



# Engaging with Scotland's health agenda: a survey of local intermediary bodies



## Summary

This VHS research initiative aimed to identify the current level of engagement which local third sector intermediary bodies have with Scottish health structures; what, if any, barriers they experience to effective engagement; how they relate to their own constituents about health engagement and what barriers there are to doing this effectively; how they experience the support offered by VHS, what degree of reciprocity can be expected and what their preferences are for ongoing help from VHS.

There was a 47% response rate to our survey, which was completed mostly by senior staff from participating local intermediaries.

Local authorities rather than NHS bodies were the statutory bodies with which the third sector intermediaries most commonly engaged. Intermediaries which noted barriers to engagement saw these as mainly structural or resource dependent.

The majority of participants who completed the survey engaged with their own local third sector constituents (volunteers, community groups or third sector organisations) through supporting condition specific groups or networks whilst nearly half the participants disseminated summaries of new health policies as they arose.

The health-focused support which local intermediaries were giving was likely to be *ad hoc* rather than planned, as there was no evidence of funding being available from the NHS to support any health related work or to allow it to be strategically planned and implemented.

The support received from VHS included information in the form of regular newsletters, briefings and specific policy updates, which many in turn disseminated to their own members, as well as receiving individual support when requested.

Most survey respondents wished to understand how healthcare services were delivered across NHS Scotland. They also wished for local interpretation of national health policy and further support to engage with local health structures.

The most requested way for support to be delivered was in the form of information which could be immediately used by the intermediary and disseminated if applicable.

All the organisations which responded to the survey were willing to provide reciprocal support to VHS in some way.

## **Acknowledgements**

We recognise that this is an extremely busy time, with a great deal of change taking place for local intermediaries.

VHS would therefore like to thank all the local Councils for Voluntary Service, Volunteer Centres and Interfaces which participated in the survey by returning the questionnaire or by attending the discussion session which VHS hosted at the *Third Sector Interface & National Intermediaries Conference* in October 2010

**Bill Weir**

**Voluntary Health Scotland**

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## Table of contents

Summary.....	1
Acknowledgements .....	3
List of Charts.....	5
Section 1 – Introduction.....	6
1.1 Background .....	6
1.2 Survey aims .....	6
1.3 Methodology .....	7
Section 2 – Results and discussion.....	9
2.1 Survey participants.....	9
2.2 Where and how local organisations engage with health structures.....	10
2.3 Barriers to effective engagement with local health structures.....	13
2.4 Engaging local constituents .....	14
2.5 Barriers to engaging local constituents effectively in the health agenda.....	16
Section 3 – Support given by VHS .....	18
3.1 Overview of current health policy support for local intermediary bodies.....	18
3.2 Health information and policy support received from VHS .....	19
3.3 Forms of further support requested from VHS .....	21
3.4 Delivering support at local level .....	23
3.5 Supporting the work of VHS.....	25
3.6 Further information given by respondents.....	27
Section 4 – Conclusions and Recommendations .....	29
4.1 Conclusions.....	29
4.2 Recommendations .....	31

## List of Charts

Chart 1 – Survey participants by subsector .....	9
Chart 2 – Job positions of respondents within participating organisations .....	10
Chart 3 – Numbers of respondents engaging with different local health structures.....	11
Chart 4 – Ways in which intermediaries engage their local constituents.....	15
Chart 5 - Frequency of support received from VHS .....	19
Chart 6 - Supports received from VHS by type of organisation .....	20
Chart 7 - Forms of further support requested from VHS.....	22
Chart 8 – Preferences for local support.....	23
Chart 9 – Types of support offered by intermediaries to VHS.....	26

## Section 1 – Introduction

This is the report of a survey which VHS carried out with Councils for Voluntary Service (CVS), Volunteer Centres (VCs) and local Interfaces to identify the current level of engagement which local intermediary bodies have with Scottish health structures and to assess the role of VHS in assisting with engagement.

### 1.1 Background

The Scottish Council for Voluntary Organisations (SCVO) defines national and local intermediaries as *third sector organisations that serve other organisations or professionals who work within them rather than provide 'frontline' services to people*. Each intermediary has a constituency of organisations that share certain characteristics, for example they operate in the same geographical area. The best known generic local intermediaries are Councils for Voluntary Service (CVS), which provide support to third sector organisations working within their area, and Volunteer Centres (VCs), which provide support to volunteers and organisations deploying volunteers within their area.

As of 1<sup>st</sup> April 2011 all local authority areas in Scotland will have in place a third sector Interface, funded by the Scottish Government and working to deliver local outcomes across volunteer development; social enterprise development; supporting and developing a strong third sector; and building the third sector relationship with community planning. Councils for Voluntary Service, Volunteer Centres and Social Economy Networks (SENs) will either form an Interface, where all organisations have come together in a single organisation, or a partnership Interface where each organisation maintains its own identity and works with its partners under a strong partnership agreement.

Voluntary Action Scotland (VAS) is the national body for third sector organisations working in Scotland and provides generic support to all local third sector Interfaces.

### 1.2 Survey aims

The survey aimed to ascertain the current level of engagement which local intermediary bodies have with NHS and local authority health structures; what, if any, barriers they experience to effective engagement; how they relate to their constituents about health policy matters and what barriers there are to doing this effectively. The survey also aimed to find out from local

intermediaries how they experienced the support offered by VHS; what degree of reciprocity might be expected; and what their preferences were for ongoing help from VHS.

### **1.3 Methodology**

The research was aimed at all Interfaces, VCs and CVS currently operating in Scotland. It was felt that SENs were not sufficiently engaged with Interface development to include them at this stage.

An invitation to participate in the survey was sent to all known Interfaces, VCs and CVS across Scotland, which were given a month to complete it. A further reminder was sent out after two weeks had elapsed. The survey was also promoted through the electronic news bulletin of SCVO, which is sent out to all CVS on a regular basis.

A total of 86 local intermediary organisations received a direct invitation to participate and of these, 40 responded to the survey, with 34 completing it. This has afforded VHS a 47% response rate.

