

**Third Sector Research Forum
Minutes
Monday 30th January 2012
St Andrews House**

Present

Geoff Pope, SG
Kay Barclay, SG
Jenny Long, SG
Dave Cruickshank, SG
Stephen Osborne, Edinburgh University
Ruchir Shah, SCVO
Sandy Watson, SE
Duncan Thorp, SES
Gillian Miller, Big Lottery Fund
John Lee, VDS
Jonathan Coburn, Social Value Lab
Mike Woolvin, SAC
Patricia Lozano- Casal, ESS

Apologies

George Eckton, COSLA
Carolyn Sawers, Big Lottery
Steven Marwick, ESS
Linda Boyes, ACOSVO
Jane Holligan, OSCR

1) Welcome and Introductions

Geoff welcomed the group and noted the change in direction of the forum to a policy theme approach whilst still functioning as forum that will meet to share research activity and findings.

2) Summation of the health and social care briefing paper

Feedback from Laura Major on production process (Kay Barclay)

Kay highlighted the excellent job that Laura had done to a very tight timescale; involving intensive reading and analysis of a vast amount of data and evidence; covering an area that was entirely new to her and writing up a high quality paper in an appropriate style.

She noted the risk in taking on an intern with limited knowledge of the third sector area but that Laura had got quickly up to speed.

The main challenges to consider in future are **time** and **capacity** required to do a paper due to the volume of literature that must be read and analysed.

She also noted that the forum's role in the exercise had been quite limited and their input was largely through a) identifying some literature and b) through their discussion of the issues in the workshop. However, the bulk of the work had been done by Laura (with input and support from Kay).

It was generally agreed that Laura had also produced a useful paper summarising the state of the evidence base and highlighting the most robust evaluative examples.

The forum as a whole was extremely positive and felt that it had been a useful exercise and one that could be repeated in future.

Key factors in the success of the work were:

- Ensuring that the work was linked to an outcomes focus
- Linking the work to timely policy events to ensure that it would have an audience
- Having an analytical and critical approach
- Offered a balanced perspective: although promoting the benefits of working with the third sector it also noted some of the challenges and the barriers
- Was also honest about the limitations of the evidence base.

Areas for improvement

- Tighter focus of the brief (very broad topic area and not clear where the boundaries lie)

Policy Feedback from Jenny Long (Health and Social Care Directorates)

Jenny Long gave very positive feedback on the paper and noted that it had been very well received by the Quality Alliance Board (QAB).

She explained how the paper fed into policy work in the Health and Social Care Directorates. The paper had been used to support the work of the QAB in delivery of the NHS Quality Strategy. This included work that Jenny was doing to review how Government can improve engagement with the third sector to enhance health outcomes.

Following on from this the QAB endorsed three short-term actions to support longer-term change :

1. Develop and implement an accessible resource to improve mutual understanding of public and third sectors, and promote the benefits from working with the third sector.
2. Increase engagement between key NHS Board members, including Chief Executives, Chairs and Non-Executive Directors, and the third sector beginning with facilitated dedicated sessions throughout the year.
3. Develop, test and spread use of Community Benefit Clauses within the NHS.

The full recommendation report from the Quality Alliance Board Working Group to which the Evidence Briefing Paper was annexed is attached below.

Jenny also emphasised the importance of the larger context of Christie Commission which identifies an increasingly important role for the third sector around the four pillars of reform (people, prevention, partnership and performance)¹.

The following points were made:

- The style, layout and content of the document was appropriate for the audience: the Quality Alliance Board and health policy officials, and well received by it (Derek

¹ See *Renewing Scotland's Public Services - Priorities for reform in response to the Christie Commission* <http://www.scotland.gov.uk/Publications/2011/09/21104740/1>

Feeley, DG Health and Social Care and Chief Executive NHSScotland, was particularly positive and drew attention to the importance of different types of evidence not just economic impact data)

- Covered both quantitative and qualitative research and critically evaluated it.
- Drew attention to the importance of analytical approach
- Lay out was good, especially the clear links to the Quality Outcomes
- Length – perhaps a little long (the shorter the better for a policy audience)

Jenny suggested there could now be scope to build on this work for example by focussing on one particular aspect in greater depth and this could be of use to Chief Execs in Health Boards.

Dissemination

Jenny highlighted importance of getting the paper disseminated to the right people to ensure that it falls into their hands and they pay attention to it. A big challenge is getting Chief Execs of Health Boards. Kay noted that there may be an opportunity to attach to another briefing that Gareth Allen is circulating to Health Boards.

Update

The paper has been published on Third Sector Division's website <http://www.scotland.gov.uk/Topics/People/15300/ThirdSectorHealthandSocialCare>

and the Joint Improvement Team Scotland's website.

<http://www.jitscotland.org.uk/action-areas/reshaping-care-for-older-people/community-capacity-building/community-capacity-building-resources/>

3) Research Forum: Forward planning

There was discussion around whether the Forum would do a second paper covering another policy area or theme. The following suggestions for future papers were made:

- Prevention/ preventative spend (to address what evidence says in relation to the assumptions around prevention and challenges associated, how to measure and evaluate it)
- Co-production
- Innovation in service delivery
- Low Carbon Economy – and how the third sector fits in
- Rural third sector
- Personalisation
- Role of third sector in culture, sport and health
- Employability
- Developing markets
- Social Finance
- Reducing Reoffending Change Fund

Clearly, there is no shortage of ideas however the challenge is in finding the time and resources to take these forward (see later).

In relation to the Reducing Reoffending Change Fund, a briefing paper would help to support work in this area with colleagues in Justice to be produced by May. Kay and Geoff will take

this forward with support from forum members, Patricia from ESS, Gillian from Big Lottery and Ruchir from SCVO.

It was also suggested that it would be helpful to look at cross governmental agendas (Public Service Reform Board).

Action point- Kay and Geoff to take forward the Community Justice work; Kay and Geoff to follow up on cross governmental priorities with Gareth Allen and Cross Directorate Group

Update: Kay and Geoff are working with the Robertson Trust, ESS and Big Lottery to take this forward. First meeting to take place on 13th March.

4) Resources

The forum discussed how best to resource doing more of this type of work given work loads and time limitations. Research interns / research students hosted by forum members' organisations over the next year might be a possible solution. Members identified their existing plans that might be helpful:

1) SCVO (Ruchir Shah) is hosting a post MSc internship student (in conjunction with a Norwegian University) to do some research on the contribution of third sector to the economy. The exact focus is yet to be finalised but there would be scope for linking in with this work and it's output.

2) Scottish Enterprise also host interns throughout the year. Sandy Watson has advertised for a third sector project without success. Any theme here would need to have a business element to it.

2) Stephen Osborne can apply for funds from The Knowledge Exchange Transfer Team at Edinburgh University for small research projects (to be conducted by a researcher at the University that Stephen would nominate) so long as the topic is relevant to university research interests. Stephen will pursue this to fund a paper on co-production.

Action point: Members to pursue internship possibilities and feedback to the forum.

Update: Stephen is exploring some money for a paper on "co-production"; Gillian Miller is exploring the option of getting an intern into Big Lottery.

5) Collaborative approach to developing a Strategic Research Programme

Kay introduced the SG proposal to take forward a collaborative approach to research planning and delivery. The Local Governance and Reform Analytical Unit in SG (where Kay is based) are aware of potential in developing stronger partnerships with key third sector stakeholders, researchers and academics to work together to identify research questions and priorities and identify collaborative solutions to conducting and resourcing research projects. She asked the forum if they felt there would be merit in developing collaborative approaches over and above what is already happening within the forum, and if members were interested in being involved. She explained that the approach would involve making links with the right people and then inviting them to a workshop (or series of workshops) at some point this year.

The forum were broadly supportive of the principle. The following points were raised in the discussion:

- Important to be aware of the difference between research that covers generic third sector issues and research on specific themes in which third sector plays a role but where it is not the specific focus of study. Danger of the work slipping into the latter area
- Would prefer to keep the forum as it is now and not increasing the membership so not something that members could see the current forum developing into as felt it would be too unwieldy.
- Understood the desire to make linkages with academia but doubted academics would want to attend research forum meetings.
- A number of existing collaborations were identified (listed below) and it was evident that there is scope to embed and align with existing work rather than starting anew.
- Another suggestion would be to use the research forum as a “core” and make links to a broader group of stakeholders and researchers.

Existing / developing collaborations:

1) **CEiS and Hunter Centre for Social Innovation** (Jonathan Coburn) are establishing a research collaboration to bring together research expertise in order to tackle intractable social problems in Scotland, and address the big public service challenges; and to use a stronger evidence base to kick start new approaches.

This is currently in the design phase; the aim is develop the evidence base in a collaborative way through Knowledge Exchange and by bringing partners in on a project by project basis (both researchers based in universities and others with direct links into the third sector).

There is scope for SG to link in with this work.

Action point: Kay and Geoff to follow up with Jonathan

2) **TSRC- SCVO research conference (Stephen Osborne and Ruchir Shah)** is planned for autumn 2012 could provide an opportunity to develop or launch SG involvement and provide a venue for an initial workshop as many researchers and academics with Scottish third sector interests will be present.

Action point: Kay to link in with Stephen and Ruchir

3) It was noted that some developing research papers in line with joint interests via research interns and students as noted above were in the spirit of this type of collaboration.

6) Third Sector Employment in Scotland (Dave Cruickshank)

Dave Cruickshank, statistician from Local Governance and Reform Analytical Unit presented some new data (from the Annual Population Survey) on third sector employment figures which were published on the SG website on 22nd February. This data will also start to be published in the regular August update of APS data. It is planned that the workforce data will also be included in the proposed SG Quantitative Data on the Third Sector Briefing paper (see later).

The APS boosts the sample of the Labour Force Survey sample in Scotland and brings the sample up to 21,000 therefore increasing the reliability of the data.

