations recognise that in order to provide the best services for their members they need to do so bilingually in line with the recommendations of the Consumer Council's Report on the Welsh Language in the Health Service.

Case Study 26 - GISDA (Caernarfon & Gwynedd) - Offers supported housing for young single people/parents between 16 and 25 who are homeless. Services provided include - counselling, advocacy, housing of floating support, a 24 hour telephone helpline, accredited OCN training and personal advisers (all services are provided through the medium of Welsh and/or English)

7.6.10 Third sector services are shaped by the needs of their service users. Democratic engagement is embedded in the ethos of many organisations with service users being given the opportunity to become actively involved in the running of an organisation alongside using its' services. This engagement could include being a member of the management committee through to volunteering for the organisation. The third sector has the expertise and experience in involving specific communities groups which need to be used by service planners.

Recommendations

6. The third sector's role in engaging with and supporting members of specific communities should be integral to the planning of local and national initiatives to help reduce health inequalities.

7. Health & social care service planning and delivery processes should engage with specific communities in partnership with the third sector.

8. Strengthen the co-ordination and management of third sector services supporting the health needs of people living in rural areas.

Actions

- Identify opportunities to strengthen and co-ordinate third community patient transport schemes in rural and other areas of need.
- Build on evidence to date to strengthen opportunities to support the third sector in addressing health inequalities.
- Establish an alliance of third sector organisations working specifically with these specific groups to share learning, skills and knowledge.
- Identify and share details of services provided by third sector organisations that help to reduce health inequalities.
- Identify opportunities within the new Public Health Strategic Framework for the third sector in supporting specific communities.

7.7 Promoting and Improving Well Being

7.7.1 'One Wales'⁴ is committed to delivering significant improvements in the health of all of the people of Wales. It recognises the need to work harder to improve the well-being of all vulnerable and disadvantaged in Wales who rely heavily on the health service.

7.7.2 In November 2007, the Minister for Health and Social Services agreed that the public health strategic framework, "A Healthy Future" should be taken forward by Task and Finish Groups scoping seven themes. These are:

- Socio-economic, cultural and environmental conditions
- Children and Young People
- Healthy Eating, Food and Fitness
- Health-related behaviours and risk
- Long-term limiting illness

- Mental Health and well-being
- Strengthening local public health delivery

The third sector is represented on the Project Board which is steering development of “A Healthy Future” and on the seven Task and Finish Groups. Extensive public consultation on “A Healthy Future” is planned for April 2009.

Case Study 27 - The All Wales Wellbeing Network - Supports the development and enhancement of the capacity of the voluntary sector to contribute to the wellbeing agenda at a local and national level by establishing an effective framework for communicating with all interested wellbeing non-government organisations, the Welsh Assembly Government and all local health, social care and wellbeing partnerships across Wales. During 2008/9 the Network will be developing a policy integration toolkit to assess impact on well being.

7.7.3 There is a long history of third sector organisations being active in preventing ill health and encouraging individuals to take responsibility for their own health. The Welsh Assembly Government has provided grant funding to third sector organisations to support this -

- **The Health Promotion Voluntary Sector Grant Scheme** - Aims to strengthen national health promotion work in Wales and develop the capacity of national third sector organisations to promote health & well being. This has funded a wide range of projects (since 1999) including ; the development of a Green Gym (a community based environmental improvement programme that promotes physical activity and social interaction); on-going smoking cessation support and network co-ordination and a scheme to develop cycling and walking activities.
- **The Health Challenge Wales Voluntary Sector Grant Scheme** - Aims to develop the delivery capacity and capability within the third sector in Wales, to work in partnership with the Welsh Assembly Government by contributing to its policy priorities, action plans and programmes for promoting health and well-being. Five organisations within the sector are in receipt of funding of over £1.2 million over the three financial years 2008-09 to 2010-11 to deliver a range of projects to improve health and well-being.

Case Study 28 - WRVS Country Cars (Carmarthenshire) - Is run in partnership with the local authority. It is a wellbeing project that adds value to the lives of so many people who would otherwise be unable to leave their homes which could lead to isolation and loneliness.

7.7.4 The WCVA research ‘Health, Social Care and Well-being services provided by voluntary organisations in Wales’³ identified that there are a large variety of services and activities provided by third sector organisations. The survey estimated a total of 2,727 services (but evidence from other sources for suggests that this is an underestimate, with a likely total of local service delivery of around 5,000). From this mapping exercise, the second most common services provided were identified as those that support the general population’s health. These services have a general health improvement or disease prevention aim and includes community groups that have health eating or exercise classes, as well as sport clubs and other leisure clubs that promote exercise.