The invitation to participate in the survey was sent to as many identified individuals as possible, as opposed to its being sent to the generic mail boxes which many organisations use. This ensured that VHS was able to target those individuals with the greatest understanding of their organisation's engagement with the health agenda and the best idea of what support might be required for engagement.

The survey was carried out using Survey Monkey, which has been used successfully on many occasions by VHS.

The questions were a mixture of multiple choice options, where participants could choose any number of responses from a range of options; and free text, where participants could expand on their answers in their own words.

To amplify the survey, an open space discussion was run at the National Intermediaries Conference on 5<sup>th</sup> of October 2010, which allowed those present to discuss the survey and expand upon some of the preliminary results which had been gathered up to that point. Qualitative information from this source has been kept separately and where it is used, the source has been identified.

A copy of the survey is included at Appendix One.

## Section 2 – Results and discussion

### 2.1 Survey participants

We asked survey participants to tell us their job titles and contact details before starting the survey.

40 participants started the survey, with 34 completing it. These were nine Interfaces, 13 VCs, 11 CVS, and one NHS partner which worked with both the NHS and the CVS. This response has been taken as coming from the CVS with which the NHS partner works.

It was anticipated that including an ongoing NHS/CSV partnership in the results would give some responses which were more positive than would be expected from a CVS alone and where the inclusion of this response is thought to skew the figures, this is noted in the text.

The spread of responses to the survey was very encouraging, with a good number of participants from each subsector providing contributions.

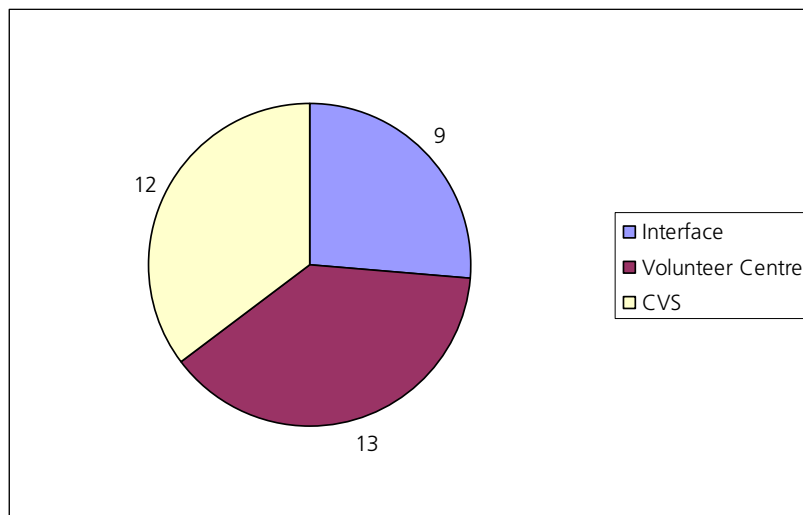


Chart 1 – Survey participants by subsector

The survey was completed in the main by the senior staff whom VHS directly targeted, with 28 of the respondents who completed the survey describing their job title as CEO/Assistant CEO, Director or Manager.

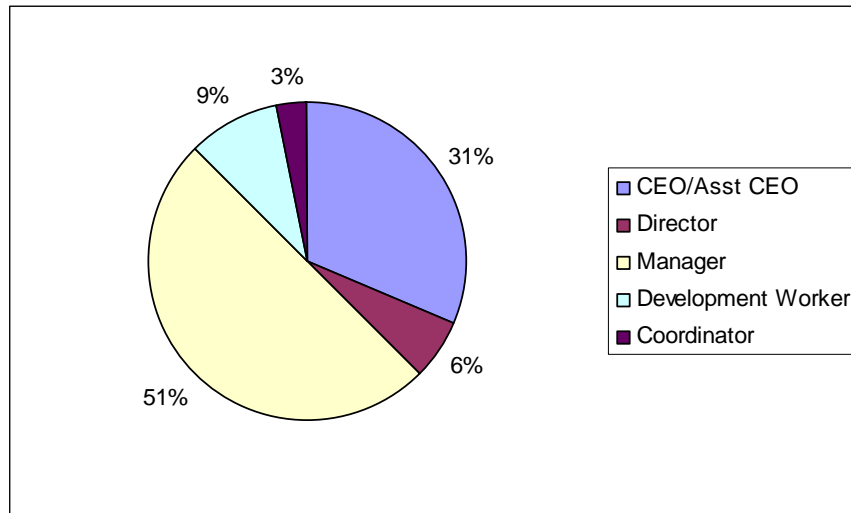


Chart 2 – Job positions of respondents within participating organisations

One person did not leave their name or job title and four people described their jobs in terms of development work or coordinator.

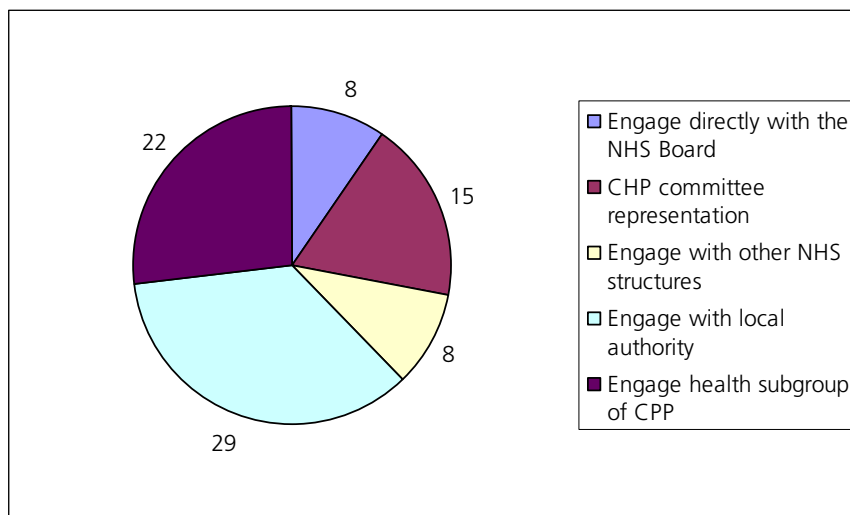
The seniority of the staff completing the survey gives us a high degree of confidence in its integrity and insight.

