A Co-Designed Future:

The Third Sector Role in Health and Social Care in Hywel Dda
## A Co-designed Future – The Third Sector role in Health and Social Care

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Telephone Number: (01437) 771220
Foreword from the Chair

Janet Hawes, Vice Chair Hywel Dda Health Board and Chair of the Third Sector Co-Design Steering Group

The services provided by the third sector have always been crucial in supporting patients and their carers but have often lacked recognition. The integration of services in the NHS in Wales has provided the opportunity to examine the culture and processes by which the Health Board commissions and contracts with the third sector.

This report describes, by way of co-production and co-design, the way that we intend to enable the third sector to become an integral part of each patient pathway. It provides a framework that will make the best use of resources, open up opportunities for organisations to enter into robust contractual arrangements, and align their business planning processes to fit with the strategic direction for future health and social care provision. Our aim is to provide, with our partners, world class health care for the Hywel Dda community.

Previous arrangements were complex, excluded certain groups and often contributed to duplication. Changing the culture from one of grants and annual funding arrangements to one of commissioning and contracting is intended to enable organisations, where appropriate, to collaborate when tendering for the provision of services and to provide longer-term financial stability for the delivery and development of services.

The Health Board has been aware for some time that the current arrangements are not fit for purpose and affect the long term sustainability of services. Services must be seamless and coordinated in a safe, high quality, effective and cost effective manner, as well as being available in the right place, right time, every time. Putting the patient at the centre of the design of services and reducing inequality requires a shift in the design and delivery of services. Quality improvement must be at the heart of everything we do. We will improve the health outcomes for our communities by:

- Encouraging innovation and improving service planning, delivery and resourcing with our partners in health and social care;
- Providing services that are local, convenient and of consistent high quality.

I have been privileged to chair the Steering Group that has undertaken this review and thank all of the participants for their contribution. The enthusiasm with which the three County Voluntary Councils and their members have embraced the opportunity to design the future delivery of services has been outstanding. Our task now must be to deliver, in true partnership, a safe, quality, and efficient service that incorporates the concept and values of health and wellbeing.
Foreword from the Co-Design Partners

Our vision in Hywel Dda Health Board is to ensure that we deliver a world class health care system of the highest quality with improved outcomes for the people of Hywel Dda. We face significant challenges in doing this and if we are to meet these challenges, we must change from being a sickness service that treats people when they become ill to a wellness service that helps people stay healthy.

To deliver this vision we must redefine the way we work. We cannot do this alone. We will need to work with local GPs, Local Authorities, third sector, and our local population to deliver a whole system approach to the delivery of health and social care. We need to provide increasing care closer to home and more self care to help individuals live more independent lives.

As partners we intend to help people to lead healthier lives and also enjoy a better quality of life, empowering our citizens to live more vibrant, independent and fulfilled lives. Our population must also start to take more responsibility for their own health. Smoking, poor diet and excessive consumption of alcohol all have a major impact on health and often lead to people suffering from long term (but avoidable) illness.

The third sector has a key role to play in preventing ill health: shifting services closer to where people live; involving people in planning and providing care; delivering responsive services and support, particularly to the most vulnerable. Third sector organisations underpin this through community development, engaging volunteers, accessing specific communities and supporting people to reach their potential through advocacy, advice and self care. We recognise these strengths and want to work closely together across the whole system to make sure the people of Hywel Dda thrive. When they do need a little extra support we want to work cohesively, ensuring the most appropriate organisation provides the right support in the right place at the right time.

This report identifies the strategic direction for our joint work with the third sector in supporting health, social care and wellbeing. We want to see: stronger partnership working within the third sector and between the sectors; improved service planning, delivery and resourcing that support self care and independence whilst promoting and improving health and wellbeing; the encouragement of volunteering; support for unpaid carers; the development of social enterprises in health and social care; reduced hospital admissions and improved discharge planning. We also want to look at how we can use Health Board resources (charitable funds, buildings and staff) to support the communities we serve.

This report marks the start of a journey and together we will work to deliver the outcomes we all strive for.

Pictured Chief Executive Officers, Left to Right:
Mark James – Carmarthenshire County Council; Bronwen Morgan – Ceredigion County Council; Bryn Parry Jones – Pembrokeshire County Council; Trevor Purt – Hywel Dda Health Board
Mandy Jones – Executive Director, Carmarthenshire Association of Voluntary Services; Hazel Lloyd Lubran – Ceredigion Association of Voluntary Organisations; and Sue Leonard – Pembrokeshire Association of Voluntary Services
Hywel Dda Health Board (HDHB) wants to enhance community and hospital services in order to provide world class quality services and more care closer to the heart of the communities it serves. We want to provide the right care in the right place at the right time...every time. We need to empower the third sector to build on existing good practice and do what they do best, acknowledging and supporting the key role that they play in delivering change and improving services in our community.

1.2 What is the Third Sector?

The third sector encompasses community associations, self help groups, voluntary organisations, charities, faith-based organisations, social enterprises, co-operatives and mutual organisations. They display a range of institutional forms, including registered charities, companies limited by guarantee (which may also be registered charities), community interest companies, industrial and provident societies and unincorporated associations.

Each organisation has it own aims, but all share the following common characteristics making them part of the third sector:

- Independent, non–governmental bodies;
- Established voluntarily by citizens who choose to organise;
- Value driven and motivated by the desire to further social, cultural or environmental objectives, rather than simply to take a profit;
- Committed to reinvesting their surpluses to further their social, cultural or environmental objectives.

This definition is based on the report ‘Bridging the Gap: Addressing the challenge to fully utilise the third sector management of complex care’ from Wales Centre for Voluntary Associations (WCVA) and Continuing NHS Healthcare National Programme (see useful links for full document).

“\nIt needs to be remembered how important the social perspective is in prevention of ill health.\n”
1.3 What is Co-Design?

Co-design provides a framework for system change and sets a duty to collaborate not just between services, but to bring services together. Public service agencies need to become catalysts and facilitators to create equitable and effective partnerships if we are to radically transform the way public services are planned and delivered.

HDHB values the contribution of the third sector and recognises that the sector is much more adaptable than large statutory organisations in health and social care. There is a vital role for them in providing informal networks of support, building community resilience, being able to respond to very specific and subtle local differences.

The Health Board is committed to engaging with third sector partners to co-design where they can most effectively support health and social care services and how those services can be funded. Community led services often place service users at the centre as active participants. Services benefit from users, their families, carers and wider community networks being involved in the design and delivery of activities, as well as their delivery as volunteers. The third sector facilitates activity that improves people’s wellbeing and quality of life, sustaining independent living through the provision of advice and information, and developing networks of support and building community links.

1.4 The Purpose of the Steering Group

Chaired by Janet Hawes, Vice Chair of Hywel Dda Health Board (until 30 June 2011), the purpose of the Third Sector Steering Group was to oversee the project to co-design the future role of the third sector in health and social care – ‘Third Sector Co-Design Project’.

The project focused on reviewing the following key areas within the third sector:

- The potential role of Carmarthenshire Association of Voluntary Services (CAVS), Ceredigion Association of Voluntary Organisations (CAVO) and Pembrokeshire Association of Voluntary Organisations (PAVS) and the three Building Stronger Bridges (BSB) Co-ordinators;
- Volunteering – to maximise the potential of and support for those who give their time;
- Carers – to maximise the potential of, and support for, unpaid carers;
- Commissioning, procurement, contracting and monitoring – to include our current financial position and future options for service level agreements (SLAs), contracts and grants and consider a three county approach for commissioning with third sector organisations;
• Making it work locally – to explore best practice and share “how” to work with the sector at a local level;
• Making the best use of charitable funds and grant funding;
• Involving the third sector to shape clinical service design.

The Steering Group comprised key people from HDHB, the three County Voluntary Councils (CVCs), the three Local Authorities (LAs) covering Hywel Dda’s footprint and the Community Health Council (CHC) to complete this piece of work. Each of the task and finish groups also contained a wide mix of members from across these organisations to ensure that a consensus was reached that took account of each sector’s strengths, needs, challenges and opportunities.

1.5 Hywel Dda Health Board’s Ten Pledges

HDHB has already undertaken extensive engagement on its ten health care pledges, ensuring that the work of this Steering Group supports the delivery of these shared outcomes.

**Our Ten Pledges to You**

**In 3 years’ time, we will:**
- Help 12,000 people to lose weight
- Help 5,000 people to stop smoking or prevent from starting
- Help prevent or stop 7,500 people drinking to excess
- Increase by 20,000 a year the number of people treated in a community setting that would have previously been treated in hospital

**In 5 years’ time, we will:**
- Help prevent 200 people a year from developing heart disease
- Ensure, wherever possible, that no-one with a known long term condition is admitted unexpectedly to hospital with that condition
- Reduce the number of people dying from cancer by 100 a year
- Help prevent 125 people a year from suffering a stroke
- Double the number of mothers breastfeeding their babies from birth up to 6 months of age

**In 10 years’ time, we will:**
- Increase life expectancy by 3 years in the areas with the lowest life expectancy and improve quality of life for all
This document sets out the recommendations made by the Third Sector Co-Design sub groups to enable the sector to be at the heart of co-design and delivery of services. Although significant progress has been made in these areas, which is reflected in the recommendations, there is still much ongoing work. In particular, we want to identify key service areas where the third sector could really add value and be the best at delivering and describe what activity will be supported in the future, what activities need to end and how all relevant organisations will work together in the future.

HDHB’s Business Plan outlines eight general areas of focus and we want to work on identifying how the third sector could add value in these areas:

- Health Improvement
- Long Term Conditions (including frailty and dementia)
- Cancer
- Mental Health
- Learning Disabilities
- Children and Young People
- Primary and Community Care
- End of Life Care

During the lifetime of the group, a number of key documents have been produced, particularly for LAs and Adult Social Care, which will underpin and influence the ongoing work of this group over the coming months. The potential impact of recent reports, such as the Simpson Review (April 2011) ‘National, regional and local - what services are best delivered where?’ could affect the implementation of some of our recommendations.

In establishing this review, Carl Sargeant AM – Minister for Local Government and Communities asked for step change in the pace of change and the level of aspiration around collaboration – the “big ask”. The Simpson Review group believed it was the responsibility of local government in Wales to make a “big offer” in response and should be about how this is achieved - both geographically and functionally.

The Independent Commission on Social Services, put in place by the Deputy Minister for Social Services, reported in November 2010 and on 17 February 2011 the Welsh Government (WG) published its major policy paper ‘Sustainable Social Services for Wales – a Framework for Action’. The paper will lead to significant changes in the way social services are planned, commissioned and delivered in Wales. The WG has stated that, where necessary, it will legislate to underpin the changes that are required.
The John Bolton report was also published in May 2011, ‘Better support at lower cost – improving efficiency and effectiveness in services for older people in Wales’. One of the main findings of this report was that LAs need to be aware that they inadvertently create a system which builds dependency on care services rather than promoting the independence of older people in a way that managers and councillors expect and this will change the way we look at providing services.

On 13 July 2011, the First Minister outlined the WG’s proposals for new legislation. Towards the end of the five year term they will review the need for legislating for Compacts with the third sector. We hope our work here and the recommendations will show a way forward that does not require legislation but in the spirit of collaboration will ensure a positive, equal relationship between all partners delivering health and social care services.

In Ceredigion and Carmarthenshire we are developing the Help4Carers project, to assist unpaid carers with their housework, gardening and transport needs. All the work is carried out by volunteers; the gardening and housework are carried out at no cost to the carer and transport is charged at 45p per mile.

By helping with housework and gardening, a sense of control over the home environment is regained, thereby reducing stress in one part of the carer’s life. There is no limit to how often transport can be booked, but it does depend on the availability of volunteers.
SECTION 2: Steering Group Recommendations
### 2.1 Recommendations for the Compacts

1. HDHB to approve the draft overarching three county Compact developed by the Compact Working group. The draft overarching three county Compact is attached at Appendix 1.

2. The draft overarching three county Compact to be considered within each county by the organisations who will be party to the agreement.

3. HDHB to put a mechanism in place to co-ordinate the process in line with WG guidance of approval and signing of the Compact document across the three county areas.

4. HDHB, the third sector and LAs to promote the vision of a three county overarching Compact underpinned by local Compact and local action plans.

### 2.2 Recommendations for the CVC Role

1. To recognise the CVC as the pivot for the relationship between health, social care and the third sector.

2. To recognise and consolidate the key importance of the Third Sector Health and Wellbeing Facilitator role by committing to continue to fund one post in each CVC until 2014.

3. To roll out the Third Sector Broker model across the three counties, designed to meet the needs of each county.

4. To empower the third sector in a co-productive approach to service design and delivery through the CVC link to Clinical Service Design Groups (currently Clinical Programme Groups).

5. To adopt an outcomes-based performance management approach to contracts and ensure that the third sector contributes to developing shared outcomes.

6. To establish effective and equitable meetings and fora across the three counties that are fit for purpose and enable the sector to become more involved in improving the health and wellbeing of citizens.
2.3 Recommendations for Commissioning

1. To develop commissioning policies and procedures in the form of a Commissioning Code of Practice (CCOP) which will complement those codes of practice developed as part of local Compact arrangements. This will set out equitable arrangements for commissioning services from the third sector including funding, contracting/contract management and procurement.

2. To work within each county's HSCWB framework, to understand how planning and needs analysis informs the commissioning of the third sector in each locality. In order to renegotiate, redesign and retender services to meet any revised service specifications.

3. To take forward a three counties approach to strategic commissioning, supported by local arrangements for local people and adopt the ‘Fulfilled Lives, Supportive Communities Commissioning Framework’ across Hywel Dda, linking to regional and national networks to implement the standards.

2.4 Recommendations for Volunteering

1. Take forward the work of a multi-agency Health and Social Care Volunteer Planning Group in each county.

2. To implement a co-ordinated approach in recruiting for Health and Social Care volunteering opportunities.

3. To agree and adopt a Volunteering Code of Practice in each county.

4. To establish Health Board employee volunteering in our local community and develop a scheme to enable staff skills and knowledge and use of Health Board Buildings to be offered to community groups.
## 2.5 Recommendations for Carers

We agreed an overarching principle that we recognise the value of carers as key partners in the delivery of health and social care services. We will provide support for carers to enable them to deliver a first class care service, working alongside professional practitioners and support agencies.

