Consultation Response

Transforming Your Care – Vision into Action

January 2013

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CO3 Recommendation 15

The third sector's role in innovation should be encouraged through a funding programme.

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CO3 Recommendation 17

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CO3 Recommendation 18

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CO3 Recommendation 19

There should be a vigorous approach to implementing changes proposed through TYC, and an open and transparent monitoring process, which has independent and third sector involvement. This monitoring approach should include establishing and monitoring the third sector's role in health and social care**.**

2. About CO3

CO3 Chief Officers 3rd Sector is the membership body for chief executives in the third sector in Northern Ireland. Membership is held on an individual ratherthan organisational basis. CO3 is therefore the coming together of third sectorleaders, to strengthen our leadership, our sector and our society in Northern Ireland. With almost 300 members and operating for almost 28 years, we are a mature andstrategic organisation which ensures that, through better leadership, the communities and service users that we work with are well served.

Our members lead a wide range of organisations; from charities, social economy organisations and partnerships, to community, faith-based and voluntary organisations. We use the term third sector to describe the breadth of our members' work. Members work across all policy areas and connect to all government departments, to offer considerable expertise, services and innovation. Our members lead organisations that contribute resources and investment in public services, employ tens of thousands of people and have a considerable asset base to help strengthen the economy.

We are supported by a small staff team who work closely with members, as well as partner organisations in the private & statutory sector and government departments. CO3 receives funding from the Voluntary and Community Unit of the Department for Social Development, as well as a range of trusts and foundations and self generating sources.

3. Responding to this Consultation

There are three main areas where third sector leaders make a contribution to health and social care — these are in leading their organisations to deliver a

• Advocacy role

• Provider role

• Leadership role.

CO3 will structure its response to take account of these roles.

4.   Overall comments
In advance of this, CO3 wants to make some overall comments.

4.1.   Implementing change with least risk
CO3 members are broadly very positive about the policy direction signalled in 'Transforming Your Care - Vision into Action'. Within this new approach, CO3 members believe it is critically important to maintain levels of funding into the health and social care system. Transforming Your Care (TYC) should not be implemented in order to achieve cuts in resourcing. CO3 members believe that the change process needs to be managed effectively, and it will be critical to have new arrangements in place and operating effectively, before existing arrangements are stepped down. This would mean that where investment is required, to establish new services or models of delivery, this should be secured through bridging and interim additional investment, rather than in seeking savings in health and social care. The Minister's effort to seek transitional investment gives us confidence that it is intended to transform through an investment approach rather than through a savings approach, which is reassuring.   The transitional funding arrangements referred are relevant to the third sector as the third sector will be looking for evidence of innovation and bringing added value to how services are delivered. The TYC team should consider an open and transparent mechanism to access this funding.

CO3 Recommendation 1

New arrangements must be in place and working effectively, before existing services are disbanded.

CO3 Recommendation 2

Investment in new service development should not come from cuts in front line health and social care services. Investment should be offered, in a transparent manner, to third sector organisations.

4.2   Ring fencing resources for prevention
In order for TYC to truly make a difference to the outcomes in health and social care, it is essential that **resources allocated for prevention and early intervention are ring-fenced** for this purpose. Acute and primary care often becomes a funding imperative, but for lasting

change to be successful, the focus on prevention and early intervention needs to be assured by ring fenced funding.

CO3 Recommendation 3

Resources allocated for prevention and early intervention should be ring-fenced.

4.3 Carers

CO3 members are concerned that the changes proposed through TYC could place a greater burden on carers. There needs to be particular consideration to ensure that risk is not being unfairly transferred to carers, as well as how carers can be properly supported in their caring role, in addition to commonly offered respite. This could include education and psychological support for carers, as well as respite e.g. those caring for persons with a mental health illness may benefit from psycho-education to help them understand the complexity of issues facing the patient they are caring for. CO3 members have also stated that it is important to be consistent in the support provided for carers. Trusts should also be clear that carers are not clients, but are key partners in the provision of care, and as such need to be fully engaged in the planning of services both at an individual and at service development level

4.4 Volunteers

There is likely to be a greater role for volunteers in the new care model proposed. Volunteering is an important role in civil society that builds cohesion and community. However, volunteering cannot happen in a vacuum without training, resourcing and support.

CO3 Recommendation 4

There needs to be appropriate support for carers, as well as for volunteering to be coordinated and supported.