## 2.2 Where and how local organisations engage with health structures

We provided a list of typical routes to engagement with health structures and asked participants which they used to engage locally. These included engaging directly with the NHS Board, providing representation to the Community Health Partnership (CHP) Committee, engaging with other NHS structures, engaging with the local authority or working with the health group of the Community Planning Partnership (CPP). Each organisation was asked to indicate all the ways in which it engaged. The chart below shows which routes organisations used most to engage with local health structures.

Every organisation which responded, with the exception of one, engaged with local health structures in at least one way, with most organisations engaging with two or more structures.

Local authorities were the most common statutory bodies with which the third sector intermediaries were engaging. 29 of the organisations which completed the survey engaged with their local authority, with 22 engaging directly with the health subgroup of the Community Planning Partnership.



**Chart 3 – Numbers of respondents engaging with different local health structures**

Nearly a quarter of respondents stated they engaged directly with the NHS Board or *other NHS structures*, while 44% of those who completed the survey stated they provided representation to the Community Health Partnership (CHP).

When we looked at engagement from the perspective of different intermediaries, there was a noticeable difference with which health structures they engaged.

Interfaces are required to discuss their delivery framework with their local authority partners prior to submitting it to the Third Sector Division at the Scottish Government, so it came as no surprise to see that all except one of the Interfaces were engaging with the local authority on health. Similarly there is a history of engagement between Volunteer Centres and local authorities and all of the VCs which participated engaged with their local authority.

Although all participating Volunteer Centres engaged with the local authority, only 8 VCs engaged with the health sub-group of the CPP, showing that they were engaging over a wider area than health structures alone. Similar numbers of CVS and Interfaces also engaged with the health subgroup of the CPP.

Volunteer Centres were the organisations most likely to be engaging at NHS Board level, with four VCs engaging at this level, three Interfaces and only one CVS. This could be a consequence of the engagement VCs have had through the *Revised Strategy for Volunteering in the NHS in Scotland*, which was published by the Scottish Government in 2008 and provides an outcome focused framework for engagement in volunteering.

However, the picture changed when we asked about engaging directly with the CHP Committee, with only around a quarter of VCs providing representation to the Committee, as opposed to over half the participating CVS and Interfaces. This is perhaps understandable when we take into account the original CHP Guidance from 2004 which said: *in developing CHPs, Health Boards will be expected to discuss and agree with their local Council of Voluntary Services... .. on how the views and experience of the voluntary sector locally may be built into the organisational arrangements of each CHP.*

From our work in supporting the third sector members of CHP Committees, we know that around half of all third sector representatives on CHP Committees are from, or directly supported by, a CVS.

Four VCs were engaging with NHS bodies other than the NHS Board or the CHP Committee, while one CVS and two Interfaces engaged elsewhere, a total of more than one in five respondents.

From discussion with participants at the national Interface Conference it would appear that, in their experience, there are different points of entry into the NHS system: for example, many CHPs support topic-focused working groups which can investigate and advise on specific aspects of health delivery. Participants at the discussion session felt that engaging with these was often more productive than engaging at the CHP Committee level, suggesting that the Committee was mainly *rubber stamping* decisions which had been made at these working groups.

CHPs will continue to have a statutory duty to include on their Committee *a member of a voluntary organisation whose activities include the provision of a service similar or related to a service provided by the Board* although, with the low numbers of respondents indicating they engaged at this level and the apparent belief that it was not a productive use of participants' time, VHS wonders about the ongoing ability of CHPs to actually fulfil this statutory obligation as it is currently described.

### **2.3 Barriers to effective engagement with local health structures**

We gave respondents the opportunity to tell us in their own words what barriers, if any, they encountered when trying to engage in the local health agenda.

The main barriers which respondents identified appeared to be structural barriers. By structural barriers we mean the perception of the rules, both formal and informal, which govern the whole system rather than any antipathy towards individual beliefs or preferences. Some respondents felt that they were not permitted to work at the groups which would facilitate the most effective engagement. For example, one Interface had a seat at the management group of their CHP, which deals with key operational issues but felt it missed out on representation at the governance level CHP Committee.

Theoretically, with a longer history of involvement in CHPs, CVS have had a greater opportunity to see at first hand what works and where the best points of influence are. However, this makes more worrying the comment from one CVS that in their area the third sector was *frozen out* of involvement and had no formal contact with either the NHS or Community Planning.

Experience also gives intermediaries the opportunity to evaluate any engagement and as one CVS stated: *Engagement (i.e. being invited to sit at all the right tables) is one thing; exerting real power or influence, quite another.*

The other barriers identified were the resource implications of engagement, mainly in terms of finances and time. Some of the more isolated CVS had to take a full day of staff time and find travel costs, for which they were unable to seek any recompense, to attend one meeting. An opinion was put forward that there was a lack of resources available to statutory organisations for engaging effectively with the third sector.

One Interface noted in this section that it engaged with the NHS only through being a partner on the Community Planning Partnership but gave no indication of whether this type of relationship was a barrier or an enabler.

Volunteer Centres on the whole did not note any major barriers to their engagement with health structures. One respondent did note that the structures appeared to be in a state of

constant change, usually making them even more complex. This perceived lack of barriers may be due to the *Revised Strategy for Volunteering in the NHS in Scotland*.

Comment from the National Intermediaries Conference supports this view, with participants saying that one of the barriers they experienced to engaging effectively was the strategic level and remit of the health related groups they were invited to attend by statutory organisations. These groups were not always seen as the most effective areas for engagement by intermediaries but there was little they could do to influence where they were invited to engage, as the groups had been set up by statutory organisations prior to intermediaries being involved.

Those who represented the third sector at their CHP felt strongly that being a member of the CHP committee could be both a barrier and an opportunity, in that, while they were engaged at a strategic level, some respondents still felt only able to agree to the decisions made by designated topic-focused working groups, as suggested previously. It was discussed at length at the National Intermediaries Conference and those attending agreed that being a member of appropriate topic-focused working groups would allow third sector organisations to have a greater degree of influence. However the resource implications of a local intermediary either sitting on multiple groups or supporting other organisations to engage were seen to be prohibitive.