The data shows that there has been an increase in third sector employment of 31% to 79,400 in 2010 from 60,700 in 2004. The increase has been constant year on year (apart from in 2009 when there was a slight reduction)

Dave highlighted the fact that the data only goes up to 2010 and therefore does not capture the latest trends. UK figures are however showing a reduction in third sector employment in the year to the end of June 2011 and it is anticipated that the Scottish statistics will start to demonstrate a reversal in the next

There was discussion around the differences between the APS survey and the findings from SCVO panel survey which quotes a considerably higher figure (137,000 paid staff). It was highlighted that the two figures cannot be directly compared as they relate to different things. The APS survey provides a robust estimate of the number of **people employed** in the third sector. SCVO use the panel survey to estimate the number of **jobs** available in the sector. As workers may have more than one job in the sector this will include a degree of double counting regarding workforce statistics. The differences in data sources and methodology will also account for some of the differences in the figures. Further details on the APS data and methodology are available in the 'Local Area Labour Markets in Scotland' publication: <http://www.scotland.gov.uk/Publications/2011/08/09172458/0>

Link to the third sector employment statistics:

<http://www.scotland.gov.uk/Topics/People/15300/ThirdSectorEmploymentStatistics>

7) Research Updates

Members provided a summary of their research updates

Big Lottery Fund (Gillian Miller)

1) BLF are looking into thematic areas of our funding to identify the impact of the projects they have funded in these areas. Currently they are looking at employability projects and will be looking at parenting in the near future.

2) BLF are also looking into particular investment areas in more depth: Investing in Communities Life Transitions programme – to explore what works well in helping people move past challenging times and to identify interventions that have high potential in terms of both impact and scale and outline what is needed to enable this potential to be realised. They are also hoping to identify 'best practice' interventions and seeking to investigate the potential scalability of the projects identified as 'best practice'.

2) Ongoing evaluation of our Our Place programme. This programme is still in progress but we are keen to capture learning along the way as this is a new approach to investing lottery funding based on priorities set by local need.

Scottish Agricultural College (Mike Woolvin)

1) Mapping charities in urban and rural Scotland

The project, undertaken in partnership with VDS, has used OSCR data to map the distribution of charities across Scotland, and the ways in which their purposes and scale of operation might vary across urban and rural areas. It also explores the influence of deprivation on charity distribution. Results will be published in the form of the '[Rural Scotland](#)

[in Focus 2012](#)' report, associated [Rural Policy Centre](#) briefings, and through events and publications led by VDS.

2) The Benefits and Challenges of the Coproduction of Health and Social Care Services in a Rural Context

This workshop was hosted by SAC with the JIT towards the end of 2011. It drew together representatives from research, policy and practice to examine the role of the third sector in the co-production of health and social care services in rural areas. A summary report, published via the Rural Policy Centre, can be found [here](#).

3) Governance and decision making for community empowerment in rural communities.

As a Main Research Provider, SAC has been commissioned by the Scottish Government to deliver a five year programme of work exploring governance and decision making for community empowerment in rural communities in collaboration with the James Hutton Institute (JHI). Now nearing the end of the first full year of work, a two page summary of the project can be found [here](#). Research includes work in Dumfries and Galloway (in collaboration with Dumfries and Galloway LEADER) to explore the changing nature of community resilience.

4) Low carbon rural economy.

Similarly funded to the above, SAC has also been commissioned to undertake research into the 'low carbon rural economy' (two page summary available [here](#)). This will also run for five years and is nearing the end of its first year. As part of this, members of Rural Society Research are involved with undertaking a 'governance assessment' which will explore new and existing ways governance and institutional frameworks of relevance for transition a low carbon rural economy. This will include examining the role of communities and third sector organisations (two page summary available [here](#)).

5) Does place matter? Exploring drivers for volunteer participation

SAC jointly supported a Research Workshop 'Visualising Volunteering: Does place matter? Exploring drivers for volunteer participation' with VDS, AQMeN and the University of Stirling which was held on 22nd February at VDS, Stirling (see VDS entry below).

Social Enterprise Scotland (Duncan Thorp)

Social Enterprise Scotland is planning to commission a large-scale mapping research study of social enterprises in Scotland this year, in partnership with Social Firms Scotland and Senscot. HiE have commissioned GEN to conduct a mapping exercise of social enterprises across the Highlands and Islands and SES is waiting until these results are produced before they commission a study for the whole country.

ESS (Patty Lozano-Casal)

1) **Reversing the Trend** is a partnership programme between Evaluation Support Scotland and the Lloyds TSB Foundation for Scotland's Partnership Drugs Initiative, with the support of the Scottish Government. The aim of the programme is to identify the outcomes and evaluation tools for preventative and diversionary approaches in community based youth organisations in relation to substance misuse. ESS is working with a group of youth organisations to draw from 'on the ground' practice and taking a 'learning set' approach.

This means they harness the expertise of practitioners (and young people), and test it, make sense of it and write it down simply so that others can also learn. They want to help policy makers and funders better understand the purpose and outcomes of diversionary projects – and to help this sector get to grips with evaluation.

2) ESS has established a **Reference Group** to:

1. Help ESS and PDI review the emerging learning about outcomes and evaluation and provide a critical 'sense checking'.
2. Provide views on the extent to which our emerging learning reinforces, adds to or contradicts other evidence.
3. Advise on good ways to share our learning with all stakeholders with an interest in this area including the wider third sector, Alcohol and Drug Partnerships and commissioners.

VDS (John Lee)

Recent & current projects

1. Third Sector Internship Scheme project: Case studies with 10 volunteer involving organisations looking at their use of information to help achieve outcomes through improving day to day management and support of volunteers
2. Case studies: exploring volunteers experiences of different group/organisational contexts and motivations for getting involved.
3. Volunteering in Scottish Charities Survey 2011. Representative sample (location, local geographic spread of operation, income) of 1000 charities taken from OSCR charities register. Emphasis was on local charities who carry out activities. Received 60% response rate.

Survey seeks to understand whether there are challenges on the 'opportunity' side of volunteering within charities, asking about challenges currently faced in relation to capacity to engage and support volunteers, views on challenges for the future.

Keen to understand whether there is a pattern regards type of challenges and location or area of activity.

Analysis of data will begin in February.

4. TNS Omnibus survey (representative sample 10000) aims to fill in some gaps from the SHS, seeking to identify:
 - a. Willingness to volunteer amongst those who volunteered in the past but stopped, or who've never volunteered
 - b. Willingness of those currently volunteering to contribute more time
 - c. Shifts in commitment in terms of hours given
 - d. Number of organisations or groups people volunteer for
 - e. What sector (public/private/voluntary) people volunteer for

Analysis of data will begin in February.

Future projects

5. Extending Charities survey to groups and organisations who involve volunteers but are not registered charities, in particular 'under the radar' volunteer led groups.
6. Volunteer Scotland User Survey (Feb/March) – with 2000 + registered site users. Seeking to understand what sparks people's motivation to search for opportunities via website or VC/Interface, rather than going through 'word of mouth'/existing networks, the ease of accessing opportunities via an 'intermediary' channel such as Vol Scotland.

Events

VDS hosted an event: 'Visualising Volunteering: Does place matter? Exploring drivers for volunteer participation' on Wednesday 22nd February. Funded by the Applied Quantitative Methods Network (AQMeN), the workshop was organised by Volunteer Development Scotland (VDS), the University of Stirling, and the Scottish Agricultural College (SAC).

The workshop explored what analysis of existing quantitative data can tell us about spatial variations in volunteering, supported by short 'response' presentations and afternoon workshops identifying the implications of this and what further research would be beneficial to policy and practice. A summary of the day can be found [here](#), and additional outputs will follow shortly.

Edinburgh University Business School (Stephen Osborne)

1) Third Sector Longitudinal Study Opportunities and Challenges of the Changing Public Services Landscape for the Third Sector in Scotland: A Longitudinal Study: Year Two Report for the Scottish Government (publication date 22nd Feb)
<http://www.scotland.gov.uk/Publications/2012/02/6320>

2) Stephen has research students covering the following areas:

- Community resilience
- Co production through asylum seekers
- Social networking and the changing nature of philanthropy
- Innovative capacity of philanthropy.

Social Value Lab (Jonathan Coburn)

Developing Markets - Survey of Public Service Commissioners exploring attitudes to buying from the third sector, the use of Community benefit clauses and Public Social Partnerships, support needs and opportunities to build better relationships with the third sector.

SCVO (Ruchir Shah)

Financial panel survey is under review following OSCR's recent analysis. SCVO will be collaborating with NCVO to share tools and software enabling SCVO's data to be synchronised with UK data.

Scottish Enterprise (Sandy Watson)

Scottish Enterprise continues with its established approach to research which covers a wide range of economic development issues including - enterprise and innovation; investment and infrastructure; industry sectors; rural research; cities and place; economy updates and evaluations.

Reports in the public domain are available, under these headings, at:
<http://www.scottish-enterprise.com/about-us/How-we-work/Resources/Research/>

HIE (Fiona Robb by email)

1) Impact on Orkney of a Generation of Cultural Focus

Commissioned by Highlands and Islands Enterprise (HIE) and written by social researcher François Matarasso the report highlights how Orcadians have developed a unique cultural lifestyle which is a major draw for international tourists to the islands. Its findings show how community leadership, a strong ethos of volunteering and working together have combined with the natural archaeological and historical assets of the islands to develop a cohesive cultural identity.

The report is available on the HIE website at www.hie.co.uk/economicreports .

2) Social Enterprise Sector Profile:

Study to profile sector, identify growth opportunities, key sectors and support needs. Field work progressing well. Draft findings due to be presented to HIE Strengthening Communities Leaders Forum on 22 February 2012. Report complete by end Feb 2012.

3) Fragile Areas Statistical Review 2011

HIE's purpose is to generate economic growth in every part of the Highlands and Islands. HIE's operating plan recognises that there are areas on the Highlands and Islands classified as 'fragile' which continue to suffer from population loss, limited employment opportunities, poor infrastructure and remoteness. In order to refine HIE's resource prioritisation for the future, it is important to have the most up to date statistical evidence base for classification of such areas in the Highlands and Islands. Completion by end Feb 2012

Scottish Government (Kay Barclay)

1) Third Sector Longitudinal Study as detailed above

2) Third Sector Quantitative Data Briefing

The Local Governance and Reform Analytical Unit are proposing to produce a briefing paper that will pull together key sources of robust quantitative data on the third sector from a variety of sources.