On this basis, we recommend the following:

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<td>1.</td>
<td>To ensure there are appropriate mechanisms to seek views from carers and third sector organisations in order to formalise engagement and consultation arrangements as part of the new Carers’ Measure.</td>
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<tr>
<td>2.</td>
<td>To sustain and develop the Investors in Carers (IiC) across all GP practices and secondary care sites by utilising the expertise developed in each LA and CVC.</td>
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<td>3.</td>
<td>To provide training and support to unpaid carers at the same level to that provided to paid carers.</td>
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<td>4.</td>
<td>To agree service organisational structures across the three counties to identify lead personnel for carers in each CVC, LA and county HDHB team to join the current Carers Strategy Group. This group will take forward the commissioning of carers services and the production of the Carers Strategy by October 2012.</td>
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<td>5.</td>
<td>To analyse and develop the current HDHB funded carers’ services provided by the third sector as part of the development of the Commissioning Code of Practice.</td>
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<td>6.</td>
<td>To establish a third sector provider forum for carers in each county facilitated by the respective CVC as part of establishing an effective process for commissioning services for carers.</td>
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## 2.6 Recommendations for Charitable Funds

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<tr>
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<th>Recommendation</th>
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<tr>
<td>1.</td>
<td>To establish a task and finish group, with clear terms of reference, aims and objectives.</td>
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<td>2.</td>
<td>To research joint funding application systems currently in use in partner organisations, utilise the support of key partners, with regard to existing funds, grants and applications frameworks and, if appropriate, adapt their processes for third party access.</td>
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<td>3.</td>
<td>To scope a limited number of proposals to identify opportunities and pitfalls. This will include Charities Commission consultations.</td>
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<td>4.</td>
<td>To establish a General Fund supported by a clear framework, criteria and funding options to access HDHB Charitable Funds for the purposes of enabling collaborative community healthcare improvement projects with key partners, the third sector and voluntary and community groups. These will be in line with the newly restructured funds and new fundraising initiatives.</td>
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<td>5.</td>
<td>To produce a simple set of guidelines, application forms and supporting documentation to access Charitable Funds for the above purposes.</td>
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<td>6.</td>
<td>To identify good business case studies and pilot collaborative project opportunities with innovative frameworks, such as match funding with partner organisations.</td>
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<td>7.</td>
<td>To establish a prioritisation process, in line with HDHB objectives, and a system to manage and approve joint applications, as well as feedback progress to the Charitable Funds Committee.</td>
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<td>8.</td>
<td>To ensure wide and ongoing promotion of the new collaborative funding system to raise staff and stakeholder awareness, interest and enthusiasm in accessing Charitable Funds for these purposes.</td>
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<td>9.</td>
<td>To ensure that the current robust governance arrangements and legal duties be applied to appropriately administer this process in line with the Charity Commission’s guidance on collaborative working between charities which does not allow funds to be spent other than in line with the donor’s wishes.</td>
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<td>10.</td>
<td>To appropriately manage and mitigate risk.</td>
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### 2.7 Recommendations for Service Planning

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<tr>
<td>1.</td>
<td>All service planning and clinical service pathway planning to fully involve patients, carers, third sector and key partners throughout the entire process. (See Appendix 2 for Orthopaedic Pathway example).</td>
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<td>2.</td>
<td>No pathway should be designed or approved by the Clinical Advisory and Assurance Group (CAAG) unless the Clinical Programme Group (CPG) can demonstrate how it has engaged fully with and taken on board the views of patients (in conjunction with the CHC, carers and third sector organisations).</td>
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<td>3.</td>
<td>Each CPG to include a third sector representative (see Appendix 3 for Terms of Reference).</td>
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<td>4.</td>
<td>The third sector Independent Member for HDHB will champion third sector issues when the Board is considering service developments.</td>
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<td>5.</td>
<td>Ensure the third sector is well represented at the HDHB Stakeholder Reference Group which provides advice to the Board on developing plans.</td>
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### 2.8 Recommendations from “Making it Work Locally”

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<tr>
<td>1.</td>
<td>To increase the knowledge of third sector support services amongst all health and social care staff and the capacity available to roll out developments.</td>
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<td>2.</td>
<td>To strengthen partnership working between third sector organisations and Community Resource Teams.</td>
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<td>3.</td>
<td>To include the third sector or representatives in service developments and planning at local levels.</td>
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<td>4.</td>
<td>To provide a comprehensive database of voluntary sector service organisations and commissioning groups.</td>
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<td>5.</td>
<td>To ensure that multi-disciplinary team management of people within complex needs includes third sector services where appropriate.</td>
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<td>6.</td>
<td>To raise awareness of health and wellbeing to help people within Hywel Dda.</td>
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SECTION 3:

Three Counties Overarching Compact Working Group
The membership of this group was made up of CVC and HDHB representatives drawn from the task and finish group considering the role of the CVC and Third Sector Health and Wellbeing Facilitators (see next section). The specific remit of the Compact Group was to:

- Discuss Compact arrangements across Pembrokeshire, Carmarthenshire and Ceredigion;
- Consider the requirement placed on health boards by the Minister to develop Compacts with the third sector;
- Develop a draft overarching three county Compact for consideration by the parties to the Compact;
- Set out recommendations for adopting and implementing the overarching three county Compact.

### 3.2 Summary of the Compact Group’s Work

The Minister for Health and Social Services has tasked health boards with reviewing and updating Compacts with the third sector. Guidance about the content of the Compact documents was issued in December 2010 and is attached at Appendix 4 for information.

A working group has reviewed current arrangements within the footprint of HDHB and developed a draft overarching three county Compact in line with the recommendations in the Minister’s guidance.

It is proposed that the draft overarching three county Compact should be a tri-partite agreement between the HDHB and the LAs and CVCs (signing on behalf of the third sector) in Carmarthenshire, Ceredigion and Pembrokeshire.

It will sit above local county-wide Compact arrangements supported by Codes of Practice on funding, volunteering, communication and partnership working – see diagram.

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**The Outreach Project** provides a mobile outreach support service to people living in Powys and Ceredigion, working closely with other agencies, providing practical (medical loan equipment and practical aides to daily living) support and advice (signposting) to vulnerable people in crisis in their community eg people with a disability, suffering a long – term illness, in receipt of day to day care, housebound, and post discharge from hospital.
Local Compact arrangements and Codes of Practice will extend beyond the scope of health to encompass all service areas where there is cross-sector working. LAs, and other Local Service Board (LSB) partners, will have a key role to play in working with CVCs to develop and implement local Compacts and Codes of Practice. The draft overarching three county Compact is attached at Appendix 1.

The draft overarching three county Compact will need to be considered and approved within each county as well as by HDHB. Within each county, this will require approval by each LA and CVC. The CVCs will be signing on behalf of the third sector. In Carmarthenshire a Compact Liaison Panel is in place, which will co-ordinate the process. In Pembrokeshire, this work will be taken forward by the Voluntary Sector Liaison Group and in Ceredigion by the Voluntary Sector Forum.

The discussion about, and agreement to sign, the draft overarching three county Compact within each county will be a consultative process and HDHB will need to put a mechanism in place to co-ordinate this activity. The continuation of the overarching three county Compact working group will be the most appropriate way to continue to oversee this process.
To ensure each signatory is represented on the overarching three county Compact Working Group, the membership should be extended to include one representative from each of the LAs.

Each county will need to develop its own series of meetings, codes of practice and representation arrangements to sit under the draft overarching three county Compact. These arrangements may already be in place in some counties.

These local county Compacts are necessary as other organisations do not have a three county remit and the local actions arising from Compact are best managed at county level. For example, the development of a Compact action plan within each county is best managed on a county basis.

### 3.3 Recommendations for the Compacts

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<tr>
<td>1.</td>
<td>To agree a final version of the draft overarching three county Compact.</td>
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<td>2.</td>
<td>To put in place a mechanism to approve and sign the tri-partite overarching three county Compact in line with Welsh Government guidance.</td>
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<td>3.</td>
<td>To develop local Compacts in each of the three counties underpinned by Codes of Practice for funding, communication, volunteering and partnership working.</td>
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<td>4.</td>
<td>To jointly promote the vision of an overarching three county Compact underpinned by local Compacts and Codes of Practice and ensure these are fully implemented.</td>
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### 3.4 Who to Contact?

Three Counties Overarching Compact Working Group

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<tr>
<th></th>
<th>Third Sector</th>
<th>Hywel Dda Health Board</th>
<th>Local Authorities</th>
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<td>Ian Bellingham County Director <a href="mailto:ian.bellingham@wales.nhs.uk">ian.bellingham@wales.nhs.uk</a></td>
<td>Gaynor Toft Public Health Protection Manager <a href="mailto:Gaynor.toft@Ceredigion.gov.uk">Gaynor.toft@Ceredigion.gov.uk</a></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Alan Lewis Assistant Chief Executive</td>
</tr>
<tr>
<td><strong>Pembrokeshire</strong></td>
<td>Sue Leonard Chief Officer, PAVS <a href="mailto:Sue.leonard@pavs.org.uk">Sue.leonard@pavs.org.uk</a></td>
<td>Jon Skone County Director <a href="mailto:Jon.skone@pembrokeshire.gov.uk">Jon.skone@pembrokeshire.gov.uk</a></td>
<td>Ben Pykett Head of Policy &amp; Performance. <a href="mailto:ben.pyckett@pembrokeshire.gov.uk">ben.pyckett@pembrokeshire.gov.uk</a></td>
</tr>
</tbody>
</table>

The view from the sector is not always that CVC’s are effective. It is important not to be parochial – look out to the region – be more aware of the wider regional environment.
### 3.5 Taking the Compact work forward

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Actions</th>
<th>Who responsible / which group will monitor</th>
<th>By when</th>
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</table>
| 1. To agree a final version of the draft overarching three county Compact | - Hywel Dda to approve at Board meeting  
- Draft document to be considered and agreed by the most appropriate structure within each County | Director of Strategic Partnerships  
Compact Working Group | September 2011  
September 2011 |
| 2. To put in place a mechanism to approve and sign the tri-partite overarching three county Compact in line with Welsh Government guidance | - Hywel Dda to set out the process for approving and signing the overarching three county Compact  
*Note: a minimum 12-week consultation period will be needed* | HDHB  
Compact Working Group | December 2011 |
| 3. To develop local Compacts in each of the three counties underpinned by Codes of Practice for funding, communication, volunteering and partnership working | - Each County develops its own local Compact arrangements and Codes of Practice to sit under the overarching Compact | Carmarthenshire Compact Liaison Panel  
Pembrokeshire Voluntary Sector Liaison Group  
Ceredigion Voluntary Sector Forum Compact Working Group | March 2012 |
| 4. To jointly promote the vision of an overarching three county Compact underpinned by local Compacts and Codes of Practice and ensure these are fully implemented | - Develop a joint communication strategy to ensure that all public sector and third sector service delivery partners are aware of the overarching Compact  
- Each County develops policies and procedures in line with the principles embodied within the Compact that meet the Codes of Practice  
- Each County develops an Action Plan to ensure that the local Compacts and Codes of Practice are fully implemented | Compact Working Group  
Carmarthenshire Compact Liaison Panel  
Pembrokeshire Voluntary Sector Liaison Group  
Ceredigion Voluntary Sector Forum Compact Working Group | March 2012  
March 2012 |
Role of the County Voluntary Councils and Third Sector Health and Wellbeing Facilitators
4.1 Aims of the County Voluntary Council (CVC) Group

The aim of this group was to make clear recommendations as to what role the CVCs, as umbrella organisations, could play in the health, social care and well-being agenda and how the role of the Third Sector Health and Wellbeing Facilitator (formerly known as the Building Strong Bridges Facilitator) can be developed to deliver and implement the Health, Social Care and Wellbeing Strategies and the Hywel Dda Five Year Framework.

Following a series of meetings, a discussion paper was produced and circulated to group members for feedback. The final paper is attached for information at Appendix 5.

4.2 Summary of the CVC Group’s Work

Each CVC maintains an active database of third sector organisations in its area and has an extensive “reach” to voluntary and community groups, their members, service users, volunteers, trustees and paid staff, as well as unpaid carers. Through the WG’s ‘Building Strong Bridges’ initiative, CVCs have developed significant expertise in health and wellbeing and are directly involved in many health related partnerships. They are therefore ideally placed to be the primary link with the third sector for the HDHB and LAs in respect of health and social care services. Please refer to the paper attached at Appendix 5.

The role of the CVC, as recognised by the WG in the Third Sector Infrastructure Partnership Agreement, is to provide a wide range of support services to third sector organisations. These services include funding and development support; volunteering; training; practical office services; representation and joint working. Each CVC within the Hywel Dda region has an established Volunteer Centre, promoting best practice in the recruitment and management of volunteers and providing a volunteer placement service. The range of capacity-building services accessible through a CVC will be essential to help third sector organisations meet the Standards for Healthcare. There is, therefore, clear added value in placing the role of the Third Sector Health and Wellbeing Facilitator within the CVC, with strong links to county teams and other partners through “hot-desking” arrangements. Please refer to the role description attached at Appendix 6.

PAVS currently employs two Voluntary Sector Brokers, funded through the Continuing Healthcare programme, to work as an integral part of the Community Resource Teams based in the localities of North and South Pembrokeshire. This approach is based on the successful model of Complex Care Teams in Devon, which highlighted the need to involve the third sector in the delivery of services identified within care plans. An initial evaluation of the model currently running in Pembrokeshire confirms the vital importance of the Voluntary Sector Broker role, both in terms of delivering services and in identifying gaps and developing new services to meet needs.
The New Economics Foundation (NEF) and the National Endowment for Science Technology and the Arts (NESTA) have published a series of papers relating to co-production and localism. Co-production involves service users, their family and community networks, and the third sector right at the heart of service design and delivery. In essence, service users are not seen as being the problem, but are seen as being part of the solution – a valuable resource rather than a drain on resources. Localism focuses on developing strong, vibrant and resilient communities (an essential pre-requisite for initiatives such as Good Neighbour Schemes) and advocates the need for an investment in community development. It is recommended that HDHB should adopt a co-productive approach to service design, with service user/third sector engagement facilitated by the CVC.

It is strongly recommended that HDHB moves to an outcomes-based approach to allow the third sector flexibility to develop innovative and flexible service delivery structures that deliver the required outcomes. What is delivered (output) must be seen as being more important than how it is delivered (input), otherwise the ability of the third sector to be creative and responsive is seriously compromised. It will also need to move to a robust monitoring approach with regular performance reviews to look at what is working, what needs to be changed and to jointly adapt activity to ensure the outcomes are delivered. Regular stock takes will help partners achieve success together.

An audit of meetings currently taking place across the three counties reveals inequities and inconsistencies. It is recommended that a programme of effective and equitable meetings is drawn up across the Hywel Dda region.

The Carers Service aims to help people recognise themselves as carers so that they can access a variety of support and information and are made aware of their legal rights. By working in partnership with statutory and voluntary organisations, the service can ensure that carers are aware of the services available to them, and can access telephone information, and access to a comprehensive Carers Information Pack. The pack contains information on topics such as social care assessments, housing, transport, benefits and legal matters. The service also produces a quarterly newsletter.

Through a newly established Carers Forum, the service aims to ensure that carers have an opportunity to have their voice heard and to play a full and active part in the planning and commissioning process.
### 4.3 Recommendations for the CVC Role and Third Sector Health and Wellbeing Facilitators

1. To recognise the County Voluntary Council (CVC) as the pivot for the relationship between health, social care and the third sector.

2. To recognise and consolidate the key importance of the Third Sector Health and Wellbeing Facilitator role by committing to continue to fund one post in each CVC until 2014.

3. To roll out the Third Sector Broker model across the three counties, designed to meet the needs of each county.

4. To engage the third sector in a co-productive approach to service design and delivery through the CVC link to Clinical Service Design Groups (currently Clinical Programme Groups).

5. To adopt an outcomes-based performance management approach to contracts and ensure that the third sector contributes to developing shared outcomes.

6. To establish effective and equitable meetings and fora across the three counties that are fit for purpose and enable the sector to really become involved in improving the health and wellbeing of citizens.

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"CVCs have traditionally worked with medium size organisations; there is now the need to bring together the wealth of capacity from smaller and larger organisations."
## 4.4 Who to Contact?