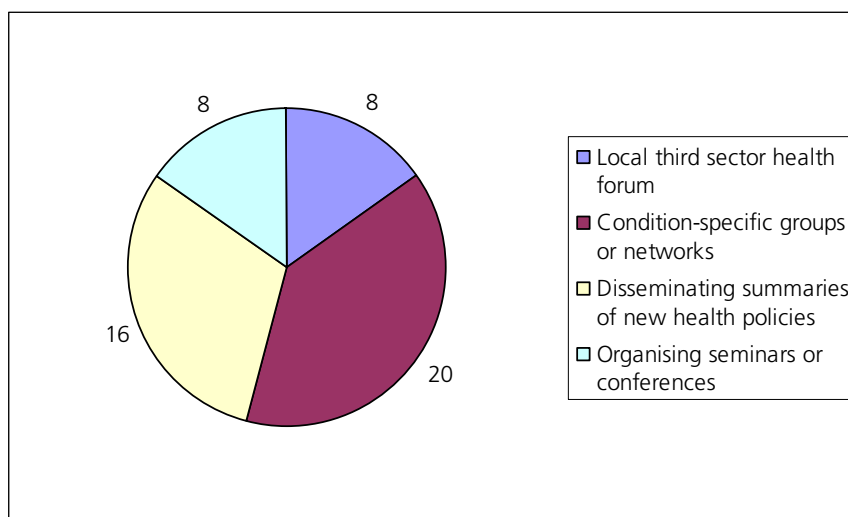
## **2.4 Engaging local constituents**

We then asked the survey participants to tell us the ways in which they engaged with their own local constituents. Local constituents of Interfaces are mainly local voluntary organisations, community groups, tenants associations, support and campaigning groups.

Not all Interfaces, CVS or VCs in Scotland are membership organisations, thus in this survey we have used the term “local constituents” to mean those groups which local intermediary bodies support or represent through their normal activities.

Participants were given four options to describe engagement which were: through a local third sector health forum, through condition specific groups or networks, by disseminating summaries of new health policies or by organising seminars or conferences. From these they could choose as many as they wished, while a free text option allowed them to add in their own comments.

20 of the 34 intermediaries which completed the survey engaged with their local constituents through supporting condition-specific groups or networks, whilst nearly half disseminated summaries of new health policies as they arose.



**Chart 4 – Ways in which intermediaries engage their local constituents**

Looking at the ways in which different intermediaries engaged their constituents gave a slightly different picture.

Nine Volunteer Centres, or nearly three quarters of those who completed the survey, engaged through condition-specific groups or networks, as compared with just over half the CVS and over two fifths of Interfaces which responded. Volunteer Centres also showed the most variation in the way they engaged with their local constituents.

Interfaces, and to a lesser extent CVS, are most likely to summarise national health policies and disseminate these to their constituents. This may be linked to these intermediaries' aim of supporting and developing a strong third sector.

Less than half of all respondents were supporting a third sector health forum, where more generic health related issues could be discussed and shared with and between their constituents. Only one VC which participated in the research hosted a specific health forum for the discussion of generic health issues. Again, no specific reasons were given for this.

One Interface stated that it did support a third sector health forum but then noted that it was for all CPP issues and not just for health related issues, while another Interface stated they had a

general third sector forum and joint commissioning group which was working well but that they *did not have sufficient population to have additional health specific forums*. This may well continue to be a challenge to engagement within small NHS Board areas such as the Island Boards.

Few respondents engaged through providing local seminars or conferences, possibly due to the resource constraints mentioned previously. Those which have taken place have been at least partly funded from sources external to the intermediary body.

Other ways in which people told us they engaged with their constituency included ensuring their website contained up to date information on health related topics, sending out email bulletins and contributing to locality network meetings where health related topics could be discussed.

One VC and one Interface also noted that by acting as a conduit for referring volunteers to their local NHS they were actively engaging with health structures.

## **2.5 Barriers to engaging local constituents effectively in the health agenda**

We asked participants to tell us in their own words what barriers, if any, they experienced in engaging their constituents effectively in the local health agenda.

There were eight responses to the invitation to add further information. From these it was apparent that there was a concern about having adequate resources to engage with their constituents as effectively as these intermediaries would like to.

CVS and Interfaces were more likely to cite financial or resource issues as the reasons for not engaging further with their constituents on the local health agenda.

The support given by local intermediaries which responded was likely to be *ad hoc* rather than planned as there was no funding available from the NHS to support any health related infrastructure development and allow it to be strategically planned and implemented.

One CVS also noted that their Community Planning Partnership *will not currently recognise a voluntary sector group*, suggesting that even with the Scottish Government's policy of involving the third sector, local arrangements did not always reflect this policy.

However one CVS noted that they were *at an early, formative stage*, suggesting that they perhaps still had hopes of a productive outcome.

## Section 3 – Support given by VHS

### 3.1 Overview of current health policy support for local intermediary bodies

With the ongoing integration agenda and the Scottish Government's commitment to localism, third sector Interfaces are the key bodies which will ensure the third sector is actively engaged at local level.

The Third Sector Division of the Scottish Government currently funds Voluntary Action Scotland to provide structural support for local third sector Interfaces. However the Third Sector Division is also clear it wishes to see thematic supports extended to third sector Interfaces

With these facts in mind, VHS wishes to develop stronger and more consistent engagement between itself and local intermediaries.

VHS is committed through its Strategic Objectives to strengthening and supporting the voluntary and community health sector in Scotland to develop its strategic role in health improvement and health care policy and service delivery. In pursuit of this, VHS currently provides a portion of its health policy support for local third sector organisations through its engagement and relationship with the CVS network, individual CVS and the emerging Interfaces.