7.7.5 Historically, the third sector has played a key role in promoting and addressing well being in Wales. It facilitates the exchange of information between people who deliver services and those who receive services. However at times there has been a lack of clarity in defining and measuring ‘wellbeing’ and how the third sector can contribute to improving it.

Recommendations

9. The third sector should be integral to the planning and delivery of wellbeing service across Wales.

Actions

- The local BSB Health & Social Care Facilitators to identify and disseminate the services, and models of good practice, provided by third sector organisations that promote and support well being in Wales.
- Identify opportunities to improve well being through partnership working between third sector organisations and across the third and statutory sectors.
- Support the development of the Wellbeing Network’s policy integration toolkit to help identify the impact of policies on well being.

7.8 Volunteering for Health & Social Care

7.8.1 Volunteers bring considerable value to the every day lives of people and to health & social care services in a variety of ways. They support and enhance services to patients provided by statutory services with little or no cost but significant gains for people, patients and professionals. Evidence also identified the potential impact that volunteering can have on the health and well being of volunteers themselves.

7.8.2 There are a wide range of roles undertaken by volunteers including public and patient involvement, self help groups, home from hospital schemes, information provision, catering, fundraising, befriending through to governance and policy development. What they all have in common is the giving of time to the services and making an invaluable contribution to people and communities -

“The willingness and ability of people to make a voluntary contribution to the life and running of their communities is one of the most important ingredients of community development. This is a process of change in which people work together on shared issues and aspirations in ways that enhance learning, encourage participation and improve the general quality of life.” Welsh Assembly Government, Voluntary Sector Scheme

7.8.3 The *Building Strong Bridges* mapping of ‘Health, social care and well being services’³ provided by voluntary organisations in Wales’ identified that of the estimated 120,000 people that are involved in providing voluntary sector health & social care services the majority of these are volunteers and they provide the equivalent of nearly 30,000 full time posts. The added value of the social capital provided from these volunteers has a positive impact upon the health and well being of the wider community both in an economic and physical sense.

7.8.4 *The BSB Volunteering for Health Research Report*²² identified that volunteers make a significant contribution to health and social care services in Wales in a variety of ways. The research found that volunteers support and enhance existing services, provide alternative solutions and approaches to health & well being and contribute to the improvement of public health through health promotion initiatives. It also provided evidence that volunteering for health & social care is ongoing across Wales primarily in the secondary health and social care sectors. Less evidence was found of active volunteering within the primary care sector. The research concluded that the interest and enthusiasm for volunteering amongst health professionals and volunteers alike demonstrates that there is scope to support further development of volunteering in health in Wales.

7.8.5 There is a long tradition of volunteering in secondary care within NHS Trusts recognising that it is often a friendly face or an act of kindness that can make a real difference to a patient. Some NHS Trusts across Wales have made further investment in volunteering schemes recognising that they help support and improve the patient experience both within and outside of the hospital. To help take this forward in

a more co-ordinated way across Wales an All-Wales Network of NHS officers with responsibilities for volunteering has been established to support collaborative working and the sharing of good practice in volunteering for health across Wales. The Network has produced (June 2008) a Toolkit of good practice that includes a model Volunteer Policy as well as information on training & role descriptions for volunteers.

Case Study 29 - Volunteering in Abertawe Bro Morgannwg University (ABM) NHS

Trust - In December 2005 the Trust made a successful application to the Big Lottery Fund for a grant to support an initial 3 year project to explore the benefits and effects of introducing volunteers alongside nursing and medical staff. The first phase evaluation has commenced with early indications showing a positive response from staff, volunteer and patient perspectives. In addition the Trust will be working with national and local partners across Wales to promote the value of volunteering. For example developing links to education to promote volunteering for young people and a lead role in the development of an All-Wales NHS Trust Volunteers Forum.

7.8.6 Building Strong Bridges supported the evaluation of four volunteering initiatives (Red Cross 'Home from Hospital Scheme', Age Concern's 'Hospital Discharge Scheme', Wales Council for the Blind's volunteer support project at hospital eye clinics and a mental health befriending scheme established by Gofal Cymru). The findings demonstrated evidence that volunteering for health & social care can help address the strategic agenda including delayed transfers of care and readmissions. It can also help play an important role in supporting patient care, building strong partnerships and optimising service delivery.

Case Study 30 - Volunteering in North West Wales NHS Trust The Welcome Desk is a partnership between the Trust, WRVS and Red Cross and is supported by many other third sector agencies, local statutory bodies and has over 70 volunteers. The desk is there to provide a place of information and direction to services available within the Trust and the wider health and social care world. The project is dedicated to offering a framework of training for all who offer their services. Part of the training will be delivered by WRVS as part of their volunteer policy. Customer Care training is delivered by Coleg Harlech. Each Volunteer is given the full Trust induction package of training.