**Role of the County Voluntary Councils (CVC) and Third Sector Health and Wellbeing Facilitators**

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<thead>
<tr>
<th>Third Sector</th>
<th>Hywel Dda Health Board</th>
<th>Local Authorities</th>
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<tbody>
<tr>
<td><strong>Strategic</strong></td>
<td>Constance Adams Senior Policy Officer WCVA <a href="mailto:cadams@wcva.org.uk">cadams@wcva.org.uk</a></td>
<td>Sarah Veck Director of Strategic Partnerships <a href="mailto:Sarah.veck@wales.nhs.uk">Sarah.veck@wales.nhs.uk</a></td>
</tr>
<tr>
<td>Carmarthenshire</td>
<td>Mandy Jones Executive Director, CAVS <a href="mailto:mandy@cavs.org.uk">mandy@cavs.org.uk</a></td>
<td>Peter Llewellyn Assistant Director of Strategic Partnerships <a href="mailto:Peter.Llewellyn@wales.nhs.uk">Peter.Llewellyn@wales.nhs.uk</a></td>
</tr>
<tr>
<td>Ceredigion</td>
<td>Hazel Lloyd Lubran Chief Executive, CAVO <a href="mailto:hazel@cavo.org.uk">hazel@cavo.org.uk</a></td>
<td>Peter Llewellyn Assistant Director of Strategic Partnerships <a href="mailto:Peter.Llewellyn@wales.nhs.uk">Peter.Llewellyn@wales.nhs.uk</a></td>
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<tr>
<td>Pembrokeshire</td>
<td>Sue Leonard Chief Officer, PAVS <a href="mailto:Sue.leonard@pavs.org.uk">Sue.leonard@pavs.org.uk</a></td>
<td>Peter Llewellyn Assistant Director of Strategic Partnerships <a href="mailto:Peter.Llewellyn@wales.nhs.uk">Peter.Llewellyn@wales.nhs.uk</a></td>
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"The third sector needs to stop being competitive within itself and needs to co-ordinate."
### 4.5 Taking the CVC and Third Sector Health and Wellbeing Facilitator work forward

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Actions</th>
<th>Who responsible/which group will monitor</th>
<th>By when</th>
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</table>
| 1. To recognise the CVC as the pivot for the relationship between health, social care and the third sector. | ● Develop and strengthen the relationship between CVCs and service commissioners to improve service delivery; enable more third sector delivery and gain benefit from the wider role of the CVC;  
● Acknowledge the CVC Volunteer Centre as the volunteer broker/placement service for health and social care. | Commissioning Group  
Compact/Codes of Practice  
HDHB  
Las | Ongoing |
| 2. To recognise and consolidate the key importance of the Third Sector Health and Wellbeing Facilitator role by committing to continue to fund one post in each CVC until 2014. | ● Fund the post as described in the revised job description on a 3-year basis;  
● Develop action plans to deliver the role effectively in each county;  
Continue regular monthly meetings with Director of Strategic Partnerships and Health, Social Care and Wellbeing Strategy Managers. | HDHB  
CVC Chief Officers/Director of Strategic Partnerships  
Cross-boundary meetings | September 2011  
For implementation from September 2011 and ongoing review  
Ongoing from March 2011 |
<p>| 3. To roll out the Third Sector Broker model across the three counties, designed to meet the needs of each county. | ● Fund Broker posts and base them within the CVC structure | CVC Chief Officer/Director of Strategic Partnerships / County Director, HDHB | Autumn 2011 |</p>
<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Actions</th>
<th>Who responsible/which group will monitor</th>
<th>By when</th>
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<tr>
<td>4. To involve the third sector in a co-productive approach to service design and delivery through the CVC link to Clinical Service Design Groups (currently CPGs)</td>
<td>4. Third sector to be actively involved in all service design and delivery groups eg. Commissioning Plans, Provider Forums, Clinical Pathways; 5. Support third sector organisations to meet the new Standards for Healthcare.</td>
<td>HDHB Third Sector Health and Wellbeing Facilitators Commissioning Group CVCs</td>
<td>Immediately</td>
</tr>
<tr>
<td>5. To adopt an outcomes based performance management approach to contracts and ensure that the third sector contributes to developing shared outcomes</td>
<td>5. As above; 6. Engage third sector in contract management /reviews; 7. Agree a universal data collection mechanism to capture data, information and activity.</td>
<td>HDHB Third Sector Health and Wellbeing Facilitators Commissioning Group</td>
<td>Immediately</td>
</tr>
<tr>
<td>6. To establish effective and equitable meetings and forums across the three counties that are involved in improving health and wellbeing alongside HDHB and the LA.</td>
<td>6. Align the Third sector Health and Wellbeing Fora and Network across the three counties to enable cross-fertilisation; 7. Review all meetings to ensure fitness for purpose; 8. HDHB to identify relevant officers to link with Third Sector Forums/Network</td>
<td>Third Sector Health and Wellbeing Facilitators HDHB/CVCs HDHB Director of Strategic Partnerships</td>
<td>Review to be completed by July 2011, and then ongoing work to ensure parity Autumn 2011</td>
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</table>

This task and finish group has completed its work and will be stood down. Any further work will be done through:  
- the Third Sector Co-Design Steering Group, which will meet bi-annually  
- each County’s existing arrangements for overseeing the delivery of the Compact  
- Health Social Care and Wellbeing Partnerships and associated delivery teams  
- Informally through regular meetings with the CVCs, Third Sector Health and Wellbeing Facilitators, Hywel Dda Director and Assistant Director of Strategic Partnerships, and appropriate LA staff.
SECTION 5:
Commissioning Co-Design Group
5.1 Aims of the Commissioning Group

The Commissioning Group was established to help define how the statutory sector, in partnership, commissions the third sector to deliver against HDHB’s five year vision and the respective HSCWB strategies.

It was also charged with making recommendations on the process for identifying opportunities for jointly commissioning services, where there are commonalities across the three counties, reducing duplication and maximising resources. The remit of the group covered scoping and providing recommendations around a broader commissioning framework for Hywel Dda, in response to the development of the HDHB strategic plan and in particular the Ten Pledges therein.

5.2 Summary of the Commissioning Group’s Work

Initial work focused around an agreed definition for commissioning as follows:

**Commissioning** is the process of specifying, securing and monitoring services to meet people’s health and social care needs at a strategic level. This applies to all services, whether they are provided by the local health board, by the local authority, other public agencies or by the private or third sectors. The purpose of joint commissioning is to achieve best services and best value from those services.

**Procurement** is the process of acquiring goods, works and services, covering both acquisitions from third parties and from in-house providers. The procurement process spans the whole cycle from identification of needs through to the end of a services contract or the end of the useful life of an asset.

**Purchasing** is the process of securing or buying services, including specifying, contracting and monitoring services to achieve best value for public money.

**Contracting** is putting the purchasing of services in a legally binding agreement, in which all parties are clear about their responsibilities and committed to delivering.

The Twilight Service provides staff by Menter Cwm Gwendraeth and operates from A&E Departments at two General Hospitals in Carmarthenshire. After medical discharge the service provides an out of hours home from hospital service. If not transporting patients, the support staff provide added value within the A&E Department by contributing with task orientated duties.

The service uses the transport service as a conduit for providing home based risk assessments and services referrals to other agencies such as British Red Cross Home from Hospital Scheme, Telecare, Enablement Team, Care and Repair, Fire safety checks, Bobby van, Benefits Agencies and others.

This service reduces the discomfort and disorientation that a hospital stay can involve by shortening or preventing a stay in hospital, and provides a holistic, person centred approach. This encompasses a befriending role, providing emotional support and relevant information about other sources of help that can help prevent readmission to hospital. The return on the financial investment is considerable and the service is sighted as a model of practice.
A summary of the activities involved in the commissioning process and the relationship between commissioning and purchasing is included in the cycle below:

This work was followed by the scoping of existing contracts and service level agreements (SLAs) with the third sector and has identified the HDHB and LA resource which currently support Adults and Older people, Carers, Children’s and Mental Health services across the three counties.

This work identified 38 current contracts and SLAs in total between HDHB and the voluntary sector for Adults/Older People, supported by similar services commissioned by each respective LA.

HDHB currently commissions a wide range of services for Older People and Adults at an annual cost of £1,495,637 across the three counties. Among these services are Home from Hospital Schemes, Intermediate Care, Counselling and End of Life Care. Similarly, the three LAs commission a wide range of services for the same client group at an annual cost of approximately £1.2 million.

Across Hywel Dda, there is currently only one service included in the above which the HDHB commissions across all three counties. This service is linked to a psychosexual counselling service provided by the third sector in various community settings across Hywel Dda.
In each county, HDHB currently commissions the Third Sector Health and Wellbeing Facilitator role (previously known as Building Strong Bridges Co-ordinator) in each of the three CVCs. Whereas the current third sector HDHB funding will be devolved to the county teams, in due course the funding for these posts will be maintained centrally within the Strategic Partnerships Directorate as part of consolidating partnership arrangements.

Within Mental Health, support to the third sector across the three counties is a more complex area due to the four different funding sources available. In total, the current HDHB investment totals £1,058,600 and provides a wide range of services which include advocacy, day and employment opportunities, carers and family support, therapeutic interventions, health promotion and service development.

To complement and support these services, LAs commission Mental Health services from the voluntary sector at an annual cost of £376,038.

Since the Commissioning Group was established, there has been regular written feedback to all these organisations regarding the contract/SLA extensions. A far more simplified payment process has also been introduced for those receiving HDHB funding with a monthly BACS system being used to ensure regular payments are received and at the same time cutting back on transaction costs.

The Best Practice toolkit within the Commissioning Guidance Framework was reviewed in order to identify current practice in commissioning and contracting processes across the four commissioning authorities in relation to the third sector and the challenges recorded.

A senior member of Value Wales has also been co-opted to the group to explore a more cohesive approach to commissioning services from the third sector. This has ensured close links with national developments in relation to service outcomes, governance arrangements, workforce implications and the positive developments in Supporting People and Housing Related Support commissioning.

There has also been reference to the Suppliers Qualification Information Data Base (SQUID) promoted through a local CVC event and its potential to being adapted for health services.

Each county team will now undergo a process of commissioning from the third sector to agree what services they need to locally deliver on their health, social care and wellbeing outcomes. New contracts will be issued and will be for three years to allow sustainability and continuity as well as being outcome based.

In taking forward the Commissioning Code of Practice the HB recognises that good bilingual practice is an essential part of quality and clinical safety, and has produced a Welsh Language Scheme which sets out how the HB will give effect to this principle when providing services to the public in Wales.
The HB will encourage the third sector acting on its behalf to give due regard to the needs of Welsh speakers and provide patients with a service in the language of their choice and to adhere to the HBs Welsh Language Scheme as far as is practicable. The HB will ask both current and prospective providers about their Welsh language policies or the means by which they will operate bilingually. It will also offer advice and support to third sector providers to provide services bilingually to the public.

The HB is committed to ensuring equity in its service provision and in its responsibility as an employer. Our aim is to provide services that meet the needs of the whole of our population. We are obliged under the Equality Act 2010 to produce a Strategic Equality Plan and Objectives which will include provision for working collaboratively with other public sector bodies and the voluntary sector to provide services that are inclusive and in accordance with the needs of the diverse population we serve. This will reinforce and augment our current obligations under the provisions of our Single Equality Scheme and Action plan. The HB encourages all partners and others acting on its behalf to give due regard to the needs of those with protected characteristics1 and the requirements of the Human Rights Act 1998 and to adhere to the HBs equality objectives, action plans and policies. The HB will ask prospective providers about their equality and diversity policies or the means by which they will operate a fair and equitable service. The HB will offer advice and support to the provider to facilitate the provision of inclusive services.

(See Appendix 7 for schedule of proposed re-commissioning of services timeline)

5.3 Recommendations for Commissioning

1. To develop commissioning policies and procedures in the form of a Commissioning Code of Practice (CCOP) which will complement those codes of practice developed as part of local Compact arrangements. This will set out equitable arrangements for commissioning services from the third sector including funding, contracting/contract management and procurement.

2. To work within each county’s HSCWB framework, to understand how planning and needs analysis informs the commissioning of the third sector in each locality. In order to renegotiate, redesign and retender services to meet any revised service specifications.

3. To take forward a three counties approach to strategic commissioning, supported by local arrangements for local people and adopt the ‘Fulfilled Lives, Supportive Communities Commissioning Framework’ across Hywel Dda, linking to regional and national networks to implement the standards.

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1 Protected characteristics under the Equality Act 2010 are specified as age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. All functions of the Health Board are also assessed for impact against Welsh Language and Human Rights.
## 5.4 Who to Contact?

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<thead>
<tr>
<th>Third Sector</th>
<th>Hywel Dda Health Board</th>
<th>Local Authorities</th>
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<tr>
<td><strong>Strategic</strong></td>
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<tr>
<td><strong>Carmarthenshire</strong></td>
<td>Debbie Bence</td>
<td>Linda Williams</td>
</tr>
<tr>
<td></td>
<td>Third Sector Health and</td>
<td>County Director</td>
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<tr>
<td></td>
<td>Wellbeing Facilitator,</td>
<td>linda.willimas4@</td>
</tr>
<tr>
<td></td>
<td>CAVS</td>
<td>wales.nhs.uk</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Debbie@cavs.org.uk">Debbie@cavs.org.uk</a></td>
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<tr>
<td><strong>Ceredigion</strong></td>
<td>Hazel Lloyd Lubran</td>
<td>Ian Bellingham</td>
</tr>
<tr>
<td></td>
<td>Chief Executive, CAVO</td>
<td>County Director</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:hazel@cavo.org.uk">hazel@cavo.org.uk</a></td>
<td>Ian.bellingham@</td>
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<td></td>
<td>wales.nhs.uk</td>
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<tr>
<td><strong>Pembrokeshire</strong></td>
<td>Sue Leonard</td>
<td>Jon Skone</td>
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<td></td>
<td>Chief Officer, PAVS</td>
<td>County Director</td>
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<tr>
<td></td>
<td><a href="mailto:sue.leonard@pavs.org.uk">sue.leonard@pavs.org.uk</a></td>
<td>Jon.skone@</td>
</tr>
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<td>pembrokeashire.gov.uk</td>
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We should aspire to equitable outcomes, services across Hywel Dda do not need to be the same, but the outcomes should be.
### 5.5 Taking the Commissioning work forward

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Actions</th>
<th>Who responsible / which group will monitor</th>
<th>By when</th>
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<tbody>
<tr>
<td>1. To develop commissioning policies and procedures in the form of a Commissioning Code of Practice (CCOP) which will complement those codes of practice developed as part of local compact arrangements. This will set out equitable arrangements for commissioning services from the third sector including funding, contracting / contract management and procurement.</td>
<td>Based on the current HDHB funding to the third sector extending to the 31st March 2012, the sub group to continue to meet and develop the CCOP; The following areas to be taken forward as part of developing the CCOP:  - Current services provided by the third sector to be shared with each County Team to highlight current level of service and links to the HDHB Clinical Services Strategy;  - Current third sector providers to showcase the current services to the HDHB as part of promoting the role currently played by the sector in the delivery of community based services;  - CCOP to be developed and agreed in order that new service specifications and commissioning process can be shared with the third sector.</td>
<td>Commissioning Co-design Group to continue and report to the Compact Committees/ Liaison Panels.  Commissioning Sub Group Third Sector HWB Facilitators  Commissioning Sub Group</td>
<td>September 2011  October / November 2011  December 2011</td>
</tr>
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**Funding – we need to learn not to fight against one another for funding – ‘collaborate not compete’**
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<th>Recommendation</th>
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| 2. To work within each county's HSCWB framework, to understand how planning and needs analysis informs the commissioning of the third sector in each locality. In order to renegotiate, redesign and retender services to meet any revised service specifications. | • A flow chart is designed to identify who makes decisions in each county, which also shows a clear route for engagement, planning and commissioning;  
  • Agree clear priorities for commissioning and how they are reflected locally;  
  • Develop detailed service specifications for relevant service areas, with specific emphasis upon outcomes;  
  • Develop Commissioning Plans linked to the areas identified within the Hywel Dda Strategic Plan, Community Plan, CYPP and HSCWB Strategies;  
  • Develop the Pembrokeshire Third Sector Broker post in Carmarthenshire and Ceredigion to increase awareness of, and maximise referrals to third sector services.  
  • See Appendix 7 | Commissioning Co-design Group, reporting to the County Teams and Local Partnership Boards and CVCs                                                                                                    | September 2011  
  September 2011  
  November 2011  
  December 2011  
  December 2011 |
| 3. To take forward a three counties approach to strategic commissioning, supported by local arrangements for local people and adopt the ‘Fulfilled Lives, Supportive Communities Commissioning Framework’ across Hywel Dda, linking to regional and national networks to implement the standards. | • To develop a broader Strategic Commissioning Framework for wider discussion through a task and finish group;  
  • Link to action, but to include broader commissioning and contracting arrangements, e.g. contracting with Nursing and Residential Homes. | Head of Strategic Partnerships and Linked to Strategic Commissioning recommendations and the Commissioning Co-design Group | October 2011  
  December 2011 |

In order to take this work forward the current group’s expertise will be further utilised to extend the scope of the group to develop the commissioning framework beyond the third sector. To achieve this, it will be necessary to review and strengthen the current group membership to include key operational staff from each area to ensure closer links with county team.
SECTION 6:
Supporting and Increasing our Volunteers
6.1 Aims of the Volunteering Group

This group was tasked with developing clear recommendations as to how the opportunities for volunteering can be harnessed to both increase volunteer numbers and to work in a more aligned way. The aims were:

- To undertake a SWOT analysis of volunteering across the Hywel Dda three counties (see Appendix 8);
- To recommend ways of linking and co-ordinating all volunteering in health and social care;
- To recommend how the number of volunteers and opportunities can be increased including time-banking and other approaches;
- To share and align induction, training, best practice and shape one approach for consistency and safety while reducing duplication of effort;
- To recommend areas for joint activity (eg recruitment, training, policy, support, co-ordination and brokerage);
- To propose how, with current short term funding, volunteering can be sustainable.

6.2 Summary of the Volunteering Group’s Work

It is clear that volunteers supporting service delivery in health and social care play an important role; a role that needs to continue and develop in order to support the objectives of the Five Year Framework Right Care, Right Place, Right Time…Every Time. It is imperative that volunteering is recognised and supported strategically and operationally and that the infrastructure is strengthened and an improved coordinated approach adopted to ensure that we improve assistance to organisations involving volunteers in their service delivery, raise the profile of volunteering in health and social care, develop opportunities and use resource more effectively. The recommendations reached set out to achieve this.