Increasingly, VHS will extend its health engagement support to Volunteer Centres, which until now have been receiving support for engaging with the NHS from Volunteer Development Scotland (VDS) through the Scottish Government's *Refreshed Strategy for Volunteering in the NHS in Scotland*, published in 2008. The *Refreshed Strategy* was funded until March 2011.

The *Refreshed Strategy* aimed to place volunteering in the NHS in Scotland on a *consistent footing* and ensure all NHS Boards achieved the Investing in Volunteers Standard – the nationally recognised standard which guarantees a quality experience for volunteers. VDS led on the delivery of the *Refreshed Strategy* and VHS provided support by engaging with the National Group leading on the programme.

Although there is now a Social Economy Health Network hosted by SENSCOT, VHS has yet to develop formal relationships with the Social Economy Networks (SENs) across Scotland.

Direct support provided to CVS by Voluntary Health Scotland has so far consisted of:

- Provision of a monthly health policy article for CVS for inclusion in their newsletters, web-sites or other related media
- Provision of a bi-monthly e-bulletin on health policy issues relating to CHPs
- Provision of a monthly e-newsletter on general health policy issues
- Provision of bespoke articles for specific publications
- Provision of *ad hoc* support for individual CVS
- Provision of local learning and development sessions, publicised through individual CVS

This section of the survey relates to the level of health policy support which participants perceive they had been receiving from VHS and the types of support which they felt would be appropriate for the future.

### 3.2 Health information and policy support received from VHS

We asked participants what frequency of support they felt they had been receiving from VHS and also asked those who received support to give us an example of the kind of support received.

Well over half of all respondents stated that they received support from VHS either frequently or sometimes, although nearly one in five did say they did not receive support at all.

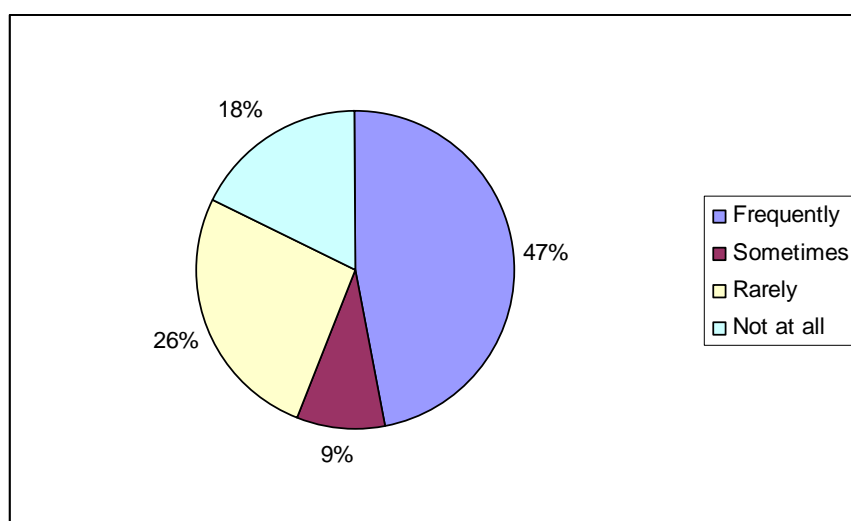
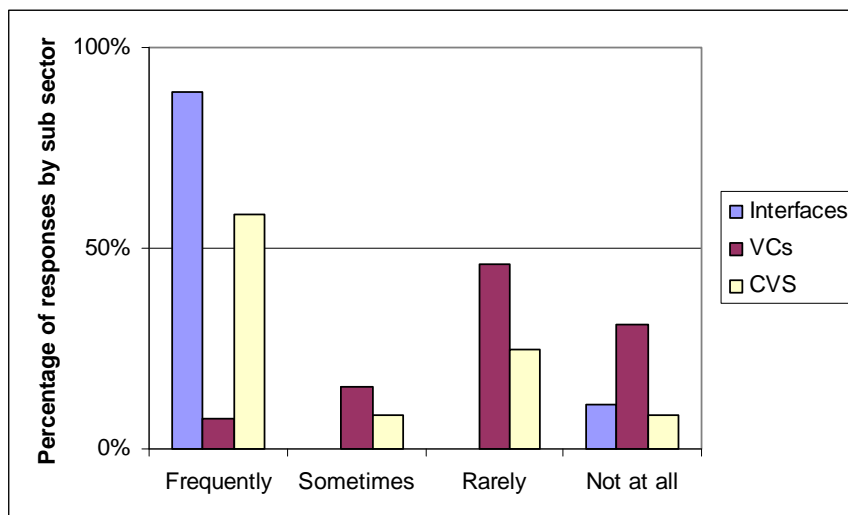


Chart 5 - Frequency of support received from VHS

When we looked at the frequency of support received by sub sector, CVS and Interfaces were most likely to say that they received support frequently, with 15 of the 16 replies in this category coming from one of these sources.



**Chart 6 - Supports received from VHS by type of organisation**

Volunteer Centres were more likely to state that they received support rarely or not at all, with 10 of the 13 VCs survey respondents replying in this way. However, given that VHS is only just beginning to develop its relationship with the network of VCs, this is understandable.

There was a small but significant number of CVS which felt they received support only rarely or not at all. The single CVS respondent which stated they received no support from VHS receives all the VHS electronic newsletters and posts on their website the monthly articles which VHS sends out. It may be that the respondent either did not realise this was happening or did not regard these actions as examples of support.

This may be the same for the Interface which felt it did not receive support from VHS.

As noted above, the picture of the responses received was indicative of the relationship which VHS has enjoyed with many CVS and some emerging Interfaces. This relationship is still being developed with Volunteer Centres and it is anticipated that their perception of support received from VHS will increase as the relationship develops.

The forms of support respondents told us they had received included information in the form of regular newsletters, briefings and specific policy updates, which many CVS in turn disseminate

to their own members. This was in addition to the health policy article which VHS submits to each CVS newsletter on a monthly basis.

Many respondents also told us they appreciated receiving *advice and support when requested*, which was noted as being particularly valuable, as were personal visits by the VHS Partnership Development Officer.

The VHS website was cited as being a useful source of information by participants at the Intermediaries Conference, although only one respondent cited this in the survey.