4.4 The role of the third sector

The consultation document reinforces the point made by senior figures over the past 18 months; that the outcome for patients and clients will be improved by the third sector playing a greater role in health and social care. In fact, the third sector has played a significant public health, policy and service delivery in health and social care for centuries. TYC may help to better coordinate the efforts of third sector organisations and the statutory sector. CO3 members also believe they can help to improve outcomes for patients and

clients through the third sector's increased contribution. There are a number of areas where the third sector plays a unique role

- **Working in prevention and in reducing health inequalities**
- **Working closely with service users**
- **Working closely with communities**
- **Supporting effective cross departmental working**

- **Providing policy comment and advocacy**
- **Innovating new models of care**
- **Service delivery**
- **Social enterprise**

The sector is not homogenous. Links into the sector can be complex and disperse. Full engagement, information and access of opportunity through TYC, will require communication, coordination and capacity building. It will be important to attempt to connect across a range of infrastructure organisations in relation to this change process. However, there is no clear vision for the role of the third sector in health and social care in Northern Ireland.

CO3Recommendation 5

Minister and key institutions should work with CO3, NICVA and other representative and infrastructure bodies to agree a clear vision for the role and contribution of the third sector to health and social care.

CO3 Recommendation 6

The TYC team set aside resources for communication, coordination and capacity building in the third sector, in order to achieve effective engagement in TYC.

5. Advocacy Role

5.1   The protection of rights and individuals in health and social care

CO3 members are broadly welcoming of the proposals in TYC. However, we are mindful that significant change in models of care is being proposed. We ask that those managing the change process ensure that the rights of patients and clients are not diminished in this process.   We also ask that as TYC is implemented that consideration is given to **equity of access**. For CO3 members, equity of access includes equity of treatment, outcome and cost.

- Equity of Treatment (i.e. to ensure that for the same conditions, people can have the same access and also the same treatment.)

- Equity of Outcome (i.e. people can have same access, received the same treatment but because of their circumstances are discharged into different social context, the health outcome can be unequal)

- Equity of Cost (people can have different economic and even psychological cost to get access, treatment, etc.)

CO3 Recommendation 7

The rights of patients and clients should not be diminished in the change process, and equity of access maintained.

5.2   Reducing Inequalities in Health

Whilst the focus on prevention and early intervention has been important in TYC, CO3 members are concerned about the ongoing inequality in health outcomes that exist for those from low income or other excluded groups and communities.   There are significant gaps in reference to inequalities within the consultation document, withno reference to an equal right to health.   There is also a limited reference to working across and with other sectors to address the burden of ill health. Whilst the Public Health Framework will be a helpful vehicle to address inequalities, there should also be a focus on addressing

inequalities within TYC. The World Health Organisation recent policy framework, agreed by the 53 Member States in the WHO European Region[1] indicates that '*successful governments can achieve real improvements in health if they work across government to fulfil two linked strategic objectives;*

- *Improving health for all and reducing health inequalities*
- *Improving leadership and participatory governance for health'*

The target groups referenced within TYC (older people, those with long term conditions etc) are not homogeneous and will experience varying levels of inequalities. The TYC team should consider adopting a health equity policy approach to the assessment of population plans. The prevention and early intervention approach needs to take account of inequalities in health outcomes and work to address these inequalities as TYC is implemented.

CO3 Recommendation 8

A health equity approach is adopted for TYC, which includes an assessment of population plans and further consideration to the prevention and early intervention approach to ensure inequity is considered and addressed.

5.3   Working in Neighbourhoods and Communities

There is concern about the breakdown of cohesion and the ongoing generational health inequality and exclusion in many neighbourhoods and communities in Northern Ireland. The community infrastructure to respond to these issues is weak and overstretched in trying to respond to a number of pressures from government (TYC, Reform of Local Government, Community Planning Neighbourhood renewal proposals and infrastructure). TYC could offer a great deal to address long term inequality and exclusion in these areas; however for TYC to be effective, there needs to be support and resources for community development work in these neighbourhoods at risk. In addition, there should be a proof of concept approach to test new prevention and early intervention approaches in one or two neighbourhoods or communities.

CO3 Recommendation 9

There needs to be a TYC focus on supporting community development in neighbourhoods at risk, with a pilot proof of concept approach to testing the TYC approach in a community setting.