The SWOT Analysis captured the following:

- This vision can be achieved but needs the will and commitment of all partners to move forward and the resource to support the work;
There is no clear indication in the 5 year plan of the HDHB’s priorities of the importance of volunteering;
• There are excellent examples of volunteer activity;
• Everyone’s voice needs to be heard in relation to volunteering;
• Volunteer Centres are key as a central point of information in each county;
• There is no shortage of roles but on occasions a shortage of attractive roles;
• There are inconsistencies across the three counties in relation to training around volunteering, due to funding/resource issues;
• There is a danger that volunteers could be seen as a cheap option and as a commodity;
• Early notification of funding streams is essential;
• There is a need to provide a more seamless service;
• CRB checks (time scale) and recruitment process can be protracted;
• Appropriate use of Volunteers can support the Invest to Save programme;
• Service users are not just recipients of health but have skills, expertise and knowledge that can be used to enhance communities.

The group membership included representatives from the three County Volunteer Centres, Third Sector Groups, Pembrokeshire County Council and Carmarthenshire County Council and Hywel Dda Health Board, along with the three Third Sector Health and Well-being Facilitators. The group held five meetings, in which time they undertook a SWOT Analysis (Appendix 8) and set up a working group to develop a draft code of practice.

Final agreement of the Code of Practice was postponed as members of the group wished to establish whether the Compacts in Carmarthenshire and being developed in Pembrokeshire and Ceredigion would be of more appropriate use. In addition it was felt that a simplified easy read version should be developed.

6.3 Recommendations for Volunteering

1. Take forward the work of a multi-agency Health and Social Care Volunteer Planning Group in each county.

2. To implement a co-ordinated approach in recruiting for Health and Social Care volunteering opportunities.

3. To agree and adopt a Volunteering Code of Practice in each county.

4. To establish HDHB employee volunteering in our local community and develop a scheme to enable staff skills and knowledge and use of HDHB Buildings to be offered to community groups.
6.4 Who to Contact?

<table>
<thead>
<tr>
<th>Strategic</th>
<th>Third Sector</th>
<th>Hywel Dda Health Board</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sara Edwards</td>
<td>Carol Evans Assistant Director of Corporate Services <a href="mailto:Carol.evans8@wales.nhs.uk">Carol.evans8@wales.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td>Development Manager, CAVS <a href="mailto:sara@cavs.org.uk">sara@cavs.org.uk</a></td>
<td>David Fretwell Volunteering for Health Manager <a href="mailto:David.fretwell@wales.nhs.uk">David.fretwell@wales.nhs.uk</a></td>
</tr>
<tr>
<td>Carmarthenshire</td>
<td>Hazel Lloyd Lubran Chief Executive, CAVO <a href="mailto:hazel@cavo.org.uk">hazel@cavo.org.uk</a></td>
<td>David Fretwell Volunteering for Health Manager <a href="mailto:David.fretwell@wales.nhs.uk">David.fretwell@wales.nhs.uk</a></td>
</tr>
<tr>
<td>Ceredigion</td>
<td>Sue Leonard Chief Officer, PAVS <a href="mailto:Sue.leonard@pavs.org.uk">Sue.leonard@pavs.org.uk</a></td>
<td>David Fretwell Volunteering for Health Manager <a href="mailto:David.fretwell@wales.nhs.uk">David.fretwell@wales.nhs.uk</a></td>
</tr>
<tr>
<td>Pembrokeshire</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Home-Start Dinefwr offers volunteer support friendship and practical help to families with young children who may be experiencing difficulties. Parents may need support for various reasons such as low self-esteem, parenting issues, and managing household, postnatal depression, multiple births, conflict within the family, isolation.

Health professionals such as social workers and health visitors will refer families in need of support. Volunteers will help families access local services such as clinics, libraries, family centres, and groups.

Volunteers visit weekly and offer confidential support and guidance through their own parenting experiences. Families gain confidence in their abilities as our volunteers empower them. An additional support project also provides teaching of basic life skills to families within their own home offering one-to-one sessions in healthy eating, parenting, Language & Play programme, household routines.
6.5 Taking the Volunteering Work Forward

To take the recommendations forward the Task and Finish Volunteering Sub Group recommends that an analysis and review of existing structures is resourced to identify a group to take forward the multi-agency Health and Social Care volunteer planning work in each county.

Establishing a county based multi-agency volunteer planning structure would also encourage dialogue locally, ownership on a local level and provide awareness of local health and social care arrangements and an opportunity to be engaged in service development.

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Actions</th>
<th>Who responsible/which group will monitor</th>
<th>By when</th>
</tr>
</thead>
</table>
| 1. Take forward the work of a multi-agency Health and Social Care Volunteer Planning Group in each county. | • Review Terms of Reference and membership.  
• Link with the current Health and Social Care fora and volunteer organiser networks.  
• To ensure the volunteer group structure is involved at the planning stage of initiatives to explore how to involve volunteers in service delivery.  
• Provide opportunities for voluntary groups that deliver services within a hospital setting to network and develop consortia. | HDHB, County Social Services County Volunteer Centres / Third Sector Health and Wellbeing Facilitators | October 2011  
Ongoing |
| 2. To implement a co-ordinated approach in recruiting for Health and Social Care volunteering opportunities. | • Produce an annual multi-agency county volunteer recruitment plan for Health and Social Care  
• Agree and implement an effective promotion and marketing campaign.  
• Explore the opportunities to establish a volunteer passport scheme between projects and agencies.  
• Conduct a volunteer and volunteer managers training needs analysis. | The Structure adopted in each county to take forward Health and Social Care planning | April 2012  
March 2012  
Ongoing |
3. Agree and adopt a Code of Practice on Volunteering in each county

- Use as a Good Practice Guide for Commissioners.

| County Voluntary Councils to facilitate and coordinate | March 2012 |

4. For the HDHB to support employee volunteering in our local community and develop a scheme to enable staff skills and knowledge and use of HDHB Buildings to be offered to community groups.

- Arrange a Volunteering Opportunities Fair for Staff.
- Promote volunteering opportunities on the Hywel Dda intranet.
- Arrange volunteering days and taster sessions.
- Include 5-day Volunteering Leave allowance in staff contracts.
- Conduct a HDHB staff Volunteering Survey to ascertain skills and existing volunteering activity to provide baseline and measure social impact.
- Work with Business in the Community to develop a professional skills volunteering scheme for HDHB employees; and identify the possibility of seconding HDHB staff with key skills.
- To develop a policy for community use of our buildings and identify through an audit which buildings can be made available, and share with County Voluntary Councils for promotion.

| HDHB Volunteering for Health project to Co-ordinate with support from County Volunteer Centres | June 2012 |
| Sarah Veck | March 2012 – March 2013 |
| Rob Elliott (with county teams) | April 2012 |
A Co-designed Future –
The Third Sector role in Health and Social Care

SECTION 7:
Supporting and Valuing Carers
7.1 Aims of the Carers’ Group

The Carers’ Group provided an opportunity to co-design a new way of working with unpaid carers between HDHB, the LA and the third sector across Carmarthenshire, Ceredigion and Pembrokeshire. The initial aims were:

- To scope all past Carers’ Grant allocations to the third sector across the Hywel Dda locality to identify common streams of funding;
- To ensure there are appropriate mechanisms to seek and elect carers representation on the Stakeholder Reference Group and feed back to county structures;
- To co-ordinate the implementation of the Investors in Carers scheme (IiC) into a sustainable and progressive initiative by raising the profile of unpaid carers within Primary Care;
- To develop Investors in Carers in Secondary Care across Hywel Dda by raising the profile of unpaid carers within this setting;
- To co-ordinate the implementation of the Rural Health Innovation Fund project of identifying unpaid carers with key caring skills and an interest in accessing health and social care employment opportunities;
- To facilitate the consultation on the new Carers’ Strategies (Wales) Measure 2010 (Carers’ Measure) being developed nationally and to consider the development of a new Carers Liaison post within the HDHB.

7.2 Summary of the Carers’ Group Work

The recommendations this Group makes to the Steering Group will greatly enhance the way we engage with unpaid carers and help shape the Hywel Dda five year vision. They will also influence the work required to implement a new joint Carers’ Strategy as part of the new Carers’ Strategies (Wales) Measure 2010 as outlined briefly below.

Each HB and LA in Wales has to prepare and publish a three year strategy, with the HB as the lead authority. This strategy must be submitted by the HB on behalf of its partner authorities to WG by 31 October 2012. Key areas to be detailed in the strategy are the provision of information and advice to carers and consultation with carers.

Carers Champions have been identified across HDHB and the LAs with a joint press release prepared highlighting the partnership approach being adopted for taking forward the measure and a web page has been developed within HDHB.
In terms of current funding streams, the following figures have been produced but will require further validation by some of the respective LAs. This is due to the fact that there is a need to check core funding sources as well as cross-referencing the scoping work undertaken by the Commissioning Sub Group.

Pembrokeshire - £343,190.00
Carmarthenshire - £418,319.00
Ceredigion - £208,079.37

The services provided with this funding by the voluntary sector are wide-ranging and cover direct service provision, training and giving information and advice to carers. These services are provided by a number of different third sector organisations and there is a need to establish a forum where they can all meet and share good practice in the future.

### 7.3 Recommendations for Carers

We agreed an overarching principles that we recognise the value of carers as key partners in the delivery of health and social care services. We will provide support for carers to enable them to delivery a first class care service, working alongside professional practitioners and support agencies.

On this basis, we recommend the following:

1. **To ensure there are appropriate mechanisms to seek views from carers and third sector organisations in order to formalise engagement and consultation arrangements as part of the new Carers’ Measure.**

2. **To sustain and develop the investors in Carers (IiC) across all GP practices and secondary care sites by utilising the expertise developed in each LA and CVC.**

3. **To provide training and support to unpaid carers at the same level to that provided to paid carers.**

4. **To agree service organisational structures across the three counties to identify lead personnel for carers in each CVC, LA and HDHB county team to join the current Carers Strategy Group. This group will take forward the commissioning of carers services and the production of the Carers Strategy by October 2012.**

5. **To analyse and develop the current HDHB funded carers’ services provided by the third sector as part of the development of the Commissioning Code of Practice.**

6. **To establish a third sector provider forum for carers in each county facilitated by the respective CVC as part of establishing an effective process for commissioning services for carers.**
### 7.4 Who to Contact?

<table>
<thead>
<tr>
<th>Strategic</th>
<th>Third Sector</th>
<th>Hywel Dda Health Board</th>
<th>Local Authorities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Peter Llewellyn Assistant Director of Strategic Partnerships <a href="mailto:Peter.Llewellyn@wales.nhs.uk">Peter.Llewellyn@wales.nhs.uk</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carmarthenshire</td>
<td>Joanne Silverthorne Carers Coordinator, CAVS <a href="mailto:joanne@cavs.org.uk">joanne@cavs.org.uk</a></td>
<td>Sheila Porter (TBC who) Head of Primary, Community &amp; Social Care <a href="mailto:Sporter@carmarthenshire.gov.uk">Sporter@carmarthenshire.gov.uk</a></td>
<td>Jonathan Rees Joint Carers Development Officer <a href="mailto:JonLrees@carmarthenshire.gov.uk">JonLrees@carmarthenshire.gov.uk</a></td>
</tr>
<tr>
<td>Ceredigion</td>
<td>Hazel Lloyd Lubran Chief Executive, CAVO <a href="mailto:hazel@cavo.org.uk">hazel@cavo.org.uk</a></td>
<td>Jina Hawkes Community &amp; Primary Care Manager <a href="mailto:Jina.hawkes@wales.nhs.uk">Jina.hawkes@wales.nhs.uk</a></td>
<td>Heather West Carers Development Officer <a href="mailto:heather.west@Ceredigion.gov.uk">heather.west@Ceredigion.gov.uk</a></td>
</tr>
<tr>
<td>Pembrokeshire</td>
<td>Nicole van Schie Carers Development Worker, PAVS <a href="mailto:Nicole.vanschie@pavs.org.uk">Nicole.vanschie@pavs.org.uk</a></td>
<td>Alison Kedward County Head of Nursing <a href="mailto:Alison.kedward@wales.nhs.uk">Alison.kedward@wales.nhs.uk</a></td>
<td>Vanessa Pells Carers Strategy Coordinator <a href="mailto:Vanessa.pells@pembrokeshire.gov.uk">Vanessa.pells@pembrokeshire.gov.uk</a></td>
</tr>
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</table>

**What happens when a carer is involved in an emergency?** Thanks to a partnership between the local authority and the charities Red Cross and Crossroads, carers in Pembrokeshire can register for an Emergency Carers Card. The card contains useful information relating to the carer and the ‘cared for’ person so that emergency arrangements can be made if the carer is unable to get home.

Support workers are able to assist the cared for person until the carer is able to return home, offering peace of mind, and relieving social isolation.
### 7.5 Taking the Carers’ Work Forward

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Actions</th>
<th>Who responsible / which group will monitor</th>
<th>By when</th>
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</thead>
<tbody>
<tr>
<td>1. To ensure there are appropriate mechanisms to seek views from carers and to formalise engagement and consultation arrangements as part of the new Carers’ Measure.</td>
<td><img src="#" alt="List of actions" /></td>
<td>Carers Strategy Group Communications Directorate</td>
<td>October 2011</td>
</tr>
<tr>
<td><img src="#" alt="List of actions" /></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. To sustain and develop the investors in Carers (IiC) across all GP practices and secondary care sites by utilising the expertise developed in each LA and CVC.</td>
<td><img src="#" alt="List of actions" /></td>
<td>Head of Strategic Partnerships Carers Strategy Group Carers IiC Group</td>
<td>October 2011 July 2011 April 2012</td>
</tr>
<tr>
<td><img src="#" alt="List of actions" /></td>
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<tr>
<td>3. To provide training and support to unpaid carers at the same level to that provided to paid carers.</td>
<td><img src="#" alt="List of actions" /></td>
<td>Carers Strategy Group (to co-opt training colleagues when appropriate)</td>
<td>April 2012</td>
</tr>
<tr>
<td><img src="#" alt="List of actions" /></td>
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4. To agree service organisational structures across the three counties to identify lead personnel for carers in each CVC, LA and HDHB county team to join the current Carers Strategy Group. This group to take forward the commissioning of carers services and the production of the Carers Strategy by October 2012.

- Lead personnel on carers within each CVC, LA and HDHB county team to be identified;
- Revised Terms of reference to be agreed for this group to reflect new role;
- The HDHB to appoint an interim Carers Liaison post prior to the formal publication of the Carers Measure in January 2012:
  - Job specification/description and transitional arrangements to be established;
  - New interim post holder to identify key priorities stemming from the Carers Measure;
  - Staff training;
  - Meeting and identifying reasonable engagement costs of carers and carers organisations;
  - Establishment of local information and advice services;
  - Accessing funding of carers training partnerships and delivering training to carers;
  - Development of new information and advice materials in a range of formats.

5. To analyse the current HDHB funded carers services provided by the third sector as part of the development of the Commissioning Code of Practice (CCOP).

- Opportunities to further develop Carers services to be identified and formalised through the new Carers Strategy;
- Procurement of these services to be aligned to the new CCOP linking closely with the third sector provider forum for carers.

6. To establish a third sector provider forum for carers in each county facilitated by the respective CVC as part of establishing an effective process for commissioning services for carers.

- Discussions to take place with each CVC to agree the way forward and to identify current good practice in establishing provider forums.
- To map and link the current Carers structures with each county in support of the development of the Provider, Commissioning and Carer Forums.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Responsible</th>
<th>Due Date</th>
</tr>
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<tbody>
<tr>
<td>4. To agree service organisational structures across the three counties</td>
<td>Head of Strategic Partnerships</td>
<td>October</td>
</tr>
<tr>
<td>5. To analyse the current HDHB funded carers services provided by the</td>
<td>All</td>
<td>2011</td>
</tr>
<tr>
<td>6. To establish a third sector provider forum for carers in each county</td>
<td></td>
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</tr>
</tbody>
</table>

In order to take forward the recommendations put forward the three counties Carers Strategy Group and the Investors in Carers Sub Group will both need to be maintained for the foreseeable future.
SECTION 8:
Making the Best Use of Hywel Dda Health Board's Charitable Funds
8.1 Summary of the Charitable Funds Group’s Work

Currently, the vast majority of the HDHB’s Charitable Funds are vested in funds where the donor’s express wish was that they be used for specific counties, departments and services.