Intermediary organisations were also likely to value the conferences, seminars and learning days which VHS has hosted as ways of gaining information and support.

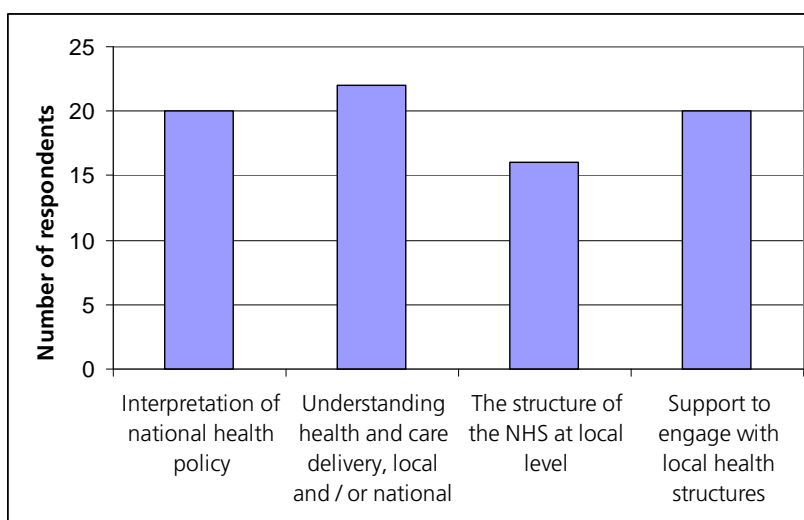
One CVS noted that they had received *a great deal of support over the years and would hope it would continue*.

### **3.3 Further forms of support requested from VHS**

We asked survey participants to tell us what forms of support they considered would be useful for the future.

All respondents were given four options as well as a free text option which allowed them to add their own preferred suggestion.

There was only a small degree of variation in the forms of support requested by the respondents.



**Chart 7 - Forms of further support requested from VHS**

Most respondents wished to understand how health and care services were actually delivered, both at local level and nationally across Scotland, closely followed by a wish for interpretation of national health policy and further support to engage with local health structures.

When we looked at the extent to which organisations differed in their perceived support needs, it was noted that CVS and Interfaces were most likely to seek an understanding of what national policy meant for their constituents and how care was delivered at local level, whereas Volunteer Centres were seeking to understand the make-up of local health services structures and how best individuals could engage with them.

This is likely to be a reflection of their different perspectives of support, with Interfaces and CVS likely to be supporting organisations with development and VCs likely to be supporting individuals. Therefore VCs are looking at very specific points of entry into the NHS structure to enable them to place individuals in areas which support the needs of the individual volunteer, whereas Interfaces and CVS support organisations to develop an improved understanding of health policy and structural engagement.

When we asked participants what other types of support they felt would be beneficial, they told us that providing the opportunity to share health related good practice between third sector organisations would be particularly valuable. This extended to seeking more comparative information on CHPs as they were operating across Scotland, remembering that CHPs are generally seen as the most appropriate point of engagement with the NHS for Interfaces and CVS.

VCs wished for VHS help in *emphasising the potential value of volunteers to the NHS and conveying the message that volunteers are not 'free' or without cost.*

It was also noted that *it can be helpful having VHS support when having difficult debates with local structures*, indicating that the *ad hoc* support provided by VHS should continue to be available to all intermediaries.

### 3.4 Delivering support at local level

We asked survey participants how they wished support from VHS to be delivered in the future. Respondents were given five options for ways in which VHS could deliver support, with a free text option allowing them to add their own suggestion.

Intermediaries were likely to ask for support to be delivered in ways which initially appeared to be quite “passive”, in that they asked to be sent information which could immediately be used by the intermediary and disseminated if applicable.

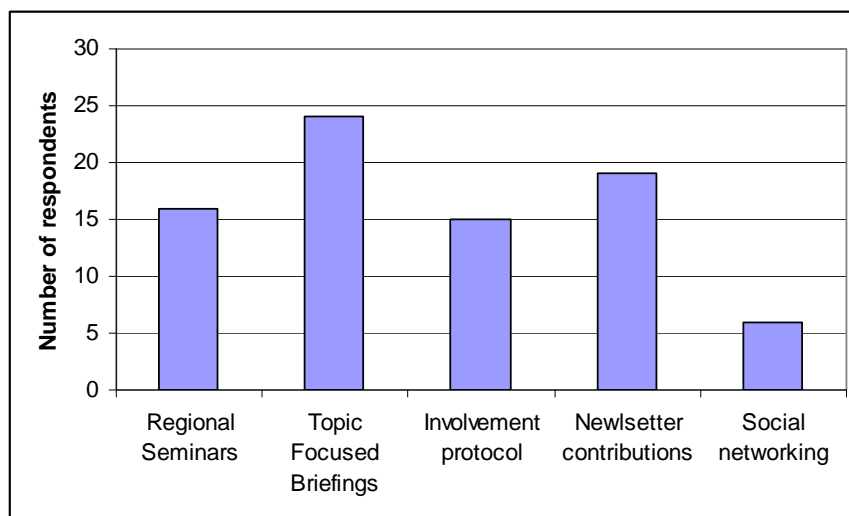


Chart 8 – Preferences for local support

Regional Seminars or extending the use of the VHS involvement protocol require intermediaries to be more proactive in their approach, allowing VHS to gather information and learn from organisations as opposed to being a “clearing house” for information.

The VHS involvement protocol, which was chosen as an option by slightly less than half of those who responded, allows local people and organisations to input to national groups. It is not

resource intensive, making it relatively easy to manage while keeping it valuable for those who choose to use it.

Social networking is currently only used by a few third sector intermediary organisations and this is reflected in the results.

When we looked at how different organisations wished support to be delivered the picture changed slightly.

All Interfaces which replied wished to receive topic focused Briefings, and all but one asked for regional seminars. No Interface chose to receive support through Social Networks.

VCs also wished information which they could then make best use of in their own way through receiving topic focused briefings or contributions for their own newsletters.