7.8.7 An important aspect of many NHS organisations are the services provided by third sector organisations through their volunteers particularly the WRVS, Red Cross and Attend. There are over three hundred WRVS groups and seventy six Attend groups in Wales that provide shops and canteens, or trolleys supplying selling small items and supporting services such as 'Meals on Wheels'. The BSB mapping exercise identified that the profits are used for the benefit of the patient or service users.

7.8.8 Volunteering is not only good for the community but it can also make a positive impact on the volunteer's physical and mental health. It can help to rebuild confidence levels through taking up new challenges, learning new skills and meeting new people.

Case Study 31 - New Horizons Mental Health Resource Centre (RCT) - Has a long history of encouraging service users to volunteer in all aspects of the running of the organisation. Qualitative feedback from the service users, who have become volunteers, is that becoming a volunteer was a stepping stone that helped them rebuild their confidence and supported them to go on to volunteer with other organisations and to undertake training courses both within the organisation and in the community.

7.8.9. The Welsh Assembly Government's '*The third dimension*' - A Strategic Action Plan for the Voluntary Sector Scheme' identifies volunteering as crucial as a means for citizens to contribute to a better society and that the catalytic nature of third action acts as a spur to sustainable community development.

Case Study 32 - Community Service Volunteers RSVP Programme - Encourages the growing number of those aged 50+ to volunteer in their local area. RSVP groups seek to reflect the communities from which people volunteer and encourage volunteers from all community groups CSV believe that volunteering not only helps communities but directly benefits the volunteer.

7.8.10 *The Russell Commission Report*²⁶ identified that more needed to be done to encourage young people to volunteer. In Wales this included an initial allocation of £1 million per annum (2006-2009) to take forward the recommendations to build on and share existing good practice, to target resources at the hardest to reach young people, and to create capacity in organisations to offer more and better quality volunteering opportunities for young people. This year, a youth-led partnership has been formed ("GWIRVOL"), made up of young people, and representatives from public, private and Third sector organisations with an interest in developing youth Volunteering initiatives. GWIRVOL will be the mechanism to take forward the recommendations in the future.

Case Study 33 - Robins Scheme - The Ward Volunteer Scheme operated by Conwy & Denbighshire NHS Trust (set up in 2004) now has around 135 ward-based volunteers, (nick-named “The Robins” because of their distinctive bright red polo shirts). Forty Millennium (16-25 years old) volunteers have been recruited as volunteers since 2004. They bring a whole new dimension to their approach to patients and as many of them are potential healthcare staff, they gain a huge amount of knowledge and experience from volunteering in this environment. They also bring a youthfulness to the wards where older patients are and can relate more closely with younger patients as well.

7.8.11 The current and potential value of volunteering for health & social care is starting to be more fully recognised particularly in light of the demands that demographic changes will bring. How it supports the strategic agenda and where the added value is needs to happen in a more co-ordinated and integrated way across Wales.

Recommendations

10. Increase numbers of volunteers in health and social care to help address the impending demographic demands.

11. Develop volunteering for health & social care in a more coordinated and integrated way linked within workforce planning for primary, secondary, community & social care services.

Actions

- Develop a national Volunteering for Health Programme and Strategic Framework across primary, secondary and the social care in the community
- Support the All Wales NHS Volunteering Network to develop and share best practice across Wales.
- All NHS bodies to identify a lead Director and dedicated third sector manager to develop and support a Volunteer Policy and service standards for volunteering (e.g. Investors in Volunteering).
- Strengthen consistency and coordination through the dissemination of the All Wales NHS Volunteering Network toolkit of good practice for Volunteering in Health & Social Care.
- Develop performance measures to monitor the impact of volunteering and the added value of volunteers.
- Support the development of the Volunteer Passport to increase the sharing of volunteers across organisations
- Establish and maintain a national portal for sharing models of improvement in volunteering.

7.9 Developing Social Enterprises in Health & Social Care

7.9.1 'One Wales'⁴ vision is of a Wales where there is a strong and enterprising economy and full employment based on quality jobs. There is a commitment to encouraging and stimulating enterprise and support for companies to grow and invest.