It is the HDHB’s Charitable Funds Committee’s expectations that funds be used as much as possible for cross Hywel Dda benefit and cross-sector redesign, including service development and pump priming collaborative community healthcare improvement projects with key partners, the third sector and voluntary and community groups. This will maximise the impact, benefits and value for money of donations through jointly-funded projects.

There are opportunities to collaboratively fund, with key partners, service development and redesign projects that meet the objectives of the HDHB providing that these coincide with those of the Charity and the express wishes of the donors, staff, public and patients.

The Charity is proposing to establish a new Hywel Dda wide general fund, alongside county specific funds. It is proposed to use this fund as the main source of funds for this type of development.

However, there is still much work to be done to establish the new Charitable Fund structure and there will be a need for a clear framework, criteria and funding options to access funds, as well as a set of simple guidelines, application forms and supporting documentation.

To do this, it would be beneficial to scope a limited number of proposals to identify the opportunities and pitfalls with the Charities Commission, find good case studies/projects with innovative frameworks, such as match funding, and to research joint funding systems currently in use in partner organisations which are appropriate for HB use.

There will also be a need to establish a clear prioritisation process, in line with HDHB objectives, a system to manage and approve applications, feedback to the Charitable Funds Committee and ensure wide promotion to staff and stakeholders.

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**Tenovus** - offer support to people affected by cancer across Hywel Dda, with initial contact via a Cancer Support Line (Tel: 0808 808 10 10) or as a drop in to their unique Mobile Cancer Support Unit on the first and third Tuesday of every month at John Street, Carmarthen.

Tenovus can offer advice on benefits and other financial help, counselling and also social work support, and have the capacity, in partnership with Hywel Dda Health Board, to offer chemotherapy and tele medicine through the Mobile Unit to deliver treatment closer to people’s homes.

Patients and staff value the opportunity to receive chemotherapy in a more informal setting closer to their homes, with access to other cancer support services.
There are clear expectations from the Charities Commission that substantial governance will surround collaborative projects. Before entering into a collaborative arrangement with another organisation, and as good practice, Trustees have a responsibility to comply with those governance requirements.

**8.2 Recommendations for Charitable Funds**

1. To establish a task and finish group, with clear terms of reference, aims and objectives.

2. To research joint funding application systems currently in use in partner organisations, utilise the support of key partners, with regard to existing funds, grants and applications frameworks and, if appropriate, adapt their processes for third party access.

3. To scope a limited number of proposals to identify opportunities and pitfalls. This will include Charities Commission consultations.

4. To establish a General Fund supported by a clear framework, criteria and funding options to access HDHB’s Charitable Funds for the purposes of enabling collaborative community healthcare improvement projects with key partners, the third sector and voluntary and community groups. These will be in line with the newly restructured funds and new fundraising initiatives.

5. To produce a simple set of guidelines, application forms and supporting documentation to access Charitable Funds for the above purposes.

6. To identify good business case studies and pilot collaborative project opportunities with innovative frameworks, such as match funding with partner organisations.

7. To establish a prioritisation process, in line with HDHB objectives, and a system to manage and approve joint applications, as well as feedback progress to the Charitable Funds Committee.

8. To ensure wide and ongoing promotion of the new collaborative funding system to raise staff and stakeholder awareness, interest and enthusiasm in accessing Charitable Funds for these purposes.

9. To ensure that the current robust governance arrangements and legal duties be applied to appropriately administer this process in line with the Charity Commission’s guidance on collaborative working between charities which does not allow funds to be spent other than in line with the donor’s wishes.

10. To appropriately manage and mitigate risk.
## 8.3 Who to Contact?

Making the Best Use of Hywel Dda Health Board’s Charitable Funds

<table>
<thead>
<tr>
<th>Strategic</th>
<th>Third Sector</th>
<th>Hywel Dda Health Board</th>
</tr>
</thead>
</table>
|           | Sara Edwards | Charitable Funds Committee Chair: Jane Jeffs  
jane@gwal.fsnet.co.uk;  
Officer: Mike Odlin  
Fundraising Officer Michael.odlin@wales.nhs.uk;  
Sara Edwards  
Development Manager  
sara@cavs.org.uk |
| Carmarthenshire | Hazel Lloyd Lubran  
Chief Executive, CAVO  
hazel@cavo.org.uk | Linda Williams  
County Director  
linda.willimas4@wales.nhs.uk  
or nominated Finance Lead |
| Ceredigion | Sue Leonard  
Chief Officer, PAVS  
Sue.leonard@pavs.org.uk | Ian Bellingham  
County Director  
ian.bellingham@wales.nhs.uk  
or nominated Finance Lead |
| Pembrokeshire | Jon Skone  
County Director  
jon.skone@pembrokeshire.gov.uk  
or nominated Finance Lead |
### Recommendation Actions

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Actions</th>
<th>Accountable To/ Monitored by</th>
<th>By when</th>
</tr>
</thead>
</table>
| 1. To establish a task and finish group, with clear terms of reference, aims and objectives. | • Identify members.  
• Set up Meeting dates;  
• Agree Terms of Reference;  
• Agree Action Plan.                                                                 | Charitable Funds Committee              | September 2011 |
| 2. To research joint funding application systems currently in use in partner organisations, utilise the support of key partners, with regard to existing funds, grants and applications frameworks and, if appropriate, adapt their processes for third party access. | • Research joint funding application systems with key partners (eg. CVCs who offer grant advice already as part of their core role and LAs who also administer grant funding);  
• Adapt if appropriate;  
• Approval by Charitable Funds Committee. | Charitable Funds Committee              | September 2011 |
| 3. To scope a limited number of proposals to identify opportunities and pitfalls. This will include Charities Commission consultations. | • Scope proposals;  
• Consult with Charities Commission.                                                                 | Charitable Funds Committee              | September 2011 |
| 4. To establish a General Fund supported by a clear framework, criteria and funding options to access HDHB’s Charitable Funds for the purposes of enabling collaborative community healthcare improvement projects with key partners, the third sector and voluntary and community groups. These will be in line with the newly restructured funds and new fundraising initiatives. | • Establish framework, criteria and funding options in line with the newly restructured funds and new fundraising initiatives;  
• Approval by Charitable Funds Committee Fund. | Charitable Funds Committee              | December 2011  |
| 5. To produce a simple set of guidelines, application forms and supporting documentation to access Charitable Funds for the above purposes. | • Produce guidelines, application forms and supporting documentation to access Charitable Funds;  
• Approval by Charitable Funds Committee.                                                                 | Charitable Funds Committee              | October 2011   |
<table>
<thead>
<tr>
<th></th>
<th>To identify good business case studies and pilot collaborative project opportunities with innovative frameworks, such as match funding with partner organisations.</th>
<th>Identify best practice case studies and collaborative projects with innovative frameworks on which to base work.</th>
<th>Charitable Funds Committee</th>
<th>December 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.</td>
<td>To establish a prioritisation process, in line with HDHB objectives, and a system to manage and approve joint applications, as well as feedback progress to the Charitable Funds Committee.</td>
<td>Establish a prioritisation process; Establish an approval and management system; Establish a feedback form, with KPIs; Approval by Charitable Funds Committee.</td>
<td>Charitable Funds Committee</td>
<td>October 2011</td>
</tr>
<tr>
<td>8.</td>
<td>To ensure wide and ongoing promotion of the new collaborative funding system to raise wide staff and stakeholder awareness, interest and enthusiasm in accessing Charitable Funds for these purposes.</td>
<td>Produce an Internal and External Communication Strategy; Approval by Charitable Funds Committee.</td>
<td>Fundraising Officer in conjunction with Communication Team</td>
<td>December 2011</td>
</tr>
<tr>
<td>9.</td>
<td>To ensure that the current robust governance arrangements and legal duties be applied to appropriately administer this process in line with the Charity Commission’s guidance on collaborative working between charities which does not allow funds to be spent other than in line with the donor’s wishes.</td>
<td>Clarify governance arrangements; Approval by Charitable Funds Committee.</td>
<td>Charitable Funds Committee</td>
<td>Ongoing</td>
</tr>
<tr>
<td>10.</td>
<td>To appropriately manage and mitigate risk.</td>
<td>Produce and manage Risk register; Feedback Risk to Charitable Funds Committee.</td>
<td>Charitable Funds Committee</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

The work will be taken forward by a Task and Finish Group which will be accountable to the Charitable Funds Committee. This group will establish a strategy and implementation action plan for undertaking the recommendations set out above.
SECTION 9: Service Planning
The HDHB Chief Executive Officer, in discussions with the Director of Strategic Partnerships, has specifically expressed his desire that the voice of patients, carers and the third sector be stronger in the development of patient pathways. There is evidence that when patients and carers are involved in clinical services development, pathways can be less complex, fit around the “whole life” of the person and are often more cost effective. Also, the third sector could act as a challenge to primary and secondary care providers and potentially deliver parts of the pathway.

Most of this development work was done through the Strategic Planning Team, the CHC and the Clinical Advisory and Assurance Group (CAAG) with a particular lead taken by Medical Director, Dr Sue Fish, whose belief in the importance of patient, carer and third sector involvement has supported this commitment.

With regard to the Clinical Programme Groups (CPGs), rather than have one or two representatives sitting on the group who may not feel confident or able to represent or may have a vested interest for their own organisation or viewpoint, it is proposed that a better option would be to use wider focus groups or planning group engagement sessions.

It is proposed that the underlying principle would be that no pathway should be designed or approved by the CAAG unless the CPG can demonstrate how it has engaged fully with, and taken on board, the views of patients (in conjunction with the CHC), carers and third sector organisations.

The HDHB Public and Patient Engagement Team together with the Third Sector Health and Wellbeing Facilitators for each county have kindly agreed to assist with this proposal and work with individual CPGs in possibly combining the support from the CHC, the expert patient project, carers umbrella organisations and the CVCs in terms of organising groups with a particular interest in each pathway.

**9.1 Aims of the Service Planning Group**

**9.2 Summary of the Service Planning Group’s Progress**

West Wales Action for Mental Health helps to improve the standards of mental health throughout West Wales by promotion, information, training and service development. It provides opportunities for service users, carers, voluntary and statutory organisations to network and work together jointly on delivering and improving services.

WWAMH helps to promote recovery and hope in the lives of people affected by mental health problems, and improves understanding about mental health which helps to tackle discrimination and stigma.

WWAMH helps to put service users and carers at the heart of planning and developing mental health services, offering empowerment and opportunity.

WWAMH actively works with the ‘Mind Your Heart Project’ to ensure understanding and knowledge is improved in relation to the links between physical and mental health.
9.3 Recommendations for Service Planning

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1.</td>
<td>All service planning and clinical service pathway planning will fully involve patients, carers, third sector and key partners throughout the entire process (see Appendix 2 for Orthopaedic Pathway example).</td>
</tr>
<tr>
<td>2.</td>
<td>No pathway should be designed or approved by the CAAG unless the CPG can demonstrate how it has engaged fully with and taken on board the views of patients (in conjunction with the CHC), carers and third sector organisations.</td>
</tr>
<tr>
<td>3.</td>
<td>Each CPG has a third sector representative (see Appendix 3 for Terms of Reference).</td>
</tr>
<tr>
<td>4.</td>
<td>The third sector Independent Member for HDHB will champion third sector issues when the Board is considering service developments.</td>
</tr>
<tr>
<td>5.</td>
<td>Ensure the third sector is well represented at HDHB’s Stakeholder Reference Group which provides advice to the Board on developing plans.</td>
</tr>
</tbody>
</table>

9.4 Taking the Work Forward in Service Planning

This document sets out the recommendations made by the Third Sector Co-Design sub groups to enable the sector to be at the heart of co-design and delivery of services. Although significant progress has been made in these areas, which is reflected in the recommendations, there is still much ongoing work.

In particular, we want to identify key service areas where the third sector could add value, be the best at delivering and describe what activity will be supported in the future. HDHB’s Business Plan outlines eight general areas of focus and we want to work to identify how the third sector could add value in these areas:

- Health Improvement
- Long Term Conditions (including frailty and dementia)
- Cancer
- Mental Health
- Learning Disabilities
- Children and Young People
- Primary and Community Care
- End of Life Care
Further CPGs may be set up and some will be stood down as they complete their work following our Clinical Services Strategy. The approach in our recommendations will be flexible to allow involvement in all service pathway design.

See Appendix 2 for the Delivering Orthopaedics Pathway map demonstrating third sector roles at appropriate points.

### 9.5 Who to Contact?

<table>
<thead>
<tr>
<th>Service Planning</th>
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<tbody>
<tr>
<td><strong>Third Sector</strong></td>
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<tr>
<td><strong>Hywel Dda Health Board</strong></td>
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<table>
<thead>
<tr>
<th>Strategic</th>
<th>Hywel Dda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul Williams Assistant Director of Strategic Planning &amp; Development</td>
<td>Paul <a href="mailto:williams@wales.nhs.uk">williams@wales.nhs.uk</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Carmarthenshire</th>
<th>Hywel Dda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debbie Bence Third Sector Health and Wellbeing Facilitator</td>
<td>Marilyn Wilkinson Planning Manager</td>
</tr>
<tr>
<td><a href="mailto:Debbie@cavs.org.uk">Debbie@cavs.org.uk</a></td>
<td>Marilyn <a href="mailto:Wilkinson@wales.nhs.uk">Wilkinson@wales.nhs.uk</a></td>
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</table>

<table>
<thead>
<tr>
<th>Ceredigion</th>
<th>Hywel Dda</th>
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</thead>
<tbody>
<tr>
<td>Hazel Lloyd Lubran Chief Executive, CAVO</td>
<td>Marilyn Wilkinson Planning Manager</td>
</tr>
<tr>
<td><a href="mailto:hazel@cavo.org.uk">hazel@cavo.org.uk</a></td>
<td>Marilyn <a href="mailto:Wilkinson@wales.nhs.uk">Wilkinson@wales.nhs.uk</a></td>
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<table>
<thead>
<tr>
<th>Pembrokeshire</th>
<th>Hywel Dda</th>
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<tbody>
<tr>
<td>Michelle Copeman Third Sector Health and Wellbeing Facilitator</td>
<td>Marilyn Wilkinson Planning Manager</td>
</tr>
<tr>
<td><a href="mailto:Michelle.copeman@pavs.org.uk">Michelle.copeman@pavs.org.uk</a></td>
<td>Marilyn <a href="mailto:Wilkinson@wales.nhs.uk">Wilkinson@wales.nhs.uk</a></td>
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</table>

**We need to stop getting the crumbs from the table, there needs to be disinvestment in what’s already in the health budget in order for re-investment to take place.**
<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Actions</th>
<th>Who responsible / which group will monitor</th>
<th>By when</th>
</tr>
</thead>
</table>
| 1. All service planning and clinical service pathway planning will fully involve patients, carers, third sector and key partners throughout the entire process. | - HDHB Planning Team ensure a proactive approach to early involvement of these groups working closely with the Engagement team;  
- Map the current planning groups across the three counties to each service development and clinical programme group and invite these groups to link to the CPGs;  
- Encourage as many organisations as possible to join as members of Siarad Iechyd/Talking Health with their special interests noted so that they can be invited to be part of service planning. | Assistant Director of Strategic Planning and Development  
Assistant Director of Corporate Services – Patient / Public Experience (PPE)  
Planning Team support officers for each CPG  
Communications and Engagement Team, CVCs, Third Sector Health and Wellbeing Facilitators | From October 2011  
By October 2011  
From July 2011 and Ongoing |
| 2. No pathway should be designed or approved by the CAAG unless the CPG can demonstrate how it has engaged fully with and taken on board the views of patients (in conjunction with the CHC), carers and third sector organisations. | - There will be a need for CPGs to meet early with the Engagement Team for this commitment to be scheduled in to work plans. Also there would be the need for CPGs to identify development priorities;  
- It is perceived, as good practice, there would need to be several involvement sessions within each of the pathway areas:  
  o one at the outset asking key questions as to the current service; | Medical Director  
Communications and Engagement Teams, CVCs, Third Sector Health and Wellbeing Facilitators | Following Clinical Services Strategy public consultation (January 2012) |
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</table>
SECTION 10:
Making It Work Locally
10.1 Aims of the ‘Making it Work Locally’ Group

The aim of this Group was to bring together examples of good practice across the three counties which demonstrated “how” to maximise opportunities for the third sector to play an equal and complementary role in local health and social care services, thus making a noticeable difference to the quality of care people experience.