6) Date and location of next meeting

Duncan Thorp from Social Enterprise Scotland kindly agreed to host the next meeting as their offices in Thorn House on Rose Street. The date agreed is **24th April 10:00-12:00**. All to update diaries accordingly.

An agenda will be circulated nearer the time and the plan is to hold a workshop session on the evidence of the third sector contribution to community justice. More details will follow shortly.

Annex 1: **QUALITY ALLIANCE BOARD PAPER**

STRATEGIC REVIEW OF ENGAGEMENT BETWEEN SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE DIRECTORATES AND THE THIRD SECTOR – OUTLINE RECOMMENDATIONS

Meeting date	23 November 2011
Agenda Item	Third Sector Engagement
Presented By	Jill Vickerman, Acting Director Health and Healthcare Improvement Audrey Birt, Chair LTCAS and Director for Scotland, Breakthrough Breast Cancer
Purpose	<p>The Quality Alliance Board agreed in November 2010 to consider how non-NHS partners who deliver healthcare services are engaged in the implementation of the Quality Strategy.</p> <p>As part of this a short-life working group was established over Summer 2011 to undertake a review of engagement between the Scottish Government Health and Social Care Directorates and the third sector, and to recommend where this could be improved in order to maximise the contribution of the third sector to improving the health and wellbeing of the residents of Scotland.</p> <p>The short-life working group has met three times and their outline recommendations are described in the attached paper.</p>
Action	The QAB is invited to note the report and endorse the outline recommendations.

Strategic review of engagement between the Scottish Government Health and Social Care Directorates and the Third Sector

Aim

A short-life working group, with representatives from third sector organisations and the Scottish Government, took forward a strategic review of engagement between the Scottish Government Health and Social Care Directorates and the Third Sector (review proposal attached at Annex A). The group developed the recommendations detailed below in order to achieve the following high level aim, and ultimately improve the health and wellbeing of residents of Scotland.

- By working in partnership, develop an enhanced mutual understanding and enable both sectors (public and third) to engage more effectively with each other, in order to increase the coordination and impact of third sector organisations on health and social care policy, improvement, planning and delivery.

Context

The Government's Programme for Scotland 2011-12 sets out a vision for Scotland where people collaborate; creating a new social partnership, with Scots empowered to take responsibility for improving their own lives. This requires nurturing a renewed sense of community and personal responsibility, maximising the opportunities presented by our greatest asset – our people.

The third sector provide support and services to some of the most vulnerable people in Scotland and therefore have an increasingly important role in delivering better outcomes for our communities, including improved health and wellbeing, and improvements in the quality of care and support.

The working group recognises this role and seeks to strengthen the contribution of third sector organisations to our Quality Ambitions and providing opportunities for all of Scotland to flourish.

It will not be appropriate for all third sector bodies to engage with the statutory sector, nor will all third sector organisations wish to do so. However, we believe the recommendations and actions listed below will create the conditions for effective engagement and impact.

Recommendations

The short-life working group recommends that strategic engagement between the public sector and the third sector should build on existing successful partnerships and collaborations, such as the Change Fund planning arrangements, to ensure the third sector is a core participant in the planning, development, delivery and improvement of health and social care services.

The required partnerships will be both strategic, focusing on areas where there is most to gain from collaboration, and solution focused providing practical actions at the operational level.

This longer-term work would be led for the third sector by LTCAS and VHS (the Boards of VHS and LTCAS have recommended that they work towards a merger to provide a single coordinating focus and build a stronger voice for the third sector across health and social care), and would closely involve the wider sector. This would draw together, and build on, existing activity, for example: SCVO's 'Route Map for Older People' work; LTCAS/VAS' proposal to enhance strategic third sector contribution to the Change Fund; and explore

further development of the Change Fund 'joint sign off' model as part of emerging plans on integration of health and social care.

We would welcome development of clear points of engagement between sectors, both at strategic and operational levels. This may require a more comprehensive overview of engagement and a degree of redesign across both sectors, in order to maximise the input and impact of the third sector.

This aspiration is in line with the recommendations of the Christie Commission to overhaul relationships within and between those institutions and agencies responsible for designing and delivering public services.

As an important catalyst for transforming relationships, and aligned with the Government's priorities for reform, we recommend increased shared training opportunities across the public and third sectors in order to develop the skills, confidence and capability of those working in both sectors. Professional partnerships across the sectors could facilitate shared ownership of challenges, enable collaborative problem-solving, promote creative solutions and increase understanding between organisations.

Greater mutual understanding and closer working towards a shared vision will in itself further strategic engagement. However, we recognise this needs to be developed through strong leadership and continued support for implementation in order to achieve long-term cultural, behavioural and systems change.

This short-life working group represents the beginning of the dialogue between Government and the third sector to achieve these longer-term strategic outcomes. As a first step towards these outcomes, the working group recommends that the following immediate, specific, tangible and transformative actions are implemented. These seek to achieve cultural change through practical actions that build strategic relationships across the public and third sectors.

Short-term actions to support longer-term change

1. Develop and implement an accessible resource to improve mutual understanding of public and third sectors, and promote the benefits from working with the third sector.

This resource will aim to enhance the understanding of:

- the third sector for government (national and local)
- the third sector for the NHS
- government (national and local) and the NHS for the third sector

It will succinctly describe the landscape of the public and third sectors, and begin to map strategic contact points therefore providing a useful starting point for those looking to navigate the sectors (see Annex B for example).

Additionally, the resource will highlight information and good practice in relation to third sector engagement, including principles that can be adopted by emerging partnerships to establish, support and nurture relationships.

This resource will be jointly developed and owned by both sectors. This will include a shared responsibility to maintain, update and disseminate the information in a manner that maximises the value of the resource. Details of how the resource will be developed and implemented will be progressed pending agreement from the QAB to this paper.

2. Increase engagement between key NHS Board members, including Chief Executives, Chairs and Non-Executive Directors, **and the third sector** beginning with facilitated dedicated sessions throughout the year. These would be a starting point for dialogue, on equal terms, between senior leaders from the NHS and the third sector. The

intention would be to start a structured process through which deeper partnership working could be developed, for example through joint leadership and organisational change activities, secondments between sectors and collaborative problem solving.

This will build upon the recent identification of named leads at Board level for strategic links with the third sector across NHS Scotland. NHS Boards will be accountable for their engagement with the third sector as part of the Annual Review process.

This will underline the added value and contributions to the Quality Outcomes that the third sector can bring (see Annex C) and promote the benefits of the public and third sectors working together to present shared solutions to challenges in delivery of health and social care. Successful models of engagement and partnership working would also be shared across Scotland.

3. Develop, test and spread use of Community Benefit Clauses within the NHS.

A Community Benefit Clause (CBC) is one of a range of social considerations that can be included in public contracts and can help to deliver wider economic and social benefits, through buying goods and services (see Annex D for more details).

A range of supportive measures will be put in place to support NHS Boards to use CBCs as part of standard procurement processes. This could include measures to raise awareness within NHS Board procurement departments about the contribution of the enterprising third sector and supply chain development; opportunities to increase awareness and skills with regard to CBCs (for example, social procurement training); mechanisms to promote good management of contracts and CBC conditions; sharing good practice examples of incorporation of CBCs into procurement for mainstream contracts.

NHS Boards would be accountable for their use of CBCs through the Annual Review process and monitoring would be incorporated into the Procurement Capability Assessment.

**Short-life working group – strategic review of engagement between Scottish Government Health and Social Care Directorates and the Third Sector
15 November 2011**

Strategic review of engagement between the Scottish Government Health and Social Care Directorates and the third sector

Aim

1. This discussion paper outlines a proposal for a review of engagement between the Scottish Government Health and Social Care Directorates and the third sector, with the aim to enhance this relationship at a strategic level, in order to improve the health and wellbeing of the people of Scotland. The development of a strategic relationship should underpin both the contribution of third sector organisations to influencing and achieving the outcomes of the Quality Ambitions and increased participation and engagement of service-users.

Background

2. The third sector is an important partner of Government at all levels, and the importance of this relationship is recognised in a number of Scottish Government policy documents (Better Health, Better Care (2007), Enterprising Third Sector Action Plan (2008), Equally Well (2008), Joint Statement on the Relationship at Local level between Government and the Third Sector (2009), Shifting the Balance of Care Improvement Framework (2009) and The Healthcare Quality Strategy for NHSScotland (2010)).

3. The ‘third sector’ is an informal term and not well defined. Its meaning was considered by the Scottish Parliament during a meeting of the Subordinate Legislation Committee in November 2007, when the following was stated; ‘The “Third Sector” is a commonly used term that denotes bodies not in the public or private commercial sector, and principally encompasses both incorporated and ad-hoc voluntary and community organisations, volunteering bodies, charities, social enterprises, cooperatives and mutuals, driven by a particular cause or set of social values and which principally reinvest any financial surpluses to further these objectives.’

4. Each year SCVO produce an annual report on the size, shape and finances of the Scottish voluntary sector. The most recent report covers the financial year 2008-09, and details there are approximately 45,000 voluntary organisations (including social enterprises and community volunteers) in Scotland employing 137,000 staff (93,000 FTE). Over this period, the sector’s income was £4.4bn, an increase of 7.3% compared with 2007-08. It was also reported that 4% of organisations have annual incomes of more than £1m, accounting for 78% of overall share, whereas 65% of organisations have incomes of less than £25,000 contributing collectively to less than 2% of the overall share. 1.2 million adults (28%) in Scotland volunteered in 2008-09, which equates to an estimated economic value of £2.1bn.

5. The Third Sector Division within Scottish Government acts as a champion for the third sector, and has the objective to effectively support its development; embedding awareness across Government and ensuring strategic engagement between local and national Government and the sector. The Health and Social Care Directorates continue to link closely with the Third Sector Division, and echo its commitment to supporting the growth and development of the sector, and helping to embed the sector in Scotland.

6. The Quality Strategy is the overarching strategy for NHSScotland and sets out our aim of becoming a world leader in healthcare quality, through the pursuit of 3 Quality Ambitions: person-centred care; no avoidable harm; and the appropriate treatment at the right time. The Quality Strategy was shaped and developed by consultation with NHSScotland, the public, third sector organisations and the wider public sector, and embedded throughout the strategy is the commitment to a partnership based approach to implementation;

'There will be a refreshed commitment to working closely with community planning partners in the delivery of the Quality Strategy vision and the wider Local and National Outcomes, recognising that public sector partners and the third sector have a major role to play in supporting people across Scotland in making the changes required to achieve the world-leading health and healthcare services to which we aspire.'