7.9.2 The Welsh Assembly Government's *Social Enterprise Strategy for Wales*²³ and its' Action Plan set out its commitment to supporting the growth and development of social enterprise. They define social enterprise as 'A business with primarily social objectives whose surpluses are principally reinvested for that purpose in the business or in the community, rather than being driven by the need to maximise profit for shareholders and owners'. The aims are:

- The creation of an environment that encourages new social enterprises and capitalises on opportunities for growth
- The establishment of integrated support for the sector involving mainstream and specialist agencies leading to;
- The creation of a thriving social enterprise sector in Wales

7.9.3 The key priorities for the Social Enterprise Strategy have been to date: access to finance; procurement and asset development. The Welsh Assembly Government is keen to promote social enterprise as an effective service delivery model across departments because of its 'triple bottom line' of social, economic and environmental benefits. Social Enterprises already effectively deliver a range of services including recycling, childcare, community transport, crime prevention measures etc.

7.9.4 Consideration is being given to how best to implement the findings of the *Quirk Review* to encourage the management and ownership of public assets²⁴ by communities and social enterprises in Wales. The Welsh Assembly Government is committed to empowering communities and acknowledges that by optimising the use of public assets can bring about opportunities for community development and sustainable funding.

7.9.5 For health and social care organisations social enterprises offer the opportunity to deliver high quality services in ways that are flexible, non-bureaucratic and have the potential to deliver good value for money and reinvestment into the local community. The added value this brings should be considered as not only financial, but also the wider impact on social capital.

Case Study 34 - Rhymney Cancer Self Help Group (Helping Hands) - Rhymney Cancer Self Help Group (Helping Hands) was originally formed in 1995 when four local residents who were all cancer patients decided to get together to improve the provision of equipment in the communities of the Upper Rhymney Valley. In 2005, the group approached the Wales Co-operative Centre to become a co-operative company limited by guarantee. The group is now a thriving charity which has over £100,000 worth of equipment which it loans to cancer patients and disabled people to enable them to stay in their own homes. Equipment is also loaned to district nurses and social services. It also has a vehicle to drive people to hospital appointments all over South Wales. The vehicle is partly sponsored by the local pub which holds a weekly quiz to raise the money. Thirty volunteers help staff the shop whilst a further six volunteers are drivers. The charity receives no grants but is funded entirely by donations.

7.9.6 The Department of Health has identified pathfinders to lead the way in delivering innovative health and social care social enterprise services and allocated revenue and capital funding and a resource pack to support the establishment of social enterprises.

Case Study 35 - Nightingale House Hospice, Wrexham - In February 2005 Nightingale House Hospice were invited to participate in a social economy/social enterprise assessment by Wrexham County Borough Council. Early discussions identified the reason for including the hospice within this group such as -the hospice provides services for the local community, it provides both employment opportunities and opportunities for volunteers to develop experience, knowledge and skills to enable volunteers to move on to paid employment and funds raised by the charity are reinvested to sustain or develop services for the local community.

7.9.7 There are already a small number of third sector organisations that run social enterprises that include projects to improve health & social care and further actions are needed to support their development.

Recommendations

12. Develop and support a vibrant social enterprise sector in health and social care in Wales.

13. Establish monitoring and research plans to underpin social enterprises in health & social care.

Actions

- Identify opportunities to encourage partner organisations to provide start-up support to emerging and existing social enterprises in the health and social care sector with a view to their sustainability.
- Support the Wales wide mapping of social enterprises and disseminate the models of identified good practice in health & social care from this.
- Develop a network, website and tools for social enterprises in health and social care across Wales.

7.10 Integrated Services and Workforce Planning

7.10.1 It is estimated that at least 129,967 people are involved in providing services through the third sector in Wales³. Although the majority of these are volunteers (72 percent) there are 30,000 paid staff and 5,400 trainees. Overall, these people contributed the equivalent of at least 29,943 full time posts - this would equate to over £3 million per annum at the minimum wage and for 37 hours per week.

7.10.2 The NHS in Wales is a people intensive service with 91,000 directly employed NHS staff and over 10,000 staff in primary care.²⁵ Social Services in Wales employ over 70,000 people.¹⁰

7.10.3 'Designed to Work' the Welsh Assembly Government Strategy²⁵ to address the future needs of workforce planning aims to ensure that '*the right staff, with the right skills, are doing the right jobs*' in an efficiently planned and managed service'. This underlines the need for working across organisational boundaries, involving social care and engaging with the third and independent sectors.

7.10.4 As part of 'Making The Connections' Public Service Management Wales (PSMW) is working to support and help build the capacity of managers and leaders across the public sector in Wales. Integrated workforce planning needs to be part of the local service planning approaches. NLIAH has developed an integrated workforce planning system for the NHS.

7.10.5 There appears to be a gap between the third and statutory sectors with little joint training and shared learning. In many localities staff from both sectors work in silos with little evidence of joint workforces and limited opportunities for secondments across the sectors.