The Group was asked to:

- Map the existing services already being delivered across the Hywel Dda area and spot any gaps which could be filled;
- Develop a toolkit for organising a successful engagement event where health and social care professionals could meet with the third sector to learn more about what services are available locally already, what they do and how to access them;
- Showcase some of the successes that are already happening on both a large and small scale but which have a huge impact on the way people are supported in their communities and can access the right advice and support or care when they need it and which keeps them out of hospital and living independently for as long as possible.

Challenging Pain is a unique participatory pain management workshop developed by Arthritis Care. The programme is delivered by two lay tutors on two consecutive weeks, each session lasting 2 ¾ hours. It is designed deliberately as a short course as many people with chronic pain find it difficult to commit to attending a six week programme. Workshops are held in community locations and are beneficial to people living with long term pain as well as family members, carers and health care professionals.

Results at 6 months indicate GP visits are reduced by 17%, health distress is reduced by 15% whilst self-efficacy is improved by 17%. Evaluations suggest 81% of participants felt better about their pain 12 months after the course, 81% reported they have more time for themselves and 76% were less frightened about the future.

Examples from participant feedback include:

I have started swimming for the first time in 20 years! (post course, Carmarthen 2011)

It has made me more determined to get off medication and do loads more exercise. (post course, Cardigan 2010)

Increased my confidence. Boosted my ability to cope with my pain. (6 months post course Aberaeron 2009)
## 10.2 Summary of the ‘Making it Work Locally’ Group’s Work

<table>
<thead>
<tr>
<th>Objective</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>To determine the level of awareness and signposting to voluntary sector support services amongst health and social care staff.</td>
<td>Staff survey undertaken in Carmarthenshire indicated that most staff were not aware of the range of services available or how to access those that were.</td>
</tr>
<tr>
<td>To develop and promote voluntary sector services to work with Community Resource Teams (CRTs) to support people to recover, manage their conditions themselves and prevent them being admitted or re-admitted.</td>
<td>Locality Connections events held in Llanelli and 3Ts (Taf / Teifi / Tywi) areas in Carmarthenshire and toolkit available for use across Hywel Dda during the next 12 months. Implementation of the “broker” role currently within Pembrokeshire only to the other ‘counties’.</td>
</tr>
<tr>
<td>To provide an opportunity for the locality care planning co-ordinators and Third Sector Health and Wellbeing Facilitators to meet and exchange knowledge and raise awareness of notable joint working practice in each locality.</td>
<td>As the locality care planning co-ordinator role has been subsumed into the locality management structures this objective will now be taken forward by each county.</td>
</tr>
<tr>
<td>To review the programme of talks delivered in the Tyisha Ward in Llanelli to ascertain any benefits for the residents and presenters.</td>
<td>The programme of talks was considered beneficial to both residents and presenters and a toolkit for implementation in other geographical areas has been put together.</td>
</tr>
</tbody>
</table>
10.3 Recommendations from ‘Making it Work Locally’ Group

<table>
<thead>
<tr>
<th></th>
<th>To increase the knowledge of third sector support services amongst all health and social care staff and the capacity available to roll out developments.</th>
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<tbody>
<tr>
<td>2</td>
<td>To strengthen partnership working between third sector organisations and CRTs.</td>
</tr>
<tr>
<td>3</td>
<td>To include the third sector or representatives in service developments and planning at local levels.</td>
</tr>
<tr>
<td>4</td>
<td>To provide a comprehensive database of voluntary sector service organisations and commissioning groups.</td>
</tr>
<tr>
<td>5</td>
<td>To ensure multi-disciplinary team management of people within complex needs includes third sector services where appropriate.</td>
</tr>
<tr>
<td>6</td>
<td>To raise awareness of health and wellbeing to help people within Hywel Dda.</td>
</tr>
</tbody>
</table>

The **Befriending Service** is part of a locally based mental health charity and provides informal support to Carmarthenshire people, by matching trained volunteers with service users who have mental health difficulties and who are both socially and geographically isolated.

The service users tell us that their confidence is increased and self esteem enhanced. Through the respect shown by volunteers, they feel valued which has led them to re-engage with family, community, pursue career opportunities and volunteering themselves. A typical quotation from a service user:

“A life saver for me. If it wasn’t for my Befriender I would still be a total recluse. She is a breath of fresh air”
### 10.4 Who to Contact?

**Making It Work Locally**

<table>
<thead>
<tr>
<th>Third Sector</th>
<th>Hywel Dda Health Board</th>
<th>Local Authorities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategic</strong></td>
<td>Paul Williams Assistant Director of Strategic Planning &amp; Development <a href="mailto:Paul.williams@wales.nhs.uk">Paul.williams@wales.nhs.uk</a></td>
<td><strong>Andrew Morgan</strong> Contracts Manager <a href="mailto:AMorgan@Carmarthenshire.gov.uk">AMorgan@Carmarthenshire.gov.uk</a></td>
</tr>
<tr>
<td><strong>Carmarthenshire</strong></td>
<td>Linda Williams County Director <a href="mailto:linda.willimas4@wales.nhs.uk">linda.willimas4@wales.nhs.uk</a> or nominated Locality leads</td>
<td><strong>Gaynor Toft</strong> Public Health Protection Manager <a href="mailto:Gaynor.toft@ceredigion.gov.uk">Gaynor.toft@ceredigion.gov.uk</a> Melanie Evans Joint Commissioning Health &amp; Social Care <a href="mailto:melaniee@ceredigion.gov.uk">melaniee@ceredigion.gov.uk</a></td>
</tr>
<tr>
<td><strong>Ceredigion</strong></td>
<td>Ian Bellingham County Director <a href="mailto:ian.bellingham@wales.nhs.uk">ian.bellingham@wales.nhs.uk</a> or nominated Locality lead</td>
<td><strong>Anne Nicholson</strong> Principal Policy, Planning &amp; Change Manager <a href="mailto:anne.nicholson@pembrokeshire.gov.uk">anne.nicholson@pembrokeshire.gov.uk</a></td>
</tr>
<tr>
<td><strong>Pembrokeshire</strong></td>
<td>Jon Skone County Director <a href="mailto:Jon.skone@pembrokeshire.gov.uk">Jon.skone@pembrokeshire.gov.uk</a> or nominated Locality lead</td>
<td><strong>Melanie Evans</strong> Joint Commissioning Health &amp; Social Care <a href="mailto:melaniee@ceredigion.gov.uk">melaniee@ceredigion.gov.uk</a></td>
</tr>
</tbody>
</table>

> As organisations who have been working with older people at a very localised level for many years, we have the knowledge and presence within communities to help identify and work with older people to prevent illnesses from developing.
## 10.5 Taking the Work Forward to Make it Work Locally

<table>
<thead>
<tr>
<th>Recommendation</th>
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</table>
| 1. To increase the knowledge of third sector support services amongst all health and social care staff and the capacity available to roll out developments. | • Organise annual Locality Connections in each county as part of the Protected Time for Learning (PT4L) for GPs;  
• Use the planning toolkit already developed (contact Third Sector Health and Wellbeing Facilitators for a set of templates);  
• Identify cohorts of health and social care staff to receive awareness raising sessions eg. Contact Centre Staff;  
• Identify and develop a capacity plan for what is needed to roll out appropriate third sector support in primary, community and social care across the three counties;  
• To raise awareness of “drivers for change” locally with third sector organisations. | Locality Managers/Team in partnership with Third Sector Health and Wellbeing Facilitators/County Management Teams | Ongoing in Carmarthenshire and First Locality Connections events during 2011/12 in Ceredigion and Pembrokeshire. Identify cohorts by December 2011 with programme of awareness raising sessions developed by end of March 2012 for delivery in 2012/13. |
| 2. Strengthen partnership working between third sector organisations and CRTs. | • Third Sector Health and Wellbeing Facilitators to attend county meetings, eg. Leadership Team;  
• Third sector organisations to give presentations about their work to county Leadership Team (on a rolling programme);  
• Representative from County Leadership Team to attend third sector health and wellbeing fora; | Third Sector Health and Wellbeing Facilitators working in partnership with County Management Team | Ongoing/or with immediate effect. |
• Provide flexible co-location working arrangements for Third Sector Health and Wellbeing Facilitators;
• Develop the Third Sector Broker role across the three Counties.

3. To include the third sector or representatives in service developments and planning at local levels.

  • To increase the number of joint health, housing, social care and third sector opportunities available locally to benefit specialist groups;
  • To highlight gaps in service provision locally and address jointly;
  • To use the skills and flexibility of the third sector jointly with health, housing and social care to assist with the preventative agenda and keeping people as independent as possible in their own homes.

Health Social Care and Wellbeing Partnerships and planning groups (Health and Social Care Board in Carmarthenshire)

4. Provide a comprehensive database of voluntary sector service organisations and commissioning groups.

  • Design a mechanism to utilise existing databases eg. NHS Direct Health and Well Being Service directory to meet the needs of all users to:
    - include a description of the service/group availability and possible beneficiaries as a minimum;
    - develop and implement a mechanism to keep the database of support services up-to-date.

This could be a key element of the Communications Hub group.
5. Ensure multi-disciplinary team management of people within complex needs includes third sector services where appropriate.

- To implement the concept of virtual wards;
- To implement Third Sector Broker role (see Third Sector Health and Wellbeing Facilitator/role of CVC workstream) working with all relevant health and social care professionals.

| Virtual Ward and Community Resource Teams. | ASAP |
| CVCs in partnership with Health Board. | ASAP |

6. To raise awareness of health and wellbeing to help people within Hywel Dda.

- Develop a series of health and wellbeing talks which will help people to self care and look after themselves;
- These ‘talks’ should embrace a variety of delivery measures including DVD, clips on websites etc.

| Locality Managers/Team working in partnership with all relevant organisations and reporting to County Management Teams. | Ongoing in Carmarthenshire or with immediate effect in Ceredigion and Pembrokeshire. |

This task and finish group has completed its work and has now been stood down. The work should form a core component of each of Hywel Dda’s seven locality management teams working collaboratively with their CVC, voluntary sector organisations and care professionals.

“There is a huge need for GPs and primary care teams to better understand the voluntary sector and its professionalism and level of support available.”
As Chair of the Steering Group, I would like to thank the following people for their contribution to this work and for making it all possible.

The very many people from third sector organisations, their members, volunteers, service users and carers who have contributed to the co-design process through the "Conversation Begins/Continues" events in each county and through various other consultative mechanisms. Your views are vital in helping us shape our services and Hywel Dda remains committed to engaging with people living and working in our communities so that we can develop a world class health service for us all.

All the people who have given their time so generously to contribute to the many working group meetings that have taken place over the past few months. By its very nature, successful co-design depends on the active participation of people from different sectors and backgrounds working together to achieve a common goal. Many people from the statutory and third sectors have come together and shared information in a very open and constructive way, prioritising this work when there have been many conflicting pressures on time and resources.

The Third Sector Health and Wellbeing Facilitators in each of the CVCs across the Hywel Dda region for organising the engagement events and for ensuring that the third sector was well represented at all stages of the process.

Sarah Veck and the Executive Team at Hywel Dda for having the foresight to adopt such an innovative approach to partnership working with the third sector. No other Health Board in Wales has a Director of Strategic Partnerships, nor have they engaged in the same way with the third sector, and we know that Ministers in the Welsh Government have recognised the innovative approach we have adopted here.

All those who provided excellent administrative, design and production support throughout the co-design process, capturing numerous contributions from different sources and turning them into a coherent report. Thank you for your commitment and professionalism at all times. The "jargon busters" – in other words, the people who have read through the report and made sure it is written in plain language that everyone can understand. It is all too easy to slip into professional jargon so this work has been essential in ensuring that the report can be read and understood by everyone.

Colleagues on the steering group who have been “critical friends” throughout this process, providing an honest appraisal of the work as it has developed and steering a path through potential difficulties to reach a resolution. We would particularly like to mention the input from the CHC – your constructive challenge and good humour has been invaluable.

Finally, I would like to give thanks in advance to all of you for taking the time to read the report and for continuing to help to take forward the recommended actions so that the third sector can play its part in delivering the right care in the right place at the right time – every time.

Janet Hawes, Chair of Steering Group
### Useful Links and Documents

<table>
<thead>
<tr>
<th>Commissioner</th>
<th>Useful Links</th>
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<tbody>
<tr>
<td>Commissioning: Possible Greater Manchester VCS Organisations’ Experience in Public Sector Commissioning</td>
<td><a href="http://www.gmcvo.org.uk/reports">http://www.gmcvo.org.uk/reports</a></td>
</tr>
<tr>
<td>The Kings Funds: Transforming our Health Care System</td>
<td><a href="http://www.kingsfund.org.uk/publications/articles/transforming_our.html">http://www.kingsfund.org.uk/publications/articles/transforming_our.html</a></td>
</tr>
<tr>
<td>Bridging The Gap: Addressing the challenge to fully utilise the third sector contribution in the management of complex care.</td>
<td>Available from <a href="mailto:gaynor.williams@wales.nhs.uk">gaynor.williams@wales.nhs.uk</a> or via wcva website</td>
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<tr>
<td><strong>Partners</strong></td>
<td><strong>Useful Links</strong></td>
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<tr>
<td>Carmarthenshire County Council</td>
<td><a href="http://www.sirgaerfyrrdin.gov.uk/English/Pages/home.aspx">http://www.sirgaerfyrrdin.gov.uk/English/Pages/home.aspx</a></td>
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<tr>
<td><strong>Hywel Dda Heath Board</strong></td>
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<tr>
<td>Hywel Dda Health Board Website for feedback from Engagement</td>
<td><a href="http://www.wales.nhs.uk/sitesplus/862/">http://www.wales.nhs.uk/sitesplus/862/</a></td>
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<tr>
<td><strong>Charitable Funds</strong></td>
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<tr>
<td>Charity Commission’s Guidance on Collaborative Working between charities (cc34-collaborative working and mergers)</td>
<td><a href="http://www.charitycommission.gov.uk/publications/cc34.aspx/">www.charitycommission.gov.uk/publications/cc34.aspx/</a></td>
</tr>
<tr>
<td><strong>Carers</strong></td>
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</table>
Third sector: the third sector encompasses community associations, self-help groups, voluntary organisations, charities, faith-based organisations, co-operatives and mutual organisations. They display a range of institutional forms, including registered charities, companies limited by guarantee (which may also be registered charities), Community Interest Companies, Industrial and Provident Societies and unincorporated associations. Each organisation has its own aims but all share the following common characteristics making them part of the third sector:

- Independent, non-governmental bodies;
- Established voluntarily by citizens who choose to organise;
- Value driven and motivated by the desire to further social, cultural or environmental objectives, rather than simply to take a profit;
- Committed to reinvesting their surpluses to further their social, cultural or environmental objectives.

This definition is based on the definition included in the report “Bridging The Gap: Addressing the challenge to fully utilise the third sector contribution in the management of complex care” report (see useful links at end of document)

Co-design: a collaborative process of designing public services that actively involves service users; their carers; families; community networks; third sector and public sector partners. Co-design is part of the co-production process which puts service users at the heart of service design, delivery and evaluation, recognising the contribution that they can make to the services they need.

Compact: a partnership agreement between the third and public sectors which seeks to improve working relationships and provides a framework within which the sectors can understand what to expect from each other.

Tripartite: A three way agreement. In the context of a Compact it means that the three parties who sign up to the agreement are the County Voluntary Council (on behalf of the third sector) the Local Authority and the Health Board.

Commissioning: Commissioning is the process of specifying, securing and monitoring services to meet people’s health and social care needs at a strategic level. This applies to all services, whether they are provided by the local health board, by the local authority, other public agencies or by the private or voluntary sectors. The purpose of joint commissioning is to achieve best services and best value from those services.

Procurement: Procurement is the process of acquiring goods, works and services, covering both acquisitions from third parties and from in-house providers. The procurement process spans the whole cycle from identification of needs through to the end of a services contract or the end of the useful life of an asset.
**Purchasing:** Purchasing is the process of securing or buying services, including specifying, contracting and monitoring services to achieve best value for public money.