We would have thought that, with VCs providing possibly the most individualised services, they would have found the involvement protocol, which allows individuals the opportunity to engage directly with national health policy groups, more attractive. VCs were also the least likely to want support delivered through regional seminars. This is possibly due to the large numbers of individuals they support in a diverse range of placements, making targeting individual benefits through this route difficult.

The preferred way for CVS to engage was by continuing to receive monthly newsletter contributions from VHS, with three quarters of organisations wishing this to continue. CVS have been the only intermediaries to which VHS has been distributing monthly articles for more than one year.

Over half of CVS wished to receive topic focused Briefings and half wished to make greater use of the VHS involvement protocol to enhance engagement with national health policy groups, again an instrument with which some are already familiar.

Just over 40% of the CVS which responded to the survey also wished to see future support delivered through regional seminars, bringing together a range of intermediaries to learn, develop and share experiences.

CVS were the group most likely to say they would engage through social networking and again, the experience of VHS is that members of the CVS network have been among the first third sector organisations to embrace new communications technology.

When we gave organisations the opportunity to tell us about other ways in which we could deliver support, one CVS suggested that an online *community of practice* could be set up. VHS has in the past developed a bulletin board to allow members the opportunity to engage electronically, without much take up.

There was also a single plea for a *face to face meeting*. *I realise its old fashioned but putting a face to a name still works for me.*

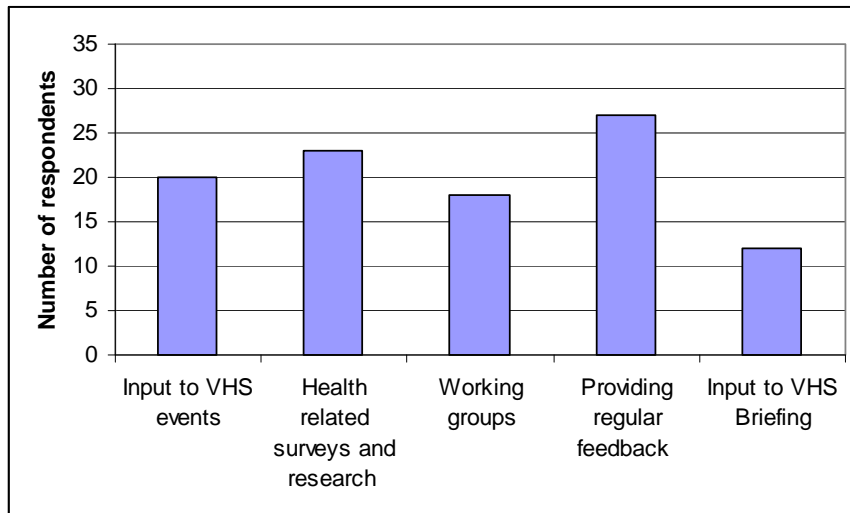
Continuation of a degree of variety in the support mechanisms which VHS offers to local intermediary bodies appears to be of value to those intermediaries which responded to the survey.

### **3.5 Supporting the work of VHS**

We then asked survey participants to tell us what types of support they thought their organisations could offer VHS.

All the intermediaries which completed the survey were willing to provide reciprocal support to VHS in some way.

A majority of the 34 organisations responding to the survey said they would be willing to provide regular feedback to VHS. 23 respondents indicated a willingness to participate in the development and dissemination of health-related surveys and research. 16 organisations were willing to participate in both research and to provide ongoing updates of their health-related work.



**Chart 9 – Types of support offered by intermediaries to VHS**

20 of the 34 respondents to the survey were willing to provide input to future VHS events and just over half of all respondents said they would also consider participating in working groups on behalf of VHS.

Interfaces appeared particularly willing to work with VHS. This is possibly because these new intermediary bodies wish to gain a greater understanding of their local health sector with the support of VHS as a key national third sector thematic intermediary.

CVS were most likely to offer to provide regular feedback in some form to VHS, with over 90% of CVS respondents saying they would be able to do this.

When we asked the participants to consider supporting VHS in developing health related surveys and research, the majority of each type of organisation were willing to become involved. Interfaces and CVS were particularly willing, possibly due to their remit of *understanding the local third sector*.

Interfaces and VCs were most likely to offer to provide input to VHS events, with CVS the least likely to feel they could support a VHS-led event.

Just around half of each type of organisation was willing to take part in *working groups* with VHS.

The only area where less than half of responding organisations indicated a willingness to provide reciprocal support was in providing copy for the VHS Briefing. This reflects the ongoing struggle which VHS has had to encourage a wider range of contributors to its regular Briefing.

When we asked survey participants to tell us any other ways in which they could provide reciprocal support to the work of VHS, not all organisations felt they had the necessary skills. One respondent noted, *we're not 'experts' in third sector health services, I feel we don't have an awful lot to support VHS*. However the responses mainly showed a willingness to enhance engagement although one respondent did note that *[the] problem I have is time, I would like to be more proactive than reactive*.

Another respondent also cited a lack of time to become effectively involved but did note that *they have to complete Fairer Scotland reports so there is / are reflective updates that could be shared*. If updates such as these could be used appropriately, it would give VHS a great deal of information without adding greatly to the resource burden of local organisations.

### **3.6 Further information given by respondents**

Finally, we asked all survey participants to give us any further information which they felt might be useful to VHS in developing its health related support for local intermediaries.

Nine out of the 34 respondents provided further information.

The only Interface to provide further information was very positive, encouraging VHS to *continue to develop relationships with interface organisations to facilitate improved cascading (in both directions), share practice and promote the role and contribution of the voluntary health sector*.

Only two Volunteer Centres provided additional information, with one wishing to know more about the outcomes of the Scottish Government's *Refreshed Strategy for Volunteering in NHS Scotland*.

The other VC which responded noted that their NHS Board *is intent on moving the majority of resources into the city and as a result engages with the VC & CVS in the city rather than involving all local intermediaries*. This may have led to some VCs feeling that they are being

given less opportunity to engage with health structures than others from surrounding council areas.

There was also an indication of the apprehension felt by some CVS with regard to their future, with one CVS noting that they could not commit to any action beyond March 2011, due to the uncertainty of their situation.