7.10.6 There are some examples of joint training developments across the sectors including the *Sector Qualification Strategy* being undertaken by Skills for Health. The strategy for the health sector will outline the vision for the future of vocational qualifications and learning needed by health sector employers for their existing and future employees.

7.10.7 The Welsh Assembly Government's Health Wellbeing and Local Government Committee has undertaken an Inquiry into workforce planning in health and social care. The report was issued March 2008 and the recommendations focus upon improving the engagement of the third and independent sectors in workforce planning.

7.10.8 The BSB *Volunteering for Health Research*²² highlighted the need to change patterns in workforce delivery to cope with the demands of a changing demographic picture with an increasing elderly population increasingly with chronic conditions. Demographic trends in Wales indicate that it is likely that there will be fewer people in the workforce to support health and social care services. This is of concern and therefore opportunities for more sustainable solutions building upon third sector volunteer resources need to be considered.

7.10.9 Evidence from *the BSB Volunteering in Health research*²² also suggests that involving volunteers is an effective way to recruit staff into health and social care in Wales. The ageing population could potentially lead to an increased 'pool' of retired people to recruit as volunteers with the time and the motivation to volunteer in health & social care. Aintree Hospital, in Liverpool, has an in-house volunteering project that has strong links with a local higher education college where prospective candidates for the nursing and midwifery school are strongly recommended to go to gain some understanding of health care prior to their entrance. Its' scheme provides the students with a window into health care and become familiar with the environment. The volunteer scheme gives the students structured and supervised time in clinical environments with a certificate on completion of 100 hours.

7.10.10 Scotland has a Voluntary Sector Social Services Workforce Unit, based within Volunteer Development Scotland. The Unit supports and promotes the development of the third sector social services workforce. It has links with many small and medium sized third organisations and has established a network to optimise collaboration by providing a forum to share ideas, knowledge and good practice and providing input on consultations and working groups.

Case Study 36 - M1 Project (Monmouthshire) - This scheme helps new employees meet the requirements of their post; to adapt to the working environment and ensure they perform as effective team members. It pulls together relevant social care and legal requirements for staff and weaves it into training, includes a supervised induction programme underpinned by a training and development pathway; training needs analysis and access to free core training. There are also personal development portfolios in place to demonstrate individual learning and highlight career progression routes. The partnership model works in such a way that staff from across the sector, including public, private and third sector services have access to and ownership of the same training and access to funding.

Case Study 37 - Cwm Taf NHS Trust - Actively involves mental health service users in the recruitment of mental health staff (nurses and doctors). This project has been managed in partnership with Interlink (RCT County Voluntary Council) and local mental health third sector organisations.

7.10.11 Chronic Conditions Management workforce issues and implications were raised at workshop events held with WCVA, Health and Social Care providers and the Joint Professional Forum. The responses together with other relevant evidence are being processed and analysed to inform what strategic changes may be necessary to support a changing workforce.

7.10.12 With increasing demand for services and support in the community there is potential for this to outstrip supply in the near future. Alternative and more sustainable models of workforce planning incorporating the third sector, volunteering and increased support for carers will be necessary.

Recommendations

14. Ensure the third sector is integral to future workforce planning including training of the statutory health & social care workforce.

15. Strengthen the skills of the third sector to support health & well being.

Actions

- Local workforce plans should include the third sector.
- Joint training and recruitment programmes should be established to share skills and expertise.
- Identify opportunities to encourage the sharing of premises and other resources between the sectors
- Encourage links between volunteering projects and education & training providers.

7.11 Reducing Hospital Admissions and Improved Discharge

7.11.1 People being discharged from hospital are entitled to expect and receive a smooth transition from one stage of care to the next. A lack of co-ordinated planning for hospital discharge could lead to poor outcomes for patients or inappropriate readmission to hospital.

7.11.2 A recent in patient census by the Wales Audit Office stated that 70% of patients were admitted as emergencies, with 35% of admissions at week ends and 29% admitted out of hours .They also reported that 50 % of patients admitted to hospital had no support prior to admission and 50% reported that they self manage on discharge. The likely post discharge support identified in the census included social services, self management (including expert patient programmes), community and specialist nursing and care services, re-ablement services and palliative care as well as a range of services provided by the third sector.

Case Study 38 Twilight Service (Carmarthen) - Aims to prevent hospital admissions from A&E and enable earlier discharge home. Targeting the 50+ age group the service provides integrated support for older people across the county, by employing a project lead and two care support workers whose role will be to enable the older person to be discharged from A&E and to 'self care' at home. The average number of patients supported is two per night.