7. Third sector organisations provide support and services to some of the most vulnerable people in Scotland and therefore have an increasingly important role in delivering better outcomes for our communities, including improvements to Scotland's healthcare needs. For example, third sector organisations in the health and social care sector provide a range of information and support services, such as developing and running self-management programmes for people with long term conditions as well as a range of person-centred support that addresses the complexity of individuals' needs. Others provide direct health-related, social care and employability services, including specialist nursing support and palliative care, as well as support for carers which is crucial as we seek to provide more care in the wider community environment. Others focus on developing and promoting community-generated and community-led health improvement initiatives. In addition they play an important role in service improvement and advocacy across the health, social care and employability communities.

8. It has been widely reported that the current spending on managing conditions and the demography of care is unsustainable and that approaches need to shift to better support quality of life, independent living and maximising the assets of individuals and communities. The third sector, with its diversity and responsiveness to communities (be they geographical or of interest) can provide services that are innovative, flexible and targeted to the needs of local communities, and are therefore vital to achieving the right balance between early years, healthy lives, good care in the community and acute services.

9. The recent report from the Commission on the Future Delivery of Public Services (June 2011) emphasises that a core principle informing any future reform process is that 'public service providers must be required to work much more closely in partnership to integrate service provision and thus improve the outcomes they achieve.' It also states that 'addressing these systemic defects (in the public service system) will require a fundamental overhaul of the relationships within and between those institutions and agencies – public, third sector and private – responsible for designing and delivering public services.'

10. Currently, there are a number of relationships between the Health and Social Care Directorates, third sector intermediaries and individual third sector organisations. Amongst these are the intermediaries Long Term Conditions Alliance Scotland (LTCAS), Voluntary Health Scotland (VHS), Voluntary Action Scotland (VAS) and Community Food and Health Scotland (CFHS), a number of disease/condition specific organisations and the recipients of Section 16B grants (NHS Scotland 1978 Act), Section 10 (Social Work Scotland Act 1968) grants, the Change Fund and the Self Management Fund. Building on these positive relationships there is an opportunity to enhance the strategic engagement between the Health and Social Care Directorates, other statutory agencies and the third sector.

11. The recent successful collaboration between the third sector and the Health and Social Care Directorates, for example, through the strategic partnership with LTCAS ensures that the views of people with long term conditions are central to shaping SGHD policies and priorities. The Alliance produced *Gaun' Yersel*², The Self Management Strategy for Scotland, and administered the Self Management Fund to support projects which aim to encourage self-management throughout Scotland.

² http://www.ltcas.org.uk/self_man_gaun.html

12. Coupled with the opportunity to enhance strategic engagement between the Health and Social Care Directorates and the third sector, is the desire on behalf of Scottish Government to enhance engagement and participation with the public and service-users in general, in order that they may be more involved in discussions and influencing decisions about Government priorities and policy development. The third sector is one conduit, amongst a number of others, that can provide a platform to facilitate this engagement.

13. Improving the strategic engagement between the Health and Social Care Directorates and the third sector could allow a regular and early opportunity for the third sector to contribute to and influence policy development and wider planning, thereby leading to policies that are more responsive to peoples' needs. This would require a two way flow of information and communication, with the third sector reaching back into their networks to obtain individuals' views.

14. A partnership based approach to implementation of the Quality Strategy presents an opportunity to formalise this approach which is effective and sustainable in the present financial context, and which maximises our collective potential to achieve the Quality Ambitions. Through this opportunity we should develop a shared understanding of our respective roles and responsibilities and to understand and overcome any barriers that have prevented this from happening to date.

Purpose and Scope of the Review

15. A review by the Scottish Government Health and Social Care Directorates and the third sector is proposed, which will consider the current engagement between the Health and Social Care Directorates and the third sector, and make recommendations on where this could be improved in order to maximise the contribution of the third sector to improving the health and wellbeing of residents of Scotland.

16. The work will review current arrangements and the issues which appear to hinder the impact of the third sector's work (some initial areas to consider are outlined at Annex B). The approach should allow a shared understanding of the current challenges in order to produce informed recommendations for improvement.

17. The review will be taken forward by a short-life working group with representatives from key third sector organisations and the Scottish Government (membership at Annex A), and co-chaired by Jill Vickerman, Acting Director Health and Healthcare Improvement, SG, and Audrey Birt, Director for Scotland, Breakthrough Breast Cancer and Chair of LTCAS.

18. The short-life working group will meet three times over Summer 2011 and collectively develop a report and recommendations to be presented to the Quality Alliance Board in November 2011.

Outcomes

19. The ultimate outcome the review seeks to achieve is to improve the health and wellbeing of the people of Scotland. The review will be set within this national strategic objective and linked to delivering the National Outcomes ('We live longer, healthier lives', and 'Our public services are high quality, continually improving, efficient and responsive to local people's needs') and the Quality Outcomes ('Everyone gets the best start in life, and is able to live a longer, healthier life', 'People are able to live well at home or in the community' and 'The best use is made of available resources').

20. The high level aim that the recommendations of this review should seek to achieve is:

- By working in partnership, develop an enhanced mutual understanding and enable both sectors (statutory and third) to engage more effectively with each other. Therefore enhancing coordination and delivery and increasing the impact of third sector organisations on health and social care policy, improvement, planning and delivery at an early stage and together with Government.

21. The review will assume that increasing engagement between the government and the third sector is a beneficial relationship that will lead to improvements to health and social care outcomes, including that service users have a stronger role in shaping policies that affect them, and will detail the assumptions and define the benefits. It will recognise and build on the assets that exist amongst individuals and the wider community. The review will seek to outline and promote the benefits of engagement in this context, and will recognise that it will not be appropriate for all third sector bodies to engage with government on national policy.

22. National Standards for Community Engagement were produced by the Scottish Community Development Centre (SCDC) and published in 2005. These were commissioned by the Scottish Government, developed in consultation with over 500 community organisations, and endorsed by the Scottish Government. The standards are a practical tool to help improve the experience of all participants involved in community engagement to achieve the highest quality process and results. They have since been applied by a range of service providers and third sector organisations.

23. The standards (see below) should guide the recommendations that seek to enhance engagement between the statutory and third sectors.

1. **INVOLVEMENT:** we will identify and involve the people and organisations who have an interest in the focus of the engagement

2. **SUPPORT:** we will identify and overcome any barriers to involvement

3. **PLANNING:** we will gather evidence of the needs and available resources and use this evidence to agree the purpose, scope and timescale of the engagement and the actions to be taken

4. **METHODS:** we will agree and use methods of engagement that are fit for purpose

5. **WORKING TOGETHER:** We will agree and use clear procedures that enable the participants to work with one another effectively and efficiently

6. **SHARING INFORMATION:** we will ensure that necessary information is communicated between the participants

7. **WORKING WITH OTHERS:** we will work effectively with others with an interest in the engagement

8. **IMPROVEMENT:** we will develop actively the skills, knowledge and confidence of all the participants

9. **FEEDBACK:** we will feed back the results of the engagement to the wider community and agencies affected

10. **MONITORING AND EVALUATION:** we will monitor and evaluate whether the engagement achieves its purposes and meets the national standards for community engagement

Next Steps

24. The short-life working group will identify specific areas where practical actions could be taken to maximise the impact of the third sectors' contribution to the health and wellbeing of the people of Scotland. The aim is to produce a report and recommendations for consideration by the Quality Alliance Board at their meeting on 23 November 2011, with a view to presenting the recommendations to NHS Board Chief Executives.

Paper produced with input from Health and Social Care Directorates and the third sector

**26 July 2011
(Updated 18 October 2011)**

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Annex A

Short-life working group

Remit: to consider current engagement between the Scottish Health and Social Care Directorates and the third sector, and to make recommendations to the Quality Alliance

Board on where this could be improved in order to maximise the contribution of the third sector to improving the health and wellbeing of Scottish residents.

Membership

Jill Vickerman – Acting Director Health and Healthcare Improvement, SG (Co-chair)
Audrey Birt – Director for Scotland, Breakthrough Breast Cancer (Co-chair)
Shelley Gray - LTCAS
Helen Tyrell / Margery Naylor – VHS
Martin Sime - SCVO
Emma Witney – NHS Health Scotland
Janet Muir – CHEX
Bill Gray – CFHS
Colin Campbell – Senscot
Henry Simmons – Alzheimer Scotland
Mark Hazelwood – Palliative Care Scotland
Gareth Allen – Third Sector Division, SG
Jenny Long – Healthcare Planning, SG
Tim Warren – Healthcare Planning, SG
John Davidson – Patient Support and Participation, SG
Andrew Jackson – Joint Improvement Team, SG
Anne Hendry – National Clinical Lead for Quality
Jamie Megaw – NHS Lothian

Annex B

Points for the review to consider (in no particular order and not exhaustive)

- Diversity of the third sector can result in a fragmented and uncoordinated approach across the sector with no overall strategic focus
- However, diversity can be a significant strength – we do not want to lose the ability for the third sector to innovate, be creative and different, and more flexible in their approach than statutory bodies are able to be.
- Policy, planning and consultative interface is underdeveloped between third sector organisations and SG, Health Boards, CHPs and local government with a lack of real commitment to a partnership approach
- Service interface between third sector organisations and health services, e.g. GPs and primary healthcare bodies, is also underdeveloped
- The priorities of third sector organisations – as driven by those they serve – often span across Scottish Government divisions and lack of connections within Scottish Government can make it more difficult for the third sector to engage and influence effectively
- Insufficient investment is available to produce robust evidence of the impact of third sector organisations' activities on the full range of health outcomes for people and related impact on peoples use of other services
- Public sector regimes should better value qualitative outcomes and evidence
- Funding is short-term, fragmented, marginal and vulnerable to withdrawal, with bureaucratic monitoring processes
- Funding arrangements should not form the focus of the review, but forms part of the overall context
- Longer-term funding and bottom-up, needs-based policy are important ingredients in any sustainable approach to delivering broad social outcomes
- A consensus should be built about the respective strengths and weaknesses of current arrangements before appraising any future options
- Mapping and analysis by third and statutory sectors of current engagements
- Broad engagement – across different sizes/types of organisation, rural as well as urban etc – is essential. Therefore some form of consultation to the wider third sector is important.
- Issues of engagement at board/local authority/CHP level should be addressed in order to have most impact nationally
- Recommendations should be progressed in partnership with local authorities, NHS Boards and CHPs
- Links should be made to related agendas – e.g. personalisation, self-directed support, independent living/disability, social care, employability, financial inclusion, physical activity and housing, all of which have potentially healthy outcomes for people. The review should ensure effective linkage between the Health and Social Care Directorates on an ongoing basis.
- Health provision is implicit on the outcomes associated with housing, employability, advice, debt support and many of these organisations sit beyond the current role of the Health and Social Care Directorates.