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[1]World Health Organisation. Health 2020: a European policy framework supporting action across government and society for health and wellbeing. September 2012

6. Provider role

6.1   Integrated Care Partnerships (ICPs)

The principle of a more integrated planning and delivery of services is to bewelcomed, as well as the stated role for the third sector in ICPs. There are somewhere between 5,000 and 8,000 charities/community groups in Northern Ireland and many of these will have a health or social care focus. The involvement of the third sector in ICPs will require coordination, communication and capacity building, to ensure that information isdispersed into and out of ICPs; organisations are mobilised to support the 'shift left'; practice is shared across ICPs and individuals can play a full role in ICPs. Leaders in the third sector should be involved in the strategic development of ICPs and in their ongoing coordination so that we can communicate good practice or implementation issues, and be a part of the effective development of ICPs.

CO3 Recommendation 10

Third sector leader involvement in ICPs needs to be resourced to allow for communication, coordination and capacity building.   Third sector leaders should be involved in the strategic development of ICPs and their ongoing coordination.

6.2   Improving Outcomes

Early in the TYC process, CO3 organised a thought leadership seminar and involved Angiolina Foster, Director of Cabinet Operation in the Scottish Government to learn about Scotland's approach to outcome based approach to government.   An outcomes approach has much to offer TYC. CO3 wishes to state that the shift for change must have a relentless focus on improving patient and client outcomes. CO3 also believes that there should be a mixed economy of provision.

CO3 Recommendation 11

TYC should have a relentless focus on improving outcomes.

6.3   The Role of the third sector as a provider

As part ofachieving a shared vision for the sector's role in health and social care, it would be important to achieve clarity about the sector's role in service delivery. Given that it is anticipated that this role will grow, it will be important to ensure this is communicated effectively to all those who commission third sector services or have a provider role within health and social care.

CO3 Recommendation 12

The third sector's role as a provider should be agreed and communicated effectively to all those who manage or commission in health and social care.

6.4   Procurement

There needs to be greater clarity about the services that will be offered for commission. There may be services delivered by the public sector that could be more effectively delivered by third sector organisations, but there is no mechanism to determine what is best delivered by the public sector and what should be delivered by independent or third sector providers. CO3 recommends that the HSCB undertakes a review of services delivered, and agrees a mechanism for determining if a service should be delivered by statutory providers, or delivered through a mixed economy of care.

Grants and grant in aid remain important funding streams and should be continued. There also needs to be appropriate communication between individual third sector organisations and health and social care organisations on the timetable and plans for moving from grant or service level agreements to commissioning.

There is some concern that the benefits of the third sector, in being flexible, fast responders and locally based, may be damaged by large procurement contracts and a heavy emphasis on collaboration. In order to retain the unique characteristics of the third sector, and achieve greater involvement of the third sector in health and social care, government should undertake a review its procurement practice, which involves the third sector, in order to ensure that the intrinsic value of the third sector is not damaged by meeting procurement processes.

There is a concern about how the early involvement of the third sector in policy development and service planning can work alongside procurement process without giving those involved an unfair tendering advantage.

An outcomes approach should be developed for commissioning and procuring services.

Health and Social Care organisations should also consider the development of social clauses in its procurement practices[2]. The NI Assembly Research and Library Briefing on the UK Public Services (Social Value) Act 2012 indicates that whilst there is a commitment in the Programme for Government to introduce social clauses, this has not been widely implemented in Northern Ireland[3].

CO3 Recommendation 13

The Health and Social Care system should develop a shared understanding of which services should be procured, and which should not.

CO3 Recommendation 14

There should be a review of procurement practice to ensure that the third sector's expertise can be considered in service planning and that the unique, local and flexible skills and added value of the third sector are not lost. An Outcomes-based commissioning and procurement approach should be implemented. Grant and Grant in aid should continue to be provided, where appropriate and any transition from grant to procurement should be managed in a way that works for third sector leaders as well as statutory bodies.

6.5   Innovation

The third sector has been a rich source of innovation in health and social care, and innovation is critical if we are to meet the needs of our communities and respond to change health and social care needs. Accordingly, it is important to support the third sector's innovation role in an ongoing way. Minister should consider how DHSSPS, with the Health and Social Care Board and Public Health Agency can incentivise and reward innovation in the third sector in an ongoing way. This may include a funding scheme from DHSSPS that supports innovation. Third sector leaders should be involved in the proposed 'Intelligence Hub', to share innovation from the third sector to the public sector.

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[2]It would be worth considering a similar legislative vehicle to the UK Public Services (Social Value) Act 2012

[3]Harper, Bob 20 April 2012.The Public Services (Social Value) Act 2012. NI Assembly Research and Library Service Research Paper

'The **Leadership Exchange programme** pairs senior leaders in the Scottish Government (SG) with third sector leaders. Jointly delivered with the Association of Chief Officers of Scottish Voluntary Organisations (ACOSVO) the exchange aims to improve creative and resilient leadership capacity at minimum cost. This is particularly important at a time when budgetary pressures are reducing access to traditional development opportunities and in a public policy environment where a premium is placed on collaboration to deliver improvements for the people of Scotland.