7.11.3 The third sector has an important contribution to make in supporting the intermediate care needs of people leaving hospital. This is particularly relevant providing day-to-day help, enabling people to return to independent living.

7.11.4 A recent review identified a wide range of third sector organisations that work with the NHS Trusts in helping to support delayed transfers of care and preventing admissions. This includes volunteer led 'Home from Hospital services' that provide support to patients and their families on discharge from hospital and support to maintain the home environment and provision of a range of equipment for loan including wheelchairs. The review indicated that there are differing approaches to working with the third sector across the Trusts included having no formal arrangements through to one third sector organisation being awarded contracts circa £1 million plus over a period of five years. It would appear that long term contractual arrangements are rare and that in spite of this many of the third sector organisations have been resourceful in supporting hospital discharge and delayed transfers of care. It was unclear if the work of the third sector in supporting hospital discharge and delayed transfers of care is fully valued by the NHS Trusts and where there were arrangements in place there appears to be little monitoring and evaluation or sharing of good practice. Further effort is therefore needed to help address this.

Recommendations

16. Strengthen the co-ordination, management and monitoring of services supporting reduced admissions and effective discharge with the third sector.

Actions

- Identify a more co-ordinated and integrated approach to the service planning and delivery of third sector support services eg Home from Hospital schemes, equipment and transport services across Wales.
- Undertake and disseminate the findings from research to evaluate the economic value and impact of the third sector schemes including the benefit to patients and carers, as well as on the length of stay in hospital and early discharge.
- Map the outputs & resources and disseminate & share current good practice from across the third sector.

7.12 Research and Development

7.12.1 The Welsh Assembly Government aims to ensure that policy and practice in health and social care in Wales are underpinned by evidence, for the benefit of the patients and the public.

7.12.2 The Wales Office of Research and Development for Health and Social Care (WORD) develops policy on Research and Development (R&D), commissions and funds R&D activity and contract manages projects and initiatives to reflect the health and social care priorities of the Welsh Assembly Government. WORD will be producing a *Health & Social Care Research & Development Strategy* in 2009 and will continue to explore opportunities for partnership working with the third sector within this.

7.12.3 WORD has launched a Wales-wide research infrastructure, Clinical Research Collaboration for Wales (CRC Cymru) and has recently commissioned nine new thematic research networks, a number of support services and methodology groups and a central co-ordinating centre. As part of the Co-ordinating Centre there is a service user involvement network which is responsible for recruiting and training fifty patients, carers and service users to actively engage in the research process. This is hosted by the WCVA -

The Wales Equality and Diversity in Health and Social Care Infrastructure Service (WEDHS) is funded by WORD as part of the Clinical Research Collaboration (CRC Cymru). As part of its funded activities, WEDHS manages a Joint Initiative Funding Scheme. The purpose of this scheme is to enable Black and Minority Ethnic (BME) patients, service users, community groups, and the public to be in the driving seat when it comes to making improvements to their health and wellbeing. It provides financial backing, guidance and advice for people who belong to a local or regional community organisation to take action on a pressing health-related issue in their local area. This scheme supports WEDHS' public and patient research programme

7.12.4 The Welsh Assembly Government has commissioned research through the All Wales Alliance for Research and Development in Health and Social Care (AWARD) to map the range and impact of third sector initiatives across the pathway of care for people living with chronic conditions. The research will also identify models of good practice that demonstrate partnership working, sustainability and transferability to other settings. This work will help identify opportunities to strengthen third sector collaboration and future service planning and delivery to support better care for service users.

7.12.5 Wales Council for Voluntary Action Research Unit is a key partner in addressing this aim through the provision of accurate, up to date and useful information for the third sector in Wales, enabling people to put the case for the third sector effectively. The Research Unit also facilitates a Research Network that supports and develops research by the third sector. There are around 140 people/organisations in the network, working in the third sector, academia, government etc, all involved in or interested in research within or about the third sector. WCVA has also compiled a Research Directory, detailing research interests of members of the Research Network, providing a database of research information for the third sector.

7.12.6 The third sector also help to fund programmes of research and disseminates the findings to influence change in policy and practice including The Joseph Rowntree Foundation.

7.12.7 The Big Lottery Fund is increasingly requiring grant recipients to put in place evaluation proposals as a term and condition of a grant. The *'Way of Life'* and *'Mental Health Matters'* programmes provide recent examples of this approach.

7.12.8 Determining the effectiveness and added value of different interventions is not always easy to quantify. Although there are examples of research and development into third sector initiatives in health and social care these need to be more fully evaluated where possible to help demonstrate more equitably the contribution, effectiveness and added value of the third sector in Wales. This should be used to help support the evidence base for the service planning and delivery of future services.