- The third sector must retain the important principle of being driven by those they seek to serve
- The impact of health and social care integration
- The authority of selected third sector representatives on key committees/boards
- How any intermediary organisation can represent the totality of work undertaken by voluntary groups, and how some peripheral organisations can be recognised
- Work on developing a 'road map' for achieving an effective contribution from the third sector to Scotland's health has been commissioned by SCVO and being carried forward by Alan Sinclair
- SCVO is progressing a total place initiative across all sectors
- The recommendations should improve understanding and connectivity across the public sector so the role of the third sector is enhanced
- The potential for third sector champions within local authority and Health Board senior management teams
- Importance of Community Benefit Clauses and Public Social Partnerships
- There are three distinct areas of the third sector; voluntary, community and social enterprise, which need to be taken into account to ensure appropriate and effective engagement
- Need for a clear and single mechanism to allow the successful relationship between the Health and Social Care Directorates and the third sector to advance
- There are a number of existing intermediaries – a further body could add further complexity. Therefore it may be better to find a way of effective communication within the current framework than add another layer.
- Preventative measures are an important focus in achieving better health outcomes. Sports based social enterprises are already engaged with the Scottish Government on this area.
- Work on using economic evidence in demonstrating the impact of community-led approaches to health should be considered (work has been carried forward jointly by NHS Health Scotland, the University of Glasgow, CHEX, CFHS and VHS)

Third Sector and Health – a basic topography

The purpose of this note is to provide an elementary picture of the third sector and its connections with health in Scotland in order to facilitate the work of the Review of Engagement between Scottish Government Health and Care Directorates and the Third Sector.

About the third sector

SCVO defines voluntary organisations as organisations which operate on a non-profit distribution basis, are non-statutory and volunteer-led. In practical terms this includes voluntary organisations, charities and social enterprises with a variety of legal forms including Companies Limited by Guarantee, Industrial and Provident Societies, Associations and Incorporated Charities (SCIO's), and some co-ops and other mutuals. Normally included in the definition of the Third Sector are volunteers, including people who volunteer through voluntary organisations.

There are some 45,000 voluntary organisations in Scotland with a combined annual income of c£4.5bn and a workforce of around 140,000 and land, building and capital assets of c£9.2bn. It is estimated that 1.2 million adults regularly engage in volunteering.

About the third sector and health

When asked about their principal area of interest, 44% of voluntary organisations cite social care and development as their main field of work. A further 6% cite healthcare. These figures probably underestimate the overall proportion of the sector that have an interest or involvement – for example, some housing associations have a significant health locus. Also, the number of organisations is only one dimension of what is a diverse and complex picture – there are many thousands of small community groups included in the overall numbers; a high concentration of resources and staff (78%) are accounted for in a relatively small number of organisations (4%)

The different roles that the third sector plays

- campaigning and policy work in the public domain
- lobbying
- individual advocacy
- fundraising, for example for research
- information and advice, for example on specific conditions
- service delivery for public bodies
- provision of services like community transport or Care and Repair
- community action

How the third sector is organised

The most common type of organisation is based around purpose. New groups are established to achieve particular objectives, whether they are broad (improving public health in Scotland) or narrow (to help people affected by diabetes in Arbroath) although some are established around wider themes such as the promotion of volunteering.

The geographic dimension is important in a wider context. Many local groups are autonomous and indigenous to a particular locality; others are part of wider networks, federations or legal structures which variously cover Scotland, the UK or even international organisations. Arthritis UK recently consolidated all of its branches into a single legal entity; the MS Society is a (fluid) mix of Scottish, UK and local organisations.

Whilst the principal affiliation is most likely based on mission, the third sector is also organised around its common interests. Locally, there are Third Sector Interfaces, supported by the Scottish Government to develop and represent third sector interests, for example in Community Planning. Nationally, **SCVO** and others promote the interests of

the third sector to Scottish Government. A number of intermediaries operate at a national level to promote particular interests, for example, the **Federation of Housing Associations** or **Scottish Environment Link**.

How the third sector is organised in health

At the national level:-

-**Voluntary Health Scotland** (VHS) is a national intermediary body for voluntary health organisations which provides information and support services for the sector. The **Long Term Conditions Alliance Scotland** (LTCAS) aims to provide a voice for people affected by long term conditions, supports members through a Self Management Fund and acts as a conduit between members and government. **Community Health Exchange** (CHEX), **Palliative Care Scotland**, **Community Food and Health Scotland** and the **Coalition of Carers** all perform some intermediary functions. Some national organisations also have a network of local branches as well as some direct services such as **Alzheimer's Scotland**, **WRVS** or **Age Scotland**.

The principal national intermediary in the social care field is **the Coalition of Care and Support Providers Scotland** (CCPS), an association of the major social care organisations. There are a plethora of individual organisations, organised around particular conditions like the **Scottish Association for Mental Health** (SAMH), the **British Heart Foundation** (BHF), **Enable**, **Capability** and so on. Many will be members of SCVO, VDS, LTCAS and CCPS; each will have a distinct set of roles that have evolved to meet the ambitions of those involved – some are fundraising based, others primarily about advocacy, whilst many deliver services on behalf of local government or Health Boards,

The work of some national organisations and intermediaries is supported by an SG funding Scheme, commonly known as “16b”.

The third sector is recognised and represented at a number of levels, including the NHS Quality Board, the Ministerial Strategy Group, the Health and Care Delivery Group and so on.

At the local level-

The major intermediary for the Third Sector at local authority level is the **Third Sector Interface** (TSI), an SG supported umbrella which represents sector views in Community Planning, promotes social enterprise and volunteering and helps organisations to develop. Beyond that there is a patchwork of local forums and some individual relationships with Health Boards and Community Health Partnerships.

Martin Sime
24th August, 2011

Why Involve the Third Sector in Health and Social Care Delivery?

An evidence paper produced by the Scottish Government in collaboration with the

Why Involve the Third Sector in Health and Social Care Delivery?

Q&A Need-To-Know for Policy Makers

Scottish Third Sector Research Forum

December 2011

The challenge

- **How can we reduce demand for acute services?**
- **How can we support people to take control of their own health and social care outcomes?**
- **How can we ensure that people and communities are involved in the design and delivery of services?**
- **How do we effectively integrate health with social care?**

For policy officials making critical decisions about health and social care spend, these are increasingly pertinent questions. The **Healthcare Quality Strategy** aims to make Scotland's health care services world leading. How can better partnership with the third sector help to achieve this ambitious objective?

The Scottish Government has acknowledged the **positive role of the third sector** in delivering better and more equal public services. Now as Ministers attempt to address the perennial challenges facing Scottish society, with even less money available, **preventative approaches** have been prioritised, and there is an urgent need to identify how the third sector can be engaged more effectively¹.

This briefing paper is a collaborative piece of work by the **Scottish Third Sector Research Forum**². Drawing on available evidence we've demonstrated where and how the third sector is contributing to health and social care services delivery in Scotland. Tapping into the most robust evaluations we could find we've provided examples of the third sector's **contribution towards the healthcare Quality Outcomes ambitions for Scotland**³. We've also looked to this selected evidence for key messages concerning the hurdles to overcome in reaching a better engagement.

The Evidence Base

Our rapid review indicates that evaluative evidence demonstrating the impact of the third sector (especially economic impact) is limited and much of the available documentation consists of case studies. Our ability to build a more in-depth narrative around efficacy is limited by this evidence base and as such, we are not able to provide all of the answers. For example, whilst the nature of the available evidence dictates the focus of this paper on more positive examples, we are also interested in learning lessons from approaches that don't work so well. This paper represents a starting point, drawing upon those projects that have undergone robust review to make some general conclusions about third sector activity in this area. Routing out more examples from organisations and facilitating more evaluation to support the development of this evidence base is a key objective for the Third Sector Research Forum moving forward.

Key messages and recommendations as identified by our review:

There are often distinct features of third sector service delivery which complement and enhance public sector services. These differences are not just tendencies towards particular characteristics (such as a holistic view of service users wellbeing) but are also shaped by localised features - the involvement of volunteers or the passionate drive to deliver outcomes appropriate to the community within which the organisation is embedded. **Approaches to engagement need to be mindful of differences** and both the challenges and opportunities these lend to collaborations. We need to **build an evidence base which assists further understanding** of the

What is being done by the third sector?

- There are a vast number of third sector organisations (TSOs) working in **prevention**, particularly in the area of food and healthy eating initiatives, active living projects and support for early years and older people.
- The third sector is **collaborating with service users** ⁴ to provide self-directed support, personalised service packages and training in self-management techniques.
- **Working closely with communities** ⁴ is a key tenet of the third sector approach. In many cases organisational structure and aims have been generated by members of a particular community in order to fill gaps they have identified in service provision.
- Third sector projects are frequently produced with the aim of **developing social networks, building social capital and reducing isolation** amongst vulnerable people. These positively target health through improvements in general wellbeing and the better dissemination of healthcare messages.

Why does it work?

The available evidence suggests

- Close ties with geographical and service user communities has enabled TSOs to gain **an expert knowledge of local needs and preferences**, allowing them the potential to develop more effective and relevant initiatives.
- Volunteers drawn from within third sector organisations target communities, contribute to this expertise and provide a **flexible and economically efficient organisational structure**.
- There is now consensus that health and social care services within Scottish communities need urgent attention ⁵. Knowledge of and ability to react to calls for change can be hampered by complicated communication pathways. As organisations frequently embedded within geographical and service user communities, TSOs are often free of this additional information filter. As this paper will attempt to demonstrate **TSOs have already moved to meet these demands and are making positive contributions to improving services**.