One CVS reported difficulty in *engaging and exercising real power and influence* through their Health Board structures. However they were also aware that without a more detailed understanding of *local structures, arrangements and people* it would be very difficult for VHS to provide support which could enable them to improve on this position.

Generally however, there was also positive affirmation of the support VHS has given over the years to its CVS colleagues:

*I feel VHS support has been very valuable over the years and definitely contributed to the positive working relationship we have at a local level with health structures.*

## **Section 4 – Conclusions and Recommendations**

### **4.1 Conclusions**

This survey yielded a reasonable response rate from individuals sufficiently senior within local third sector intermediary organisations to give us confidence in the conclusions we have drawn.

#### **4.1.1 Intermediary engagement with local health structures**

The patterns of local intermediary engagement with health structures vary by type of intermediary and the strength of the requirement to engage. The strongest and longest-standing engagement is with local authorities, often through the health sub-group within the Community Planning Partnership.

Volunteer Centres have in recent times related directly to NHS Boards through the *Refreshed Strategy for Volunteering* and CVS have been considered the first port of call for Community Health Partnerships through the CHP Guidance.

The new Interfaces have a more formalised engagement with local authorities and it appears that they are being proactive in engaging with health structures.

Despite growing mechanisms for structural engagement between local intermediaries and the statutory sector, there was evidence that intermediaries were often finding it more productive to engage in topic-focused working groups than in governance structures.

The main barriers to intermediary engagement with health structures were perceptions of structures as being over-formal and very procedurally driven, combined with lack of clarity about which structures offered the third sector most purchase. Fundamentally, however, lack of resources within both the third sector and statutory services was the greatest barrier to engagement.

#### **4.1.2 Intermediary engagement with local constituents**

The majority of local intermediaries engaged with their constituents through topic-focused groups. Almost as many supported their constituents with health or health policy-focused information or briefings. Despite our assumptions, it appeared that generic third sector health forums or networks were a less common means of engagement.

Again, different types of intermediary exhibited different types of engagement, with CVS and Interfaces more likely to distribute health-focused briefings and Volunteer Centres more likely to engage with topic-focused groups.

With constrained resources, it appeared that much of the support given by intermediaries was of an *ad hoc* nature, rather than of a planned or structured approach.

#### **4.1.3 Support from VHS for intermediary engagement**

VHS has long supported the engagement of local intermediaries with health structures. This support has taken many forms.

Our survey results indicated that intermediaries received support from VHS frequently or sometimes, with CVS and the new Interfaces most likely to affirm this. VHS has only recently been developing its support for VCs.

We considered it quite possible that those intermediaries which said they had not received support from VHS did not equate policy briefings, web-based information or learning and development events with “support”. As VHS is a small intermediary body itself, with very limited resources, it can only very rarely offer customised support for individual intermediaries.

#### **4.1.4 Preferences for ongoing support from VHS for intermediary engagement**

Most intermediaries wished VHS to support them in increasing their understanding of health structures and services and the interpretation of health policy. It did not surprise us to know that CVS and Interfaces indicated more need for health policy support and Volunteer Centres were interested in the means of engagement with local health structures.

In response to our asking about ways in which ongoing support from VHS might be made available, the general preference was through information dissemination, although there was also support for regional learning and development events and increased use of the VHS involvement protocol for enhancing input to national policy making.

Usefully, there was a call for VHS to facilitate the sharing of good practice across the third sector.

VHS does indeed disseminate a great amount of information about health structures, services and policies (the website currently receives about 300,000 hits a month and the e-news circulation is just under 2,000). However, VHS has no knowledge of any relationship between intermediaries’ receipt of information and how successful they are in engaging more effectively with local health structures.

#### **4.1.5 Supporting the work of VHS**

Our final questions focused on intermediaries' willingness to reciprocate in supporting VHS. Willingness to participate in health surveys and to offer examples of successful health-related work featured, as well as providing feedback and offering input to VHS-led events. CVS and Interfaces seemed enthusiastic in their willingness to take part in research and surveys, consistent with their given role in understanding the local third sector.

#### **4.2 Recommendations**

The results of this survey and the conclusions which they yield have allowed VHS to make a number of recommendations.

##### **Interfaces, CVS and Volunteer Centres should consider:**

- Working with VHS through Voluntary Action Scotland (VAS) to enhance local third sector engagement with health structures in ways identified in the survey
- Identifying a nominated individual to whom VHS can relate on health structure engagement
- Defining the local strategies and structures for engagement with the NHS/local authorities and promoting these to their local constituents
- Promoting the use of the VHS policy involvement protocol to enhance third sector engagement with national health policy making

##### **Statutory sector organisations/Scottish Government should consider:**

- Reviewing with VHS the current means of third sector engagement in local health structures, with particular reference to CHPs, Community Planning Partnerships and the Single Outcome Agreements (SOAs)
- Researching the extent and effectiveness of third sector engagement with health structures in one geographical area or for one defined client group
- Assessing the value to be gained of resourcing the facilitation of third sector engagement with local health structures

**Voluntary Health Scotland will therefore consider:**

- Exploring with Voluntary Action Scotland (VAS) ways in which they can together support strategically local intermediaries' engagement in the health agenda
- Supporting the building of joint strategic programmes for engagement and support with key intermediary bodies - the Association of CHPs (ACHPs) and Society of Local Authority Chief Executives (SOLACE) – which would maximise the impact of the third sector on local health structures
- Continuing to provide support services in areas of information provision, policy analysis, learning and development and exchange of good practice, in line with the priorities expressed in this survey
- Extending its health engagement support to all local intermediary bodies

**Bill Weir, Partnership Development Officer  
Voluntary Health Scotland**

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Voluntary Health Scotland  
35 Melville Street, Edinburgh EH3 7JF  
Tel: 0131 225 7290 Fax: 0131 220 9940  
Email: [mail@vhscotland.org.uk](mailto:mail@vhscotland.org.uk)  
[www.vhscotland.org.uk](http://www.vhscotland.org.uk)



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