Recommendations

17. Research and development should help demonstrate the contribution and added value of the third sector in Health & Social Care in Wales.

18. Lessons drawn from other regions should be disseminated and used to inform the service planning and delivery of future services

19. Monitor and evaluate actions identified to support the delivery of *Designed to Add Value - a third dimension*.

Actions

- Identify and support research opportunities to strengthen the work of the sector in addressing the strategic agenda for Health & Social Care in Wales.
- Disseminate and act upon the findings from the AWARD research on the role of the third sector in the care pathway for chronic conditions
- Support the active engagement of the third sector in the research infrastructure networks
- Future funding from the Welsh Assembly Government to the third sector to deliver health & social care related activities, should include a requirement to evaluate activity either through external or self evaluation.

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BSB Health & Social Care Facilitators

| | | |
|---|---|---|
| <p>Anglesey</p> <p>Ann Perkins Medrwn Mon CVC Shire Hall, Glanhwfa Road, Llangefni Ynys Mon LL77 7TS</p> <p>Email: ann@medrwnmon.org.uk</p> <p>Tel: 01248 724944 Fax: 01248 750149</p> | <p>Blaenau Gwent</p> <p>Kate Thomas GAVO Education Centre Festival Park Shopping Village Victoria Ebbw Vale NP23 8FP</p> <p>Email: Kate.Thomas@gavowales.org.uk</p> <p>Tel: 01495 306602 Fax: 01495 307953</p> | <p>Bridgend</p> <p>Jackie Williams BAVO 10 Park Street Bridgend CF31 4AX</p> <p>Email: jackie.williams@bavo.org.uk</p> <p>Tel: 01656 651929/01656 647255 Fax: 01656 647312</p> |
| <p>Caerphilly</p> <p>Susanne Maddax GAVO The Old Nursery School Mountain Rd, Bargoed CF81 8GQ</p> <p>Email: Susanne.maddax@gavowales.org.uk</p> <p>Tel: 01443 863540</p> | <p>Cardiff</p> <p>Vacant Post Voluntary Action Cardiff 3rd Floor Shand House Fitzalan Place Cardiff CF24 0BE</p> <p>Email:</p> <p>Tel: 02920 662591/02920 485722 Fax: 02920 464196</p> | <p>Carmarthenshire</p> <p>Debbie Bence CAVO Ty Carwyn 3 St Peter's Place Carmarthen SA31 1LN</p> <p>Email: mariann@cavs.org.uk</p> <p>Tel: 01267 236367 Fax: 01267 239933</p> |
| <p>Ceredigion</p> <p>Lynne McTighue CAVS Bryndulais 67 Bridge Street Lampeter Ceredigion, SA48 7AB</p> <p>Email: lynne.mctighue@ceredigionlhb.wales.nhs.uk</p> <p>Tel: 01570 424525/01570 423232 Fax: 01570 422427</p> | <p>Conwy</p> <p>Colette Neal CVSC 8 Riviere's Avenue Colwyn Bay Conwy LL29 7DP</p> <p>Email: coletteneal@cvsc.org.uk</p> <p>Tel: 01492 523850/01492 534091 Fax: 01492 535397</p> | <p>Denbighshire</p> <p>Lindsay Haveland DVSC Naylor Leyland Centre, Well Street Ruthin Denbighshire LL15 1AF</p> <p>Email: lindsay@dvsc.co.uk</p> <p>Tel: 01824 702441 Fax: 01824 705412</p> |