Guide to reading this paper

We've selected case studies from our wider review and linked these to a general analysis of third sector activities as they relate to each question. A table with more of the case evaluations is provided on page 7 and these are referenced in the text by letter (A, B, C etc). References to general literature throughout the paper are numbered (1, 2, 3 etc) with full detail provided in the Bibliography.

How can the third sector help us to reduce demand for acute services?

Quality Outcomes Link: Everyone gets the best start in life, and is able to live longer healthier lives

Evidence Review Findings

A sizeable portion of third sector action in health and social care is directed towards preventative work, as a broad assessment of literature makes evident ⁶. This activity encompasses multiple delivery areas. Supporting older people to live well in their own homes for example, offers that ‘little bit of help’ ⁷ that delays the need for additional support from hospital services, significantly reducing expensive unplanned admissions ⁸, ^A. Providing healthier green environments for exercise is a motivation for activity which creates positive impacts on longer term health ^{9, B-C}. Working with families to enable better care for children in their early years will result in benefits for health and educational attainment later in life ^{10, D-E}.

The reports and reviews we examined attributed the particular success of the third sector in this area to the holistic and person-centred nature of the service models. Locating communities and individuals at the centre of design inspired a wide range innovative program designs that met varying community needs ¹¹.

Healthy eating has become one of the primary areas for attention in encouraging lifestyles which prevent ill health and reduce demands on Scottish health services ¹². We found that this area of preventative intervention is also particularly well represented within the evidence base. It was also an area in which there was the most visible evidence for successful public sector and third sector partnerships. The Happy Jack initiative and evaluation for example, outlined below, was funded and supported by local authorities, local authority intermediaries and community groups. This funding and support strategy has been used successfully to underpin a number of the Edinburgh Community Food Initiative’s (ECFI) projects which aim to tackle health inequalities in low-income Edinburgh communities through food and health promotion work ¹³.

Quality Outcomes Link: People are able to live well and home and in the community

Case Study

Description: Happy Jack was developed by ECFI and funded by SureStart. The project provided fruit and vegetables to children attending Children and Family Centres (C&F Centres) and through the same centres coordinated the provision of cooking classes, tasting sessions, fruit promotions and a variety of paper publications and packs. Activities, materials and staff provided information and assistance in motivating service-users towards making broader changes in their eating habits ¹⁴.

Findings: A comprehensive evaluation of the Happy Jack project gathered both qualitative and quantitative data for analysis, concluding that Happy Jack provided good value for money and achieved positive healthy eating outcomes for children and families. The initiative also helped relieve some of the time and resource pressures experienced by C&F Centre staff.

How can the third sector allow service users to take control of their own health and social care outcomes?

Evidence Review Findings

Quality Outcomes Link: Everyone has a positive experience of healthcare

Evidence has demonstrated that empowering service users to manage their own health and social care provision leads to greater choice, autonomy, control and independence¹⁵. Recent reports have indicated that it is often not possible to implement self-directed support without an active local third sector partly because the sector is often well placed to advise and support self-directed support users¹⁶.

As the case study below demonstrates, proximity to service users is frequently the key to encouraging participation in self-management. The extent to which service users form the organisational structure of the service and the often specific expertise of staff within third sector organisations provides a good foundation upon which service users can build a self-directed support system^{17, F}.

Quality Outcomes Link: People are able to live well at home and in the community

The **Long-Term Conditions Alliance** (LTCAS) provided support and guidance for Momentum's development of the self-management programme. LTCAS's support was provided through The Self Management Fund, a resource available to voluntary organisations and community groups in Scotland. The fund is aimed at work which encourages people living with long term conditions to learn more about the management of their conditions, and to become partners in their own care¹⁸.

Case Study

Description: Momentum Care provides personalised packages of support for adults with an acquired brain injury. In order to advance this support package, Momentum recently piloted an Acquired Brain Injury (ABI) self-management programme for young men in Grampian¹⁹. The project recruited two young men living with ABI as peer leaders. The aim of the course was to provide the opportunity for the service users to share information informally and talk about their experiences of living with the condition as well as sharing strategies and techniques for successful self-management.

Findings: In developing the course Momentum realised that many young men were finding it difficult to engage with their programmes because their views on what they needed to self-manage were very different to the organisations'. As a result the peer leaders worked with communities to incorporate information that the young men felt was important into the course content. They also designed the course to be adaptable and interchangeable, ensuring it could respond to individual needs in different rural areas. Feedback from service users has been very positive and Momentum are hoping that they might be able to replicate the program in more areas.

'Now there is going to be a course run by local guys my age telling me what I want to know and giving me tips that I will actually use' **Course Participant**

How can the third sector help to ensure that health services involve people and communities in their design and delivery?

Evidence Review Findings

Quality Outcomes Link: The best use is made of available resources; People are able to live well at home and in the community

There is a long tradition in rural areas of Scotland of services being provided by volunteers and attention has been drawn to this by a number of qualitative and quantitative data reviews²⁰. We also know that the co-production of services with a volunteer workforce can be a highly effective method of addressing health and social care service needs. With this in mind a number of projects have been developed recently which aim to investigate how and where volunteers could contribute more effectively, particularly given the positive moves towards better community involvement and the co-production of essential services such as health and social care.²¹

Third sector organisations frequently draw upon volunteers from within the community in which the organisation is placed^{G-H}. This means that they are often ideally situated to communicate information concerning local issues to public sector service providers and to guide the process of engaging communities in designing and delivery services²².

Despite this access to community knowledge and resources, engagement with public sector services has sometimes stalled. Third sector organisations have reported that they are not engaged with enough frequency at an early stage in service planning forums, or that where efforts have been made to include third sector the organisation still did not have the power to influence decisions²³.

Case Study

Quality Outcomes Link: Everyone gets the best start in life, and is able to live longer healthier lives

Description: The **Healthy Communities Collaborative**²⁴ is a Perth and Kinross project which involves groups of older people working in partnership with a small team of staff. The initial aim of the project was the prevention of falls in over 65's with broader objectives for improving health, wellbeing and quality of life for older people²⁵.

Older volunteers were recruited by the project management teams attending local community groups and extending invitations to orientation events. Locality teams were then established each comprising 5 or 6 older people supported by 6 support staff. Training and team time discussion sessions were organised so that the groups could work out what they wanted to implement in their communities and how work would be carried out. Each year the teams focus on a different area of health. In 2006 for example, 'Physical Activity' resulted in team members being trained as Chair Based Exercise Instructors and Walk Leaders.

Findings: Benefits identified by the ongoing project evaluation included increased opportunities for social contact, physical activity and improvements to mental health. The success of the programme was such that there are now ten teams operating across the Perth and Kinross area. This programme was conducted by local authorities in partnership with volunteers and is a useful example of the potential for partnership programmes to deliver positive outcomes.

How can the third sector help us to integrate health with social care?

Quality Outcomes Link: People are able to live well at home and in the community

Evidence Review Findings

There are many third sector organisations working in social care²⁶, organisations which are heavily involved in providing support for vulnerable and marginalised groups who frequently face poverty, social care needs and poor health (those facing homelessness and drug addiction for example). Evidence has demonstrated that many TSOs have been able to build trusting and productive working relationships with these otherwise socially fragile user groups²⁷. TSOs have succeeded in overcoming barriers to communication for instance, with direct improvement in the ability of services to convey health promotion messages and arrange suitable access to healthcare support¹. Indirect benefits include improvements in the capacity of service users to develop healthy stable relationships with the communities in which they are resident, resulting in improvements to general wellbeing and social cohesion.¹

As the Nari Kallyan Sangho evaluation highlights (for example), staff have identified struggles to engage further with public sector services given the increasing calls for assistance that their service users are placing on time and resources²⁸. This increasing pressure on resources has been reflected across many areas of third sector, mirroring the pressure that the public sector is also facing.

Case Study

Quality Outcomes Link: Everyone gets the best start in life, and is able to live longer healthier lives

Description: The Edinburgh based organisation **Nari Kallyan Shangho (NKS)**²⁹ addresses women's welfare issues, particularly women from a Bangladeshi background who are living in Scotland. Group work and other activities take place at venues all over the city, according to the most convenient and practical location for the women concerned. NKS's purpose is to provide a common platform for South Asian women to act together to improve the quality of their lives. Its primary aim is to promote physical, mental and social well-being by alleviating isolation and deprivation using a community development approach of user participation and collective action. The responsibilities of the twelve staff vary from administration to childcare, cleaning, sewing, tuition, health and family support. The project uses a combination of one to one workers, community support staff and health care professionals to lead work across their target areas.

Findings: The project has produced some useful and informative evaluations of their project work which have highlighted the improvements that the project has been able to achieve in reducing social isolation and enhancing social networks for these particular groups of people. Their work has allowed them to raise health awareness amongst female participants, as well as improve local health professionals' understanding of particular cultural sensitivities.

Conclusions

The evidence base: contributions and limitations

As we have noted, the evidence base is limited. There is a lack of robust evaluative data that demonstrates the impact of third sector involvement and only a handful of evaluations that demonstrate the economic benefits of working with the third sector. Instead we are largely dependent on a body of case study data which illustrates broadly what third sector services are aiming to do but not necessarily providing detailed feedback on the mechanisms of the service or the overall outcomes for health. That said, we also believe that there is evaluative data “out there” which is more difficult to access, perhaps because organisations do not wish to share or do not see the value or relevance in making their evaluations publicly available.

Key messages and recommendations

Third sector services are already heavily involved with initiatives that aim to **encourage healthier lifestyles** within Scotland and **prevent future demand** on healthcare services. We have located evidence and reviews (see tables and case studies) which suggest that the success of third sector work in this area is frequently due to a **flexible structure**, often attributable to the involvement of volunteers in organising services delivery. The ability to change and innovate to meet local needs and preferences is also essential in encouraging communities to see the benefits of healthier living. There is a lack of uniformity in TSO activity and **an informality of organisation** which allows these particular characteristics to be embedded successfully within initiatives.