**Contracting:** Contracting is putting the purchasing of services in a legally binding agreement, in which all parties are clear about their responsibilities and committed to delivering.

**Carer:** Is a person who looks after a family member or friend, who are users of health services and who require care, help or support.

**Patient and Public Engagement:** The process by which individuals and communities have the opportunity to improve and shape their local health services by offering views and recommendations.

**Service Provider:** Any organisation providing health services, whether in the public sector, private sector or voluntary sector.

**Service User:** Defined as patients; unpaid carers; parents/guardians; users of health services; disabled people; members of the public who are the potential recipients of health promotion/public health programmes; groups asking for research because they believe they have been exposed to potentially harmful circumstances, products or services; groups asking for research because they believe they have been denied products.
### Abbreviations and Acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>BSB</td>
<td>Building Stronger Bridges (previously the name of the Health and Wellbeing facilitator posts)</td>
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<tr>
<td>CAVO</td>
<td>Ceredigion Association of Voluntary Organisations</td>
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<tr>
<td>CAAG</td>
<td>Clinical Advisory and Assurance Group</td>
</tr>
<tr>
<td>CAVS</td>
<td>Carmarthenshire Association of Voluntary Services</td>
</tr>
<tr>
<td>CCOP</td>
<td>Commissioning Code of Practice</td>
</tr>
<tr>
<td>CPG</td>
<td>Clinical Programme Groups</td>
</tr>
<tr>
<td>CRT</td>
<td>County Resource Team</td>
</tr>
<tr>
<td>CVC</td>
<td>County Voluntary Council</td>
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<tr>
<td>CYPP</td>
<td>Children and Young People’s Partnership</td>
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<td>HB</td>
<td>Health Board</td>
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<tr>
<td>HDHB</td>
<td>Hywel Dda Health Board</td>
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<tr>
<td>HSCWB</td>
<td>Health Social Care and Wellbeing</td>
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<tr>
<td>LA</td>
<td>Local Authority</td>
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<tr>
<td>LSB</td>
<td>Local Service Board</td>
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<td>PAVS</td>
<td>Pembrokeshire Association of Voluntary Services</td>
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<tr>
<td>SLA</td>
<td>Service Level Agreement</td>
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<tr>
<td>WCVA</td>
<td>Wales Centre for Voluntary Associations</td>
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<td>WG</td>
<td>Welsh Government</td>
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<td>Appendix 8</td>
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</tr>
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</table>
Compact

between

Third Sector- Carmarthen Association of Voluntary Services
Ceredigion Association of Voluntary Organisations
Pembrokeshire Association of Voluntary Services

Local Authority- Carmarthen County Council
Ceredigion County Council
Pembrokeshire County Council

Health Board - Hywel Dda

Appendix 1
Overarching Three County Compact
Foreword

This document describes the arrangements for joint working between the third sector, the county councils and the local health board, within the Hywel Dda footprint. The Compact is not a legally binding document but the signatories believe that partnership working will ensure the needs of the community are identified, opportunities maximised and quality services delivered and the signing of the document confirms each organisation’s commitment to working in partnership.

Each partner understands and acknowledges the contribution each organisation makes to meeting the needs and aspirations of communities within the Hywel Dda footprint and believes that this work will be enhanced if sectors build strong, healthy and vibrant partnerships.

‘A partnership means working together towards a common set of goals, based on equality in terms of ownership, decision making and recognition of each party’s distinctive contribution’.

All partners are committed to supporting and developing the Compact’s values and principles. This Compact is part of an ongoing process designed to help achieve a co-ordinated, transparent and strategic approach, ultimately leading to a more efficient, effective and collaborative way of working.
Introduction

Compacts are partnership agreements between the third and public sectors which seek to improve working relationships and provide a framework within which the sectors can understand what to expect from each other.

This Compact is an agreement between three sectors:

- Third sector
- Local Authority
- Health Board

The geographical reach of this Compact will be the Hywel Dda footprint, and as such the following organisations form part of this Compact Agreement.

Third Sector - Carmarthenshire Association of Voluntary Services  
Ceredigion Association of Voluntary Organisations  
Pembrokeshire Association of Voluntary Services

Local Authority -  
Carmarthenshire County Council  
Ceredigion County Council  
Pembrokeshire County Council

Health Board - Hywel Dda

The third sector will be represented by the County Voluntary Councils (CVCs) within the Hywel Dda footprint; Carmarthenshire Association of Voluntary Services (CAVS), Ceredigion Association of Voluntary Organisations (CAVO) and Pembrokeshire Association of Voluntary Services (PAVS), with CVCs signing this document on behalf of the third sector as a whole.

This Compact is the overarching Compact for the region. Local county wide Compacts, supported by locally developed Codes of Practice, will sit under this overarching Compact and will be signed by Hywel Dda and the relevant CVC and Local Authority.

This Compact subscribes to the principles of the National Compact and demonstrates the commitment to nurture and develop existing relationships. It also seeks to build upon existing community strategies and will actively encourage effective consultation with, and participation of, all local residents.

It sets out the values and principles of working in partnership by:

- Communicating better with each other.
- Understanding and respecting each other’s views.
- Working together more efficiently and effectively to support the people of Carmarthenshire, Ceredigion and Pembrokeshire.
Shared Values and Principles

The partners that commit to this Compact have shared values and principles and recognise that the statutory and third sectors have complementary roles leading to added value through working in partnership. To maximise this impact, the partnership approach is based on foundations such as integrity, trust and mutual respect, as well as recognition of differences and a similarity of purpose.

On the basis of our shared values and principles, together we will:

☑️ Develop mutual understanding of needs in the region in order to identify the level of resources required to address the needs

☑️ Adopt a co-productive approach to the development of policies and services taking into account the experience and views of both the statutory and third sectors

☑️ Value both informal and organised volunteer activity in the region as well as respecting all organisations for what they do

☑️ Implement effective communication to share information and good practice as well as allowing problems to be identified quickly and resolved constructively

☑️ Promote Compact principles in our joint working relationships as well as developing local county wide Codes of Practices and annual Action Plans

Local Arrangements

This Compact is the overarching Compact for the region. Local county wide Compacts will sit under this overarching Compact and will be signed by Hywel Dda and the relevant CVC and Local Authority.

Local compacts will reflect the overarching Compact and be underpinned by Codes of Practice. Codes of Practice

The following Codes of Practice are not exhaustive, but are central to the success of the Compact and should be considered and agreed on a local county basis. As a broad principle the following points should form part of each local Code of Practice:
### Funding
- Fair funding levels including full cost recovery.
- Joint use of resources including collaborative procurement and commissioning.
- Responsible governance including annual reviews.
- Transparent and timely decision making process regarding payments.

### Partnership Working
- Promotion of the Compact within the context of local strategies.
- Joint delivery of agreed agenda including a business plan.
- Work in conjunction with Local Service Board (LSB) on policy development, service planning and delivery.
- Sharing of skills, knowledge, resources, information, training and development opportunities.

### Communication and Consultation
- Agree communication protocol for effective communication between partners.
- Agree mechanisms to ensure locally sensitive effective consultation within the community.
- Promote inclusion of hard to reach groups in the consultation process.
- Ensure that consultation is always meaningful

### Volunteering
- Develop a Code of Practice to establish a comprehensive support framework.
- Ensure organisations working with volunteers adhere to volunteering policy and best practice.
- Partners to encourage volunteering amongst existing and retired staff.
- Further promote positive attitudes towards volunteering.

### Review
This Compact will be reviewed during the financial year 2013/2014.

### Dispute resolution
In the event of a dispute arising out of or in connection with this Compact then
- The parties that are in dispute shall set out their concerns in writing and these will be forwarded to the ‘authorised officers’ to resolve. (The authorised officers will be the chief officers of each CVC, a staff representative from each of the Local Authorities and three staff representatives from Hywel Dda)

- If the matter is not resolved within 14 days then the matter will be referred to a special meeting comprising one ‘member’ from each CVC (trustee), Local Authority (councillor) and three members from Hywel Dda Board.

- In the event that a dispute remains unresolved then it shall be referred to a single arbitrator, the identity of which is to be agreed between the parties within 14 days and the allocation of the costs of any arbitration shall be borne by the partners as determined by the arbitrator.
Delivering Orthopaedics
Through musculo-skeletal transformation

**Development Areas**

- Demand and referral flow – define problem, key evidence and quantify impact.

**High Impact Areas**

- Referral flow management: Develop local implementation & delivery ‘Adopt or justify’

**Core service efficiency & productivity**

- ‘Best in Class, service quality, performance, leadership, efficiency & effectiveness.

**Integration**

- LA, LEA/Schools, 3rd Sector, Leisure, Housing, Voluntary Sector

- Self referral to MSK Therapies (Physio/Podiatry)
- Implementation of ‘Focus On’ orthopaedic pathways
- Community therapy & rehab Service (community resource teams/virtual ward)

**Linked Strategic Development**

- Obesity Pathway
- Chronic Conditions Management (CCM High Impact Changes)
- Falls & Bone Health/Osteoporosis services
- Medicines management/reviews (Polypharmacy)
- PHW ‘Our Healthy Futures
- ‘Setting the Direction’,

- Primary care based MD MSK assessment teams (inc. physical and Biopsycosocial assessment)
- Access to chronic pain Services
- Advanced access to diagnostics
- ERAS (Enhanced recovery after Surgery)
- 7-day therapy service
- Therapy led discharge
- Referral demand mgt
- Early supported discharge

- Theatre utilisation & efficiency
- length of stay reduction
- Pre-assessment
- Same day admission
- Day Surgery rates
- Cancellation rates
- Activity based job planning

- NERS/Exercise on Prescription
- Access to Community Leisure
- ‘Self Care’, strategies
- Social Foot Care
- Telecare
- Housing

Director of Therapies & Health Science/Kathryn Davies – May 2011
## Terms of Reference for the Clinical Programme Groups

<table>
<thead>
<tr>
<th>COMMITTEE</th>
<th>Clinical Programme Group</th>
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<tbody>
<tr>
<td><strong>PURPOSE</strong></td>
<td>The Clinical Programme Group (CPG) has the responsibility for clinical pathway development of the clinical programme/work stream under the leadership of the Programme Director. The CPG has the responsibility to improve quality and efficiency by redesigning clinical pathways to meet the clinical challenges and demographic demands of the future in a financially challenging environment in line with the strategic direction of Hywel Dda Health Board. It is clear that status quo is not an option.</td>
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<tr>
<td></td>
<td>The CPG will be required to assess current services against all available current recommendations and best practice and provide revised service models and pathways across primary, community and secondary care to the Clinical Assurance and Advisory Group (CAAG) for approval.</td>
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<tr>
<td></td>
<td>The Group will advise on the high level Clinical Services Model based on ‘whole system’ patient pathways in liaison with other CPGs as appropriate.</td>
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<td></td>
<td>To provide advice to CAAG on the prioritisation of service development that will provide the earliest, largest and most sustained improvements in quality and safety for patients.</td>
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<td></td>
<td>Contribute to the development and implementation of the Health Board’s Clinical Services Strategy as part of the Five Year Framework.</td>
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<tr>
<td></td>
<td>Ensure that all relevant professional groups and services are involved in pathway development from the outset and proposed pathways and service redesign has both multi-disciplinary and multi-agency stakeholder support prior to making recommendation to the CAAG.</td>
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<thead>
<tr>
<th>MEMBERSHIP</th>
<th>Chair: Clinical Programme Director</th>
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<tr>
<td>Executive Lead:</td>
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<tr>
<td>Membership:</td>
<td></td>
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<tr>
<td>Clinical Programme Manager</td>
<td></td>
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<tr>
<td>GP Locality Lead/nomination from Primary Care</td>
<td></td>
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<tr>
<td>Network Leads, Consultants and other senior doctors</td>
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<tr>
<td>Information management representative</td>
<td></td>
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<tr>
<td>Public Health representative</td>
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<tr>
<td>Nursing representative</td>
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<tr>
<td>Clinical Effectiveness Department representative</td>
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<td>------------------------------------------------</td>
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<tr>
<td>Therapy and Health Science representative</td>
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<tr>
<td>Planning Department representative</td>
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<td>Finance – a representative will be sought to cover all CPGs</td>
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<tr>
<td>Local Authority representative</td>
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<tr>
<td>third sector representative</td>
<td></td>
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<tr>
<td>Community Health Council representative</td>
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</table>

As subject matter dictates, additional representatives can be co-opted or invited to the CPG on an ad hoc basis when their expertise may be required. Membership has to include at least one clinical representative from each of the 3 counties.

### DUTIES

### MEETINGS

**Quorum**
The meeting will be quorate when 50% or more of members are in attendance. Members who fail to attend 3 consecutive meetings - the Chair will contact and discuss their future membership of the Clinical Programme Group.

**Papers**
Minutes to be circulated 10 working days after the meeting. Agenda and papers to be circulated 7 days prior to the meeting. Requests for inclusion on the agenda to be presented 10 working days prior to the meeting for approval by the Chair.

**Frequency of Meetings**
The CPG shall meet on… Meetings will be held on a monthly basis and will have video conferencing facilities.

### REPORTING

The Clinical Programme Group will report to the CAAG. There will be regular updates to the relevant Health Board Governance Committees.

### REVIEW

The membership and terms of reference will be subject to continuous review as the CPG develops.
Reviewing Local Compacts for Health

Stronger partnerships between the statutory and Third Sectors in health will help us to deliver improved, more co-ordinated services which better meet the healthcare needs of local communities. The Welsh Assembly Government has encouraged the development of local compacts between the Third Sector and statutory healthcare providers in the past and recognises the need to update these in the light of NHS reconfiguration. The issue of local compacts will be raised as part of the local health board review process. This paper reminds Local Health Boards of their responsibilities, reinforces the core elements expected and outlines some examples of good practice.

The Current Situation in Wales

NHS re-organisation in Wales during October 2009 has resulted in the need to review compacts between the Third Sector and Local Health Boards across Wales. The Minister for Health and Social Services has stated her expectation that each Local Health Board will develop a compact with the Third Sector covering the whole of their local area. The Welsh Assembly Government has been asked to provide outline guidance to support the process, in line with the development of the new five year service workforce and financial strategic framework. Compacts are currently being reviewed in many areas across Wales and this interim outline guidance updates the position, reflecting good practice and identifying some core components.

The current financial situation adds to the need for lean and effective local working between all agencies. Ministers want to see streamlined partnerships that focus resources on tackling deep-seated problems in ways that are sustainable. The NHS and Third Sector should work with Local Service Boards to avoid bureaucracy and maximise their impact in ways that give measurable benefits to local people.

What are Compacts for Health?

Compacts are strategic agreements designed to improve and formalise the working relationship between different sectors. They are based on the principle that by understanding the needs of the community and the contribution each other can make, partners will be better able to work together. Key elements include:

- A shared vision of what constitutes effective partnership working between the Third Sector and statutory healthcare.
- A series of common, shared values and principles to which they agree to adhere when developing partnership working arrangements with each other. Examples would include issues as fundamental as a shared commitment to improving the health and wellbeing of the local community; acknowledgement and respect for the different strengths, qualities and limitations of partner organisations or an agreement to act in an open and transparent way.
- Key issues which need to be resolved resulting in agreed objectives, which reflect the needs and aspirations of local people and communities.
Ongoing and productive dialogue to reflect and be responsive to changing needs.

Why do we need them?

A meaningful compact will provide a framework for:

- The NHS to hold open, transparent and early dialogue with the Third Sector. In return this creates a Third Sector that is more responsive and understanding to the needs and expectations of Local Health Boards.
- Building more effective communication systems with the Third Sector that lead to fair and timely opportunities for partnership working and collaboration
- Developing mutual understanding and respect of challenges and issues faced by both sectors, providing a platform for open planning, delivery and evaluation of services.
- Make the most of the skills and expertise available locally.