Designed as a practical response to the SGs People Strategy and the Christie Report, it specifically supports a shift to self-directed learning that's deliverable within business demands and brings immediate value. It also promotes co-production across organisations and sectors. This mutual leadership initiative pilots a different approach, offering an informal, but focussed learning experience to encourage greater knowledge sharing and good practice across organisations'. **(from Executive Summary Leadership Exchange Pilot, obtained from ACOSVO).**

CO3 Recommendation 15

The third sector's role in innovation should be encouraged through a funding programme.

CO3 Recommendation 16

Third sector leaders should be involved in the development of the Intelligence Hub and have an ongoing role in distributing information in and out of the hub.

7. Leadership

7.1   Communication to enable third sector leadership

As the TYC Draft Implementation Plan indicates, there is a huge leadership role required to support the implementation of TYC. Leadership will also be required in the third sector. If the third sector is to play an enabling role in transforming care, and to access the opportunities offered through TYC, then it will be critical to ensure timely and effective engagement with third sector leaders and to resource communication and conversation spaces to build alignment across the third sector to facilitate the implementation of TYC.

7.2   Capacity Building

CO3 members believe it is important to support skills development in trusts and other health bodies, to ensure that the statutory workforce is prepared for the new approach to health and social care. This should include the ongoing education of leaders and managers as to the role and function of the third sector. This could include ongoing work based exchanges between senior health and social care staff and third sector staff.   CO3 suggests an approach such as Leadership Exchange delivered jointly by ACOSVO and Scottish government approach could be developed.

There will also be capacity building issues for third sector leaders and their organisations. CO3 members have, in several meetings and discussions preparing this consultation response, indicated the following key capacity issues for senior staff and board members

- Thought leadership- Keeping abreast of information and policy developments
- Workforce planning
- Leadership development
- Leading collaboratively,
- Entrepreneurial leadership
- Negotiation skills
- Governance skills
- Managing Quality

The Scottish Government has completed longitudinal research examining the key issues in the third sector's role in service delivery in Scotland.[4] This research reported a range of similar issues and stated *'respondents identified a number of challenges for leadership. These included the pace of change which made it difficult to be pro-active when a lot of time was taken reacting to changing agendas and circumstances. This presented challenges in terms of giving strong, consistent leadership and direction to staff in the organisation'.* In this research, the change role of a third sector leader was also referenced; many CO3 members have indicated that this is a more complex and challenging role and this research would seem to reflect that consideration *'Senior managers within an organisation that had recruited a new chief executive noted that the skills required of a TSO chief executive in 2012 differed from that which was required a decade ago'[5].* CO3 has developed a third sector leadership competence framework[6], which will be helpful in the development of leadership skills. There will need to be the identification of resources to help build leadership capacity to respond to the changes through TYC.

4The Opportunities and Challenges of the Changing Public Services Landscape for the Third Sector in Scotland: A Longitudinal Study Year Three Report (2009-2012)http://www.scotland.gov.uk/Publications/2012/10/2881/7

5The Opportunities and Challenges of the Changing Public Services Landscape for the Third Sector in Scotland: A Longitudinal Study Year Three Report (2009-2012)http://www.scotland.gov.uk/Publications/2012/10/2881/7

[6] Excelling as Chief Officers. A Framework for Leadership Excellence in the Third Sector. CO3 2011.

CO3 Recommendation 17

Capacity building for statutory leaders and managers should include understanding the role of the third sector and opportunities for exchanges into the third sector. There should be a focus on capacity building to build effective third sector leadership.

7.3   Workforce planning

Third sector leaders are aware of the need to plan for the re-skilling and development of their own workforce to respond to the implementation of TYC. This is likely to include the need to change and enhance skills in some sectors as staff roles change. In some cases, there will be the creation of completely new and unique roles. These developments are also likely to mean increasing workforce flexibility to react more responsively on a day to day and strategic basis. There will also be workforce issues that may emerge from the use of procurement, such as the transfer of staff from one organisation, or sector to another organisation or sector, under provisions in the Transfer of Undertaking (Protection of Employment) provisions. In the third sector, where staff have a strong affiliation with a particular organisation, culture and values, this could have significant impact. The TYC team is therefore requested to provide support to allow third sector leaders and their organisations to fully consider workforce issues and to prepare for change.