Discussions of partnership working between the third sector and public sector needs to be mindful of this often more informal working model. New strategies would be welcome which help to align these ways of working alongside more business like models of delivery that often characterise public sector services³⁰.

There is an evidence base which demonstrates that **volunteers are making a significant contribution towards services delivery** in Scotland. Close ties between third sector organisations, communities and volunteers have facilitated the initiation and organisation of this **informal service provision**. Reviews of partnership engagement forums have demonstrated frustration amongst third sector organisations when confronted with a limited ability to influence real change. Moving forward with service reform could be assisted by better mutual knowledge and understanding of the evidence which demonstrates that the third sector can be a great benefit and of the evidence which discusses where and how partnership approaches work best.

The third sector is in some ways **better equipped** to overcome challenges facing public sector health and social care services. It is also important to note that many of the pressures facing the public sector are also affecting third sector. Calls for engagement need to be sensitive to the increasing draw upon resources and time that many organisations are facing.

As the pool of evidence featured within this paper demonstrates, there are areas in which third sector activities complement and directly support work towards meeting the healthcare Quality Outcomes ambitions for Scotland. Building on this hard work will be essential in moving forward with the ambitions for better services for Scotland.

Referenced Evidence

	Name	Source	Evidence Base	Description	Outcomes
A	The Food Train	Community Food and Health Scotland	Cost-Benefit Analysis	Grocery shopping, befriending and support service for older people living within Dumfries and Galloway.	A well targeted, effective and flexible service. Generates high value outcomes for customers and fulfils a critical role in supporting them to remain independent at home. High economic value in delaying the onset to higher-cost packages of care.
B	BCTV Green Gyms Projects	National Evaluation Report conducted by Oxford Brookes University	Quantitative and qualitative analyses of service user questionnaires	Participants are guided through a range of practical outdoor projects. The activities are intended to improve health and the environment. There are 25 green gyms located within Scotland.	Evaluation noted improvements in health, confidence and the acquisition of new skills in environmental management techniques.
C	Cairngorms Outdoor Access Trust	Upper Deeside Walking to Health Project Evaluation Report. WalkDeeside Ltd.	Quantitative and qualitative analyses of data gathered from interviews with service users	Offers regular, short, safe and sociable walks that are aimed at people who would benefit from an increase in their physical activity. A weekly walk lasts 30-60 minutes and is led by trained health walk volunteers. Within Deeside there are 9 walking groups. With a number of other groups operating across Scotland.	Reported improvements in health and wellbeing for the participants and the volunteers. Participants reporting an increase in activity levels and increased attendance at other community events as a direct result of participation in the walks.
D	Little Leithers Voucher Scheme	Edinburgh Community Food Initiative (ECFI) and Evaluation Support Scotland (ESS) reporting	Case study report indicating qualitative and quantitative data sources	The aim of the scheme is to encourage families from low socio-economic backgrounds to use local shops and cook using fresh ingredients. Each family was supplied with vouchers for use in local fishmongers, butchers, greengrocers etc, and provided with easy recipe suggestions.	Over 4000 vouchers and 2000 recipes were distributed over an evaluation period of 2 years. Case studies of shops issuing vouchers demonstrated increased use of outlets by voucher families with a total expenditure was often greater than the value of vouchers issued.
E	Blackburn Early Years Action Group	Farechoice: Newsletter of Community Food and Health (Scotland)	Self-evaluation report findings published as a case study	Weaning support project for parents with babies in the West Lothian area. Delivered three sets of weaning courses which included guidance on blending foods for healthy meals.	Parents who had completed the workshops reported improved parenting skills and greater confidence in preparing their own baby foods.

F	The Sunrise Project (Galloway Alcohol and Drugs Action Team [ADAT])	The Big Lottery Fund: Better Off Evaluation Summary	Case Study Summary of a wider evaluation submitted to The Big Lottery Fund	Integrated Drug Service (IDS) which offers assessment for people who have a drug misuse problem. Statutory and voluntary support is offered at the same time and a co-ordinated care and support plan is organised in collaboration with the client. This support plan draws together direct action to treat addiction and additional services such as housing and employment support.	There has been a substantial increase in the number of people entering and staying in rehabilitation since the project was launched.
G	Healthy Valleys (Lanarkshire)	Report from the University of Strathclyde	Qualitative evaluation drawing upon interviews and focus group sessions with service users.	Aims to preserve and protect the mental and physical health of residents and to assist in the relief of ill health and the provision of health education. The project includes a wide variety of activities including sports activities, health walks and counselling support. Community volunteers provide most of the staffing support.	Conclusions of the evaluation found very positive outcomes for health and wellbeing of service users. Including the provision of useful support for those suffering from ill health and improvements in partnership working across the community.
H	The Handyperson Service for Moray	Community First (Moray)	Social Return on Investment Analysis (SROI)	Service works with local volunteers to provide support for older people, people with disabilities or other long-term illnesses and other vulnerable individuals who need support in their homes	SROI found that the project had overall positive outcomes for service users. Service users felt safer and better able to manage the care of their homes.
I	Aberdeen Foyer	NHS Health Scotland – ‘Insight’ Case Studies in Community Development and Health Scotland	Detailed Case Study Report	Aims to enable homeless and disadvantaged young people to gain social and economic independence. The Foyer provides access to information, training and social support. Accommodation is also available. A key objective is the improvement of health and wellbeing of those in contact with the service.	This case study and associated reports by the Community Health Exchange (CHEX) for example, have illustrated the essential resources that this service provides for vulnerable young people
J	Dundee Families Project	The University of Glasgow (Centre for the Child & Society and Department of Urban Studies)	Qualitative evaluation with quantitative data output including cost-benefit analysis	Projects aims to assist families who are homeless or at severe risk of homelessness as a result of anti-social behaviour. Offers a range of services from counselling to after-school activities, parenting skills guidance and support for anger management issues.	Project provides considerable cost savings in preventing the need for contact with public sector agencies. Frequently, the threat of eviction was lifted. Service users reported additional benefits to general wellbeing as a result of the service.

Bibliography and Footnotes

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5. [Scotland, The Scottish Government \(2011\) *Report on the Future Delivery of Public Services by the Commission chaired by Dr Campbell Christie*. The Scottish Government: Edinburgh](#)
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9. For example: [Scotland, The Scottish Government,. \(2008\) *Healthy Eating, Active Living: an action plan to improve diet, increase physical activity and tackle obesity 2008-2011*. The Scottish Government: Edinburgh](#)
10. Noted with The Scottish Government's "Early Years Framework": [Scotland, The Scottish Government,. \(2008\) *The Early Years Framework*. The Scottish Government: Edinburgh;](#) further examples of third sector early years project initiatives can be found within: [Community Food and Health Scotland and Evaluation Support Scotland \(2010\) *Making the Case – Early Years Self Evaluation Framework*. Community Food and Health Scotland: Glasgow](#)
11. For example: Scottish Council for Voluntary Organisations (SCVO) and Voluntary Health Scotland (VHS),. (2010) *The Third Sector – a key role in delivering a healthier Scotland*. Available through the VHS website [www.vhscotland.org.uk] [Last Accessed November 2011]; [Phillimore, J., McCase, A., with Soteri-Proctor, A., and Taylor, R., \(2010\) *Understanding the distinctiveness of small scale, third sector activity: the role of*](#)

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13. See Edinburgh Community Foods Initiative website for further information: www.edinburghcommunityfood.org.uk [last accessed November 2011]
14. [Christie, I., and Simpson, L. \(Community Food and Health \[Scotland\] in partnership with Edinburgh Community Food Initiative and City of Edinburgh Council\) \(2009\) *An Evaluation of Happy Jack: What is the Economic Value of the Project?*. Blake Stevenson: Edinburgh](#)
15. Equality and Human Rights Commission,. (2011) *Personalisation in the Reform of Social Care. Key Messages*. Available from the Equality and Human Rights Commission website www.equalityhumanrights.com [Last Accessed November 2011]
16. See Page 24 of: [Scotland, Scottish Government,. \(2011\) *Self Directed Support: A Review of the Barriers and Facilitators, Health and Community Care*. The Scottish Government: Edinburgh](#)
17. The Self Management Fund for Scotland administered by The Long Term Conditions Alliance Scotland (LTCAS) has published a number of interim reports and an initiative impact report which illustrate this point. Reports can be accessed via the LTCAS website: www.ltcas.orf.uk [last accessed November 2011]; for instance the Scottish third sector consultation report “*Tackling health inequalities and poverty*” highlights Scottish TSO’s various expertise in providing support for vulnerable service users in managing their own recovery: Voluntary Health Scotland (VHS),. (2008) *Tackling Health Inequalities and Poverty: a consultation with Scotland’s third sector*. Carried out for the Scottish Public Health and Wellbeing Directorate. Available from the Voluntary Health Scotland website: www.vhscotland.org.uk [last accessed November 2011]
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22. Third sector organisations have also been involved in reporting this finding themselves. For example: [Queensferry Churches Care in the Community and Communities Scotland,. \(2009\) *The Long and Winding Road*](#). Last accessed November 2011
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24. [Miller, E \(Joint Improvement Team\),. and Barrie, K \(Better Together Project\),. \(2010\) *Perth and Kinross Healthy Communities Collaborative. Evaluation Report.* Available from \[www.jitscotland.org.uk\]\(http://www.jitscotland.org.uk\) \[last accessed November 2011\]](#)
25. An increasing turn towards engaging older people in the design and delivery of services has characterised wider thinking around better health services provision in challenging financial climates. See for example: [O4O: Older People for Older People,. \(2010\) *Final Report.* Available from \[www.O4Os.eu/final-report.asp\]\(http://www.O4Os.eu/final-report.asp\) \[last accessed November 2011\]](#). Within Scotland, a high prevalence of isolated rural populations of older people has given these initiatives even greater urgency.
26. As discussed within: [Scotland, The Scottish Government,. \(2011\) *The Opportunities and Challenges of the Changing Public Services Landscape for the Third Sector in Scotland: a longitudinal study.* The Scottish Government: Edinburgh](#)
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28. For example: [Rahman, O and Munro, A,. \(2005\) *Moving Further Ahead. Evaluation Report of NKS Services from April 2002 to March 2005.* Nari Kallyan Shangho: Edinburgh](#)
29. See Nari Kallyan Shangho website for further information: <http://www.nkshealth.co.uk/htm/index.htm> [last accessed November 2011]
30. The Scottish Government’s Public Social Partnerships (PSPs) initiative has been working towards building appropriate forums in this area. Between 2007-2009 a number of PSP partnership projects were established across Scotland. The success of these partnerships varied but the learning experience of itself was valuable. As a result The Scottish Government produced a guide to managing PSP work with the aim of moving forward in this area: [Scotland, The Scottish Government,. \(2011\) *A Practical Guide to Forming and Operating Public Social Partnerships.* The Scottish Government: Edinburgh](#)

Methodology

This paper was based on a rapid review of evidence and literature. It drew upon a wide range of resources including online evidence libraries maintained by the SCVO, VHS, The Joseph Rowntree Foundation, The Big Lottery Fund and various other online academic and third sector sources.