Core Components

- There should be commitment from the executive board as well as at an operational level to work in partnership
- Local Health Boards will have one compact with County Voluntary Councils, complemented by other local compact arrangements to include:
  - Finance and funding arrangements
  - Partnership working, joint events and activities
  - Consultation, user participation and policy development
  - Improved communication between LHBs and the Third Sector
  - The sharing of workforce data to inform workforce planning and training processes.
- Each compact is supported by an action plan which sets out:
  - The action to be taken
  - Who is responsible for the action
  - The timescale for delivery
  - The desired outcome
  - How outcomes will be measured.
- The mechanism to progress relationships, agree actions and monitor against them is jointly owned and agreed. The Third Sector agrees how it is represented.
- Compacts are continually monitored and reviewed to ensure that they continue to meet the needs of the various partners and the communities they serve. Each compact should specify precise arrangements for review
- All compact agreements should be underpinned by the principles of best value for money and delivery of efficiencies.
- Compact agreements should acknowledge the added value which Third Sector organisations offer in the form of insight, expertise and service enhancement.
- Compact agreements should include clear dispute and mediation guidelines in the event of parties not adhering to the agreed principles
Case Study 1 – Abertawe Bro Morgannwg University Local Health Board

The compact agreement between Abertawe Bro Morgannwg University Local Health Board and the Third Sector has been cited as an example of good practice. The following highlights the views of local Third Sector representatives as to what they regard as key to the success of this arrangement:

- Clear commitment from all parties to make things work better.
- The existence of well established working relationships and mutual respect between agencies.
- The ability for partners to challenge each other whilst maintaining a good working relationship.
- Having a shared understanding of partners’ priorities and knowing who does what best.
- Good leadership with commitment to the partnership at a senior level and ensuring that this is transmitted to the various levels within an organisation.
- Clear structures of accountability.
- Effective communication.

Case Study 2 – The Third Sector Co-Design Project (Hywel Dda Health Board)

A key deliverable of the Third Sector Co-Design project is a compact between the LHB and the Third Sector which covers the whole Hywel Dda area. This will need to take account of a number of factors, including:

- The three counties are currently at different stages in their development of local compacts. A tripartite compact which includes the local authority already exists in Carmarthenshire whereas in other areas, there are compacts with local authorities only.
- Partner organisations (including local authorities) may work on a single county basis only.
- Differences in demographics and population density county to county.

A potential solution being explored by the project steering group is a model which is based on an LHB area wide compact focusing on a number of overarching principles. These principles would form the basis for three more specific compact arrangements, one in each county area, referring to specific, county wide or locality policies and each corresponding to one of the overarching themes set out in the health board area compact.

This guidance has been developed by the Welsh Assembly Government and WCVA with Sue Leonard, Chief Officer of Pembrokeshire Association of Voluntary Services providing feedback from a County Voluntary Council perspective.
Background

The purpose of the Third Sector Co-Design Steering Group is to oversee the project to co-design the future role of the third sector in Health and Social Care. The Project Sponsor is Sarah Veck, Director of Strategic Partnerships from Hywel Dda Health Board and the steering group is made up of members from Hywel Dda Health Board, CAVS, CAVO, PAVS as well as partners from the Local Authorities in the three counties. The Steering Group will meet monthly until the project completion date in April 2011, when a report and recommendations will be presented to each of the agencies. The work of the Steering Group will be underpinned by 7 sub-groups tasked with progressing work around Volunteering, Carers, Procurement and Contracting, Roles of the CVC and Building Stronger Bridges Facilitators, Localities and Co-location, Use of Charitable Funds and COMPACT arrangements.

The aim of Building Strong Bridges was to strengthen partnership working between the Voluntary Sector and the NHS in Wales. To underpin this aim, BSB Facilitators were appointed in each County to support the Voluntary Sector to develop and sustain strong partnerships with each other and with other agencies involved in health and social care.

BSB Focus Areas

BSB Facilitators will take the lead role in certain areas of work to avoid duplication of resource and develop expertise.

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>LEAD</th>
<th>NOTES</th>
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<tr>
<td>Carers</td>
<td>Michelle Copeman, PAVS</td>
<td>PAVS has been directly involved in the delivery of support to carers for approximately 8 years, employing a part-time Carers Development Worker who provides an information, advice and support service to carers. In the past, PAVS has also employed a part-time Young Carers Development Worker. Currently PAVS is rolling out the Investors in Carers programme to all GP practices in Pembrokeshire (following a successful pilot some years ago) and is keen to develop an Expert Carer programme. At the present time, PAVS is leading on a co-design project to develop a model for the delivery of generic information, advice, support and advocacy services to carers in Pembrokeshire.</td>
</tr>
<tr>
<td>Chronic Conditions</td>
<td>Debbie Bence, CAVS</td>
<td>As one of the demonstrator sites Carmarthenshire is the natural lead for this and will continue to build on the relationships already established, and work undertaken, such as the involvement of the third sector in the cancer key worker workshop and Locality Connections events.</td>
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<td>Community Resource Teams</td>
<td>All Facilitators</td>
<td>PAVS currently employs two part-time Voluntary Sector Brokers who work as members of the Community Resource Teams (formerly known as Complex Care Teams) in Pembrokeshire.</td>
</tr>
<tr>
<td>Procurement</td>
<td>Debbie Bence, CAVS</td>
<td>Within Carmarthenshire Debbie has established a good working relationship with the Local Authority. A number of events have been held and further events are planned with the aim of facilitating collaboration and developing skills within the sector. There is recognition that each County will have separate arrangements and that Debbie would lead on a ‘general’ rather than a specific county by county basis.</td>
</tr>
<tr>
<td>Transport</td>
<td>Anwen Knowles, CAVO</td>
<td>CAVO have hosted a Community Transport Project for the last 8 years and Ceredigion’s Community Transport Development Officer has established links with key stakeholders across the 3 Counties.</td>
</tr>
<tr>
<td>Volunteering</td>
<td>Michelle Copeman, PAVS</td>
<td>All Facilitators to have involvement with a review to be undertaken in 3 months. There is considerable scope to develop the Volunteering in Health project and this is certainly an area that Volunteering Pembrokeshire (and the Volunteer Centres within CAVS and CAVO) would be able to support further.</td>
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**CVC Added Value**

All 3 BSB Facilitators are based within the County Voluntary Council for each County. Experience over the years has demonstrated that this relationship has many additional benefits, including the support of CVC staff in the following areas:

- Development – Issues of governance, project management and development.
- Procurement – Tendering for services and quality standards.
- Funding – Identification of funding sources and support in applying for grants.
- Collaboration – Facilitating groups to jointly apply for funding and deliver services.

- Volunteering – Recruitment and retention of volunteers.

- Transport – Supporting Community Transport schemes and access issues for third sector groups.

- Training – Trained trainers and access to training material to support the third sector.

- Representation on Strategic Partnerships – CVC staff and third sector representatives contribute to all County Strategic Partnerships covering the wider determinants of health and well-being.

- Consultation – Regular CVC staff contact with the third sector is captured and collated. CVC contact with smaller voluntary community groups can be utilised to disseminate information, creating a network of community champions.

- Citizen Engagement – third sector groups have access to “organised communities” to complement the work of PPI teams.

Priorities for next 6 months

- Support third sector involvement in the design and delivery of County Health Social Care and Well-being Strategies (The Carmarthenshire Integrated Strategy in Carmarthenshire) and the Hywel Dda 5-year Framework.

- Organise HSCWB fora, ensuring that the agenda focuses on the concerns of third sector organisations, Hywel Dda Local Health Board and their service users.

- To act as a central point for communication and distribute relevant information to third sector.

- Encourage groups to register details on NHS Direct site.

- Support local and county collaboration to deliver stronger and more sustainable initiatives, with particular reference to the Locality Care/Community Resource Teams.

- Promote the development of a commissioning training programme to strengthen the position of smaller third sector organisations, enabling them to become fit to tender for service delivery and meet Standards for Health Services in Wales.

- Engage third sector organisations and service users in co-production of services (including service design and delivery)
- Contribute to the development of local and regional transport plans,

- Encourage innovation and facilitate the involvement of the third sector in the development of key health, social care and well being projects such as the Cylch Caron resource centre in Tregaron and the Extra Care scheme in Crymych.

- Support the Hywel Dda Local Health Board in the implementation of the Volunteering in Health project.

**Calendar of Events**

- All BSB Facilitators will attend all Fora in 3 Counties, as appropriate, to identify areas of joint working.

- Carmarthenshire Third sector Health and Well Being Forum dates (and associated work shops)
  - Thursday April 14\textsuperscript{th} 2011
  - Tuesday 19\textsuperscript{th} July 2011
  - Thursday 13\textsuperscript{th} October 2011

PAVS dates are yet to be finalised but Forum meetings will take place quarterly throughout the year.

Ceredigion workshop will be held on Thursday February 24\textsuperscript{th}, future dates have yet to be arranged.

**Issues for Consideration**

Future priorities for the BSB facilitators
Is the current role of the BSB Facilitator in line with Hywel Dda’s needs during the next 5 years.....what are Hywel Dda’s priorities for the role?
Is there scope for the development of the role of CVCs in relation to the health and social care agenda?
Article I. JOB DESCRIPTION
3rd Sector Health & Wellbeing Facilitator

(i) PURPOSE OF POST:
(ii)
To lead on strengthening the role and contribution of the third sector in the planning, development, delivery and evaluation of health, social care and well-being initiatives in partnership with all sectors.

OBJECTIVES:

1. Represent and champion the third sector to support the health and wellbeing of the population.
   i. Contribute at both strategic and operational level to the health, social care & well being agenda at local, regional and national levels.
   ii. Promote, develop and enhance the role and contribution of the third sector to health, social care & well being partnerships across the Hywel Dda region.
   iii. Encourage and facilitate the delivery of the strategic agenda through partnership working between statutory and third sector health & social care organisations.

2. Actively involve the third sector in the engagement, planning and development of health, social care and wellbeing services.
   i. Respond to the needs of Hywel Dda Health Board to engage third sector organisations and their service users in the planning and development of services.
   ii. Initiate and develop opportunities for the third sector to become involved in the planning, consultation and development of health and social care services.
   iii. Identify opportunities for third sector organisations to develop new and innovative ways of working in line with identified commissioning requirements.
3. **Actively involve the third sector in the commissioning, delivery and evaluation of health, social care and wellbeing services.**

   i. Initiate and develop opportunities for the third sector to become involved in the commissioning, delivery and evaluation of health and social care services locally and regionally.

   ii. In partnership with Hywel Dda and relevant third sector organisations, develop appropriate systems to commission, monitor and evaluate the progress of third sector initiatives.

4. **Work with the third sector to develop high quality, safe services in line with current legislation and/or initiatives.**

   i. Broker access for third sector organisations to relevant development support.

   ii. Work with partner organisations to develop and provide appropriate information, training and support.

   iii. Promote best practice and ensure expertise is shared across the third sector.

**RESPONSIBILITIES**
To be the key communication link between the third sector, Hywel Dda Health Board and partners.
To provide relevant and timely progress reports as agreed.
To undertake relevant line management responsibilities.

**FLEXIBILITY STATEMENT**
The content of this Job Description represents an outline of the post only and is therefore not a precise catalogue of duties and responsibilities. The Job Description is therefore intended to be flexible and is subject to review and amendment in the light of changing circumstances, following consultation with the post holder.

**POLICIES & PROCEDURES**
All employees are required to work within the policies and procedures of the employing organisation.
The HDHB Third Sector Co-design Project report has been completed and will be formally presented for approval in September 2011 when it will make key recommendations to deliver a re-worked five year service.

It will also agree a process for identification of key service areas where the third sector is the best option for delivery and propose a re-designed model for the role of the sector in delivering health and social care for those living within Hywel Dda.

In order to implement the recommendations within the report the following actions have been already undertaken or are proposed:

- HDHB has in **August 2011** already offered a commitment to roll forward all existing SLAs up to the 31 March 2012;

- A strategic delivery framework/schedule for the third sector will be produced and discussed with each county HB team during **September 2011** that is aligned with the Clinical Services Strategy and respective Health Social Care and Well Being/Integrated strategies;

- A systematic and strategic review of all SLAs will be undertaken with each county HB team during **October and November 2011** against the delivery framework/schedule using a standard set of documentation. This will be done on a rolling basis and that the SLAs are divided into the agreed themed areas eg Mental Health, Adults/Older People, Carers;

- Any organisations who receive funding from more than one source/organisation eg Local Authority and Health – further discussions will take place in **November 2011** to test out how this process can be managed jointly;

- During **December 2011** any decisions on changes/decommissioning of services will be made with the respective third sector organisation and County Voluntary Council (CVC). This will allow if applicable, notice to be served on any decommissioned service and to negotiate any changes to the service specification within the SLAs;

- In **April 2012** new three year SLAs will be issued, the process to be supported by a small steering group to include members of the Commissioning Sub-Group as part of an open and transparent process.
Volunteering activity
There are many examples of the important role volunteers play within health and social care across the counties of Ceredigion, Carmarthenshire and Pembrokeshire. From the less formal volunteers active in the Good Neighbour Schemes in Pembrokeshire where communities work well together, are tight knit, self reliant and support interdependence, communities such as these are invariably healthier communities and places to live, to organisations providing services involving formal volunteers in service delivery, in many cases delivering services in partnership with other organisations; for example Wellbeing Regeneration Limited in Carmarthenshire.

Statutory organisations also involve volunteers to support service delivery, Ceredigion Social Services Volunteer Car Scheme and Hywel Dda Health Board’s Volunteering for Health Project are two examples.

In addition there are also a variety of community transport schemes which support health and social care and rely heavily on volunteers. Although there is a great deal of health and social care activity involving volunteers throughout the area it is difficult to get a handle on precisely what is happening.

Local infrastructure organisations
To support this activity Volunteer Centres play a pivotal role in the recruitment of volunteers however, some organisations involved in the delivery of health and social care services promote and recruit volunteers independently, for example Pembrokeshire County Council’s Social Care and Housing Department undertake their own recruitment of volunteers for a variety of projects.

‘Local infrastructure organisations (e.g. volunteer centres) can be particularly effective partners and co-ordinating bodies for local voluntary activity where they are supported and well connected to local partners.

Training
In support of the placement of volunteers there should be adequate training opportunity both for volunteers and volunteer managers. However, there are inconsistencies in training around volunteering between the three counties due to funding/resource issues, illustrating a lack of parity and restricting organisations in service development involving volunteers.
In Carmarthenshire both large, medium and small voluntary groups undertaking service level agreements or wanting to can access training.
In Pembrokeshire volunteers have difficulty in accessing existing training in relation to the Social Care Workforce Development Partnership due to eligibility criteria of voluntary organisations.

‘Both the statutory and voluntary sector organisations said that the lack of proper resources for management is a barrier to involving volunteers, with a third (33%) of statutory health organisations saying that there are insufficient resources available to recruit, train and support volunteers.
In England a Volunteer investment fund was set up by the Office of the Third Sector to support volunteer managers.

**Multi-agency Volunteer Recruitment Planning Group**

To develop a consistent and coordinated approach it is important that volunteer involvement in service delivery be recognised in strategic planning, conversely the planning process should inform on proposed service delivery involving volunteers. This can be achieved through the establishment of a Multi-agency Volunteer Recruitment Planning Group in each county linking into planning.

‘The statutory and voluntary sectors should integrate volunteers as a core element within the planning process for primary and secondary health and social care services.

Establishing county based Multi-agency Volunteer Recruitment Planning Groups would also encourage dialogue locally, ownership on a local level and provide awareness of and develop local arrangements. This would be further enhanced by developing a relationship with local Health Social Care & Wellbeing Networks.

There is a need for a Strategic Framework and partnership programme, nationally and locally, to develop volunteering in health and social care across Wales.

**Volunteer Recruitment Plan (VRP)**

Each Multi-agency Volunteer Recruitment Planning Group would produce a VRP. This plan would set out marketing volunteering opportunities, recruitment of volunteers, arrangements for training volunteers, placement (including the ongoing support) of volunteers.

N.B. To ensure the effectiveness of this process lead in time is paramount and close liaison with hosting organisations.

**Conclusion**

Although it is difficult to know precisely what is happening in terms of volunteers supporting service delivery in health and social care it is clear that their role is vital. In order to improve the support to organisations involving volunteers in their service delivery, raise the profile of volunteering, develop opportunity and use resource more effectively it is imperative that this is recognised and supported strategically and operationally and that the infrastructure and an improved coordinated approach is adopted. This can be achieved but needs the will and commitment of all partners to move forward and the resource to support the work.

There is potential to engage more people in volunteering in future by developing a range of flexible opportunities that meet people’s different motivations. This wider engagement in health and social care provision would help to enhance impact and build trust between public services and the communities they serve.
How do you get involved?

If you have any questions or you would like to get involved with Siared Iechyd/Talking Health, please contact us:

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