| | | |
|---|--|---|
| <p>Flintshire</p> <p>Ann Roberts FLVC The Manse Tyddyn Street Mold Flintshire CH7 1DX</p> <p>Email: Ann.Roberts@flvc.org.uk</p> <p>Tel: 01352 755008 Fax: 01352 755490</p> | <p>Gwynedd</p> <p>Sioned Larsen Mantell Gwynedd 24-26 Stryd Fawr Caernarfon Gwynedd LL55 1RH</p> <p>Email: sioned@mantellgwynedd.com</p> <p>Tel: 01286 672626 Fax: 01286 678430</p> | <p>Merthyr Tydfil</p> <p>Sharon Richards VAMT Voluntary Action Merthyr Tydfil 89-90 High Street Merthyr Tydfil CF47 8UH</p> <p>Email: Sharon.Richards@vamt.net</p> <p>Tel: 01685 353900 Fax: 01685 353909</p> |
| <p>Monmouthshire</p> <p>Louise George GAVO Holly House Llancayo Court USK NP15 1HY</p> <p>Email: Louise.geroge@gavowales.org.uk</p> <p>Tel: 01291 672352 Fax: 01291 672352</p> | <p>Neath Port Talbot</p> <p>Tracey Roberts-Jones NPT CVC Ty Margaret Thorne 17-19 Alfred Street Neath Port Talbot SA11 1EF</p> <p>Email: tracyr@nptcvs.org.uk</p> <p>Tel: 01639 631409/01639 631246 Fax: 01639 646947</p> | <p>Newport</p> <p>Gerald Jones GAVO Ty Derwen Church Road Newport NP19 7EJ</p> <p>Email: gerald.jones@gavowales.org.uk</p> <p>Tel: 01633 2415502</p> |
| <p>Pembrokeshire</p> <p>Michelle Copeman Pembrokeshire Association of Voluntary Services 36-38 High Street, Haverfordwest Pembrokeshire SA61 2DA</p> <p>Email: michelle.copeman@pavs.org.uk</p> <p>Tel: 01437 769422 Fax: 01437 769431</p> | <p>Powys</p> <p>Trish Buchan PAVO Marlow South Crescent Llandrindod Wells Powys LD1 5DH</p> <p>Email: trish@pavo.org.uk</p> <p>Tel: 01597 822191 Fax: 01597 828675</p> | <p>Rhondda Cynon Taff</p> <p>Ann Philpott Interlink Maritime Offices Woodland Terrace Maesycoed Pontypridd CF37 1DZ</p> <p>Email: aphilpott@interlinkrct.org.uk</p> <p>Tel: 01443 485337 Fax: 01443 486107</p> |

| | | |
|---|--|--|
| <p>Swansea</p> <p>Amy Meredith Swansea CVS Third Action Centre 7 Walter Road Swansea SA1 5NF</p> <p>amy_meredith@scvs.org.uk</p> <p>Tel: 01792 544000 Fax: 01792 544037</p> | <p>Torfaen</p> <p>Pat Powell and Lynne Howles GAVO Portland Buildings Commercial Street Pontypool Torfaen NP4 6JS</p> <p>pat@torfaenthirdalliance.org.uk Tel Pat Powell: 01495 745165</p> <p>lynne@torfaenthirdalliance.org.uk Tel Lynne Howles: 01495 756646</p> | <p>Vale of Glamorgan</p> <p>Margaret Reid Vale Centre for Voluntary Services Unit 11 Barry Community Enterprise Centre Skomer Road Barry CF62 9DA</p> <p>Email: Margaret@valecvcs.org.uk</p> <p>Tel: 01446 741706 Fax: 01446 421442</p> |
| <p>Wrexham</p> <p>Janet Williams AVOW 21 Egerton Street Wrexham LL11 1ND</p> <p>Email: janet.williams@avow.org Email: hf@avow.org</p> <p>Tel: 01978 312556 Fax: 01978 263980</p> | <p>National Facilitator</p> <p>Sarah Timmis WCVA Baltic House Mount Stuart Square Cardiff CF10 5FH</p> <p>Tel: 029 2043 1742 Fax: 029 2043 1706</p> | <p>Welsh Assembly Government</p> <p>Janet Whiteman Community & Voluntary Sector Strategy Health Policy Advisor DHSS Cathays Park Cardiff CF10 3NQ</p> <p>Janet.whiteman@wales.gsi.gov.uk</p> <p>Tel: 029 2082 1638</p> |

Appendix 2

Directory of case studies (contact details will be on the Building Strong Bridges website-www.buildingstrongbridges.org.uk)

1. British Red Cross
2. Crossroads
3. Age Concern
4. Pontypool Pacers
5. Kick Start
6. The Alzheimer's Society
7. Car Linc Project
8. FoRus
9. Mental Health Advocacy
10. Conwy Service planning and delivery
11. DAWN
12. RCT Healthy Governance toolkit
13. LTC Alliance
14. Diabetes UK
15. Depression Alliance
16. Hafal
17. Terrence Higgins Trust
18. Arthritis Care Cymru
19. A Guide to services, RCT
20. Swansea single homeless project
21. Monmouth Young Carers
22. Menter Cwm Gwendraeth
23. Innovate
24. Breast Cancer Care
25. MEWN Cymru
26. GISDA
27. Well being Network
28. WRVS
29. ABM NHS Trust
30. NWW Trust
31. New Horizons, RCT
32. RSVP-CSV

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33. Robins Scheme
 34. Rhymney Valley Cancer Self help group
 35. Nightingale House
 36. Monmouth M1 project
 37. Cwm Taf NHS Trust
 38. Twilight project Carmarthen