CO3 Recommendation 18

The TYC team is requested to provide support to allow third sector leaders and their organisations to fully consider workforce issues and to prepare for change.

8.   Implementation and Monitoring

8.1   Implementing TYC

It is widely understood that many policy changes fail because there is not effective consideration and wide involvement in implementation of the change. CO3 recommends that there is strategic focus on the implementation of changes proposed through TYC. CO3 further requests that third sector leaders be involved in the implementation of TYC.

8.2   Monitoring TYC

There should also be rigorous and transparent arrangements for monitoring the entire implementation of TYC. CO3's Health and Social Care group will be monitoring the ongoing

implementation of TYC. CO3 proposes that the TYC team's plans for monitoring should this should include establishing and sharing baselines for the level of third sector involvement within health and social care, and measuring involvement on an ongoing basis. CO3 requests that there is independent and third sector involvement in the monitoring of TYC.

CO3 Recommendation 19

There should be a vigorous approach to implementing changes proposed through TYC, and an open and transparent monitoring process, which has independent and third sector involvement. This monitoring approach should include establishing and monitoring the third sector's role in health and social care.

Conclusion

CO3 members remain broadly welcoming of TYC and the capacity for changes in health and social care. We congratulate the TYC team for their ongoing efforts to engage, listen and work with CO3 members to ensure that TYC is an effective response to Northern Ireland's health and social care needs. CO3 has made 20 recommendations that help inform the ongoing implementation of TYC. We look forward to working with the TYC on the implementation of TYC, and will be following up this consultation response with a proposal for how third sector leaders can assist and engage in this process.

Appendix A CO3 members involved in the CO3 TYC Consultation

Liz	**Atkinson**	**Cancer Focus NI**
Anne	Bill	FASA
Valerie	Blake	Ballymena East Rural Cluster
Sharon	Butler	Now Project
Ann	Cooney	Southern Area Hospice Services
Mary	Crawford	Brook Northern Ireland
Colin	Dickenson	Good Morning Northern Ireland Network
Siobhan	Doherty	AWARE Defeat Depression
Jill	Dunlop	Oasis Caring in Action
Margaret	Ferguson	Community Change
Ruth	Ferres	Shalom Care
Dolores	Finnerty	Caring Breaks Ltd
Iain	Foster	Diabetes UK NI
Maire	Grattan	CAUSE
Alan	Hanna	Autism Initiatives
Pam	Hunter	Nexus Institute
Kirsten	Kearney	Educational Shakespeare Company Ltd
Geraldine	Kerr	Action Cancer
Heather	Knox	Home Start NI
Vi	Long	NI Institute for the Disabled
Agnes	Lunny	Positive Futures
Olwen	Lyner	NIACRO
Brenda	Maguire	MS Society
Stephen	Mathews	Cedar Foundation
Fiona	McCabe	Headway Belfast
Joan	McEwan	Marie Curie Centre Belfast
Joe	McGrann	Partnership Care West
Terry	McNeill	SCA (Springfield Charitable Association)
Joanne	Morgan	Community Development Health Network
Dave	Murphy	Relate NI
Jayne	Murray	British Heart Foundation NI
Terry	O'Neil	Springfield Charitable Association

Liz	Osborne	NI Cancer Fund for Children
Kathryn	Purcell	New Life Counselling
Jacquie	Richardson	Formerly Ulster Peoples College
Nevin	Ringland	Praxis Care Group
Norah	Robinson	Harpurs Hill Children & Family Centre Ltd
Jacqueline	Williamson	Kinship Care NI

Appendix B Members of CO3 Health and Social Care Group

Deirdre	Brady	Tiny Life
Colum	Conway	Extra Care
Joan	Devlin	Belfast Healthy Cities
Andrew	Dougal	NI Chest Heart & Stroke
Helen	Ferguson	Carers Northern Ireland
Siobhan	Fitzpatrick	Early Years
Kate	Fleck	Arthritis Care
Judith	Hill	NI Hospice
Olwen	Lyner	NIACRO
Jo	Marley	Bryson Group
Stephen	Mathews	Cedar Foundation
Majella	McCloskey	CO3
Celine	McStravick	NCB NI
Vivian	McConvey	Voice of Young People in Care
John	Miskimmon	NI Institute for the Disabled
Joanne	Morgan	CDHN
Anne	O'Reilly	Age NI
Susan	Reid	Victim Support NI
Sharon	Sinclair	Red Cross
Angela	Thompson	Reconnect
Anne	Townsend	Cruse
Jackie	White	Action On Hearing Loss
Lynda	Wilson	Barnardos