The evidence review identified documents containing evaluative data relating to third sector organisations in Scotland. A large number of anecdotal case studies were also reviewed. The review was not able to access evaluative data held at organisational level due to time and resource limitations.

The literature review searched for documents which focused on the particular role of the third sector in providing health and social care services in Scotland. Policy documents which outline the recent proposals and implementation plans for service reform were also identified.

Review and associated paper compiled by Laura Major, PhD Candidate (ESRC), Department of Social Anthropology, University of Edinburgh (as part of a broader three month internship with Scottish Government) and by Dr Kay Barclay, Third Sector Division, The Scottish Government.

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Review of engagement between Scottish Government Health and Social Care Directorates and the Third Sector.

Purpose of this paper:

To make recommendations to the Quality Alliance Board (through its short life working group on third sector engagement) about the use of Community Benefit Clauses (CBCs) in contracts and how these might be implemented initially in the NHS and eventually across Health and Social Care settings.

Introduction

The overarching strategy for healthcare in Scotland, the Quality Strategy (2010), emphasises the importance of the relationship between Scottish Government and the Third Sector in pursuing the Quality Ambitions, and embedded throughout the strategy is a commitment to a partnership based approach.

Building on the relationship between the Scottish Government Health Directorates and the Third Sector at a strategic level, and in order to maximise the contribution of third sector organisations to action on the Quality Ambitions, a short-life working group has been established to review, develop and scope a number of options to progress this area.

The short-life working group consists of representatives from third sector organisations, NHS Health Scotland and Scottish Government. This group will meet three times over Summer/Autumn 2011 and present a report and recommendations to the Quality Alliance Board at their November 2011 meeting.

As part of the review of this group, NHS Health Scotland and Senscot have been tasked with exploring the potential place of Community Benefit Clauses in procurement processes, and make recommendations about how these can be implemented initially within the NHS and eventually across Health and Social Care settings.

Engaging the Third Sector in service design/delivery

The Scottish Government is committed to developing an enterprising Third Sector which can play a valuable role in putting service users at the heart of the design and delivery of public services and take advantage of market opportunities. This was further highlighted in the Christie report from the Commission on the Future Delivery of Public Services (June 2011) and the recent budget statement which placed an emphasis on the Third Sector's role in developing programmes with a focus on preventative spend.

Using CBCs in health and social care contracts offer important ways of achieving a greater role for the Third Sector and potentially offers efficiencies and innovation that can deliver better outcomes for service users. In order to encourage this shift in culture the Scottish Government have piloted a number of Public Social Partnerships (PSPs). PSPs have introduced new service delivery models, delivered in partnership with third sector organisations who play a key role in service design, will, it is envisaged, culminate in a procurement contract with CBCs in place.

Community Benefit Clauses

In February 2008, the Scottish Government published a report and guidance on the use of CBCs in public procurement. These clauses are now being used in a variety of projects across the public sector to deliver wider social benefits, including targeted recruitment and

training as well as opportunities for social enterprises and SMEs in the supply chain. The work and recommendations of the short life working group are an opportunity to build on this work by making CBCs the norm in NHS procurement with a view to their being central to all health and social care procurement in the future.

A Community Benefit Clause is one of a range of social considerations that can be included in public contracts which can help deliver wider economic and social benefits, through buying goods and services. CBCs are contractual requirements which seek to deliver wider social benefit within a procurement contract that form part of the criteria on which contracts are assessed and evaluated.

Four elements are fundamental for CBCs :

- Employment – e.g. targeted recruitment and training (TR&T)
- Reducing carbon footprint
- The inclusion of the enterprising Third Sector
- Community Consultation

Benefits of CBCs

Preventative spending is at the heart of the Scottish Government's response both to the need to address inequalities and to do so in the context of reduced resources. Through helping preserve local jobs within communities most at risk, as well as helping to sustain an enterprising Third Sector focusing on the needs of the most vulnerable groups CBCs are a powerful means of promoting this agenda in action. In addition experience has shown that CBCs promote collaboration between private and third sector bodies as joint tendering becomes more widespread.

CBCs have developed considerably over recent years. Historically, the focus has been on targeted training and recruitment but increasingly, as evidenced by Commonwealth Games construction contracts, the New South Glasgow Hospital construction contract, Green Academies in the Fuel Poverty Division's Energy Assistance Programme and others, CBCs are being developed to encourage contractors to engage with SMEs and social enterprises in the supply chain.

In addition, clauses are developing into other areas such as education and public realm (publicly owned streets, parks, publicly accessible open spaces and any public and civic building and facilities) initiatives. There are many examples from community transport to leisure, health and social care where CBCs have enabled social enterprises to successfully deliver high quality and user-focused services.

CBCs are already in use in the NHS. NHS Health Scotland for instance has embraced them as part of its response to the sustainable procurement agenda and has proved a valuable tool in getting suppliers in line with the aims of this agenda.

Sustainable procurement is 'a process whereby organisations meet their needs for goods, services, works and utilities in a way that achieves value for money on a whole life basis in terms of generating benefits to society and the economy, whilst minimising damage to the environment.' (Sustainable Procurement Task Force)

A recent tender for a framework of film production suppliers served as a model for future tenders and involved auditing potential suppliers on their sustainability credentials. Questions included how economic, social and environmental sustainability implications were factored into the film production service.

Examples of CBC's listed below:

www.readyforbusiness.org/downloads/casestudies141011.doc

<http://www.nhslanarkshire.org.uk/Services/FruitsRoots/Pages/default.aspx>

<http://roar-renfrewshire.org/default.aspx>

<http://tinyurl.com/5wl7hbk> Raploch Urban Regeneration Company:

Key Drivers

A recommendation from the short life working group to include CBCs in all NHS contracts as a first step in making their use a normal feature of all health and social care procurement is very much in line with Scottish Government policy and drivers.

The Scottish Government already has in place a Sustainable Procurement Action Plan but is committed to delivering a **Sustainable Procurement Bill** which will require the inclusion of social, economic and environmental considerations when public bodies are buying goods and services. This will be a key driver for change.

In addition, the Scottish Government has issued national contracts to support the Third Sector's role in public service reform and delivery. Key to working with the public sector on PSPs developments and using CBCs in procurement is the Scottish Government's 'Developing Markets for the Third Sector' which will provide support and promotion across the public sector. Progress is already being made in raising awareness about the need to include CBCs in service contracts which should have the effect of widening the opportunity for third sector organisations to participate in sectors such as health and social care.

CBCs fit well with the Scottish Government's 'Procurement Journey' approach which is intended to support all levels of procurement activities and to help manage the expectations of stakeholders, customers and suppliers). It facilitates best practice and consistency across the public sector by providing one source of documentation nationally which can be updated on a continual basis with any changes in legislation, policy and promotion of best practice. (<http://www.scotland.gov.uk/procurementjourneyhome>)

Social value is regarded as the additional benefit to a wider community that comes from the direct purchasing of services .e.g. a befriending scheme has a wide range of community benefits as well as improving the health and wellbeing of individuals. The Scottish Government will promote the use of Social Value which will include the use of tools such as Social Return on Investment (SROI <http://www.thesroinetwork.org/>), Social Auditing (<http://socialauditnetwork.org.uk/>) and others to support the public sector to measure the community benefits achieved through CBCs.

Recommendations

1. Community Benefit Clauses

It is recommended that Community Benefit Clauses (CBCs) are a standard component of procurement within the NHS. The key elements of CBCs are that they place a legal obligation on suppliers in respect of employment, carbon footprint and the involvement of social enterprise. NHS Boards should be accountable for their use of CBCs through the Annual Review process and monitoring should be incorporated into the Procurement Capability Assessment. All NHS procurement through the Public Contract Scotland portal should include CBCs. Each NHS Board needs to report on current use of CBCs by the end of March 2012. This should be seen as a first step in making the use of CBCs the norm within procurement across the Health and Social Care sectors.

2. Support for NHS Board procurement

A range of supportive measures should be in place to support NHS Boards to comply with the requirement to include CBCs as the norm in procurement procedures. Some of these are already in place or planned but they could usefully include measures to raise awareness within NHS Board procurement departments about the contribution of the enterprising Third Sector and supply chain development; opportunities to increase awareness and skills with regard to CBCs (e.g. social procurement training); mechanisms to promote good management of contracts and CBC conditions such as the Balanced Score Card.

3. Good practice examples

Working through the Social Enterprise Health Roundtable, NHS Health Scotland and Senscot are able to offer learning about the incorporation of CBCs into procurement for mainstream contracts and the development of exemplar NHS Board policy in this area.

Sources of Help & Advice/Useful sites

<http://www.scotland.gov.uk/Publications/2008/02/13140629/0>

Community Benefits in Public Procurement Guidance Note

<http://www.scotland.gov.uk/Resource/Doc/212259/0056492.pdf>

<http://www.scotland.gov.uk/Topics/People/15300/enterprising-organisation/Opening-Markets>

Public Contracts Scotland:

<http://www.publiccontractsscotland.gov.uk/>

Ready for Business:

<http://www.readyforbusiness.org/index.php>

Public Social Partnerships: <http://www.scotland.gov.uk/Topics/People/15300/enterprising-organisation/PSPGuidance2011>