

SUMMARY REPORT		ABM University Health Board			
Health Board		Date of Meeting: 30th March 2017 Agenda item: 5 (v)			
Subject	Development of Strategic Framework for Voluntary Sector				
Prepared by	Joanne Abbott-Davies, Assistant Director of Strategy & Partnerships				
Approved by	Siân Harrop-Griffiths, Director of Strategy				
Presented by	Siân Harrop-Griffiths, Director of Strategy				
Purpose					
<p>This report updates the Health Board on the work undertaken with the voluntary sector to develop a strategic framework outlining how it will work with them going forward. This has been developed through a co-productive approach with the sector and has been the subject of ongoing discussions with the sector over the past 6 months. This will be incorporated in the Health Board's One Year Plan for 2017-18 and outlines an implementation plan for the next 2 years which will be reviewed in 2017 so that it is updated ready for inclusion in the Health Board's Integrated Medium Term Plan 2018-21.</p>				Decision	X
				Approval	
				Information	
				Other	
Corporate Objectives					
Excellent Population Health	Excellent Population Outcomes	Sustainable & Accessible Service	Strong Partnerships	Excellent People	Effective Governance
X	X	X	X	X	X
Executive Summary					
<p>In 2016 the Health Board agreed to implement an open and thorough procurement process for voluntary sector services funded by the Health Board but decided that it was vital that the way in which this was progressed reflected the existing positive relationship with the sector and built on this. Therefore it was decided that a strategic framework should be formulated, in partnership with voluntary sector organisations, to ensure these relationships continue to develop positively going forward and that all opportunities that this presents are taken forward. This paper outlines how this has been progressed and the next steps.</p>					
Key Recommendations					
<p>The Health Board is asked to:</p> <ul style="list-style-type: none"> • NOTE the work carried out to date to develop this framework in a co-productive way with the voluntary sector. • AGREE the next steps in finalising the strategic framework and the actions outlined in it. • NOTE that the Strategic Framework will be included in the Health Board's One Year Plan for 2017-18. • AGREE the Strategic Framework, the decisions contained within it, the implementation actions outlined and the timescales. 					

Main Report		ABM University Health Board
Health Board		Date of Meeting: 30th March 2017 Agenda item: 5 (v)
Subject	Development of Strategic Framework for Voluntary Sector	
Prepared by	Joanne Abbott-Davies, Assistant Director of Strategy & Partnerships	
Approved by	Sian Harrop-Griffiths, Director of Strategy	
Presented by	Sian Harrop-Griffiths, Director of Strategy	

PURPOSE

This report updates the Health Board on the work undertaken with the voluntary sector to develop a strategic framework outlining how the Health Board will work with them going forward. This has been developed through a co-productive approach with the sector to ensure that it is as robust as possible. This will then be incorporated in the Health Board's One Year Plan for 2017-18 and outlines an implementation plan for the next 2 years which will be reviewed in 2017 so that it is updated ready for inclusion in the Health Board's Integrated Medium Term Plan 2018-21.

BACKGROUND

In 2016 the Health Board agreed to implement an open and thorough procurement process for voluntary sector services funded by the Health Board but decided that it was vital that the way in which this was progressed reflected the existing positive relationship with the sector and built on this. Therefore it was decided that a strategic framework should be formulated, in partnership with voluntary sector organisations, to ensure these relationships continue to develop positively going forward and that all opportunities that this presents are taken forward. This paper outlines how this has been progressed and the next steps.

UPDATE ON PROGRESS

To prepare for this work a literature review was carried out of similar frameworks elsewhere across the UK to ensure that best practice is incorporated into the ABMU framework. The work done by Welsh Government and local government on Third Sector Schemes has also been analysed.

At the May meeting of the Regional Third Sector Health, Social Care and Wellbeing Forum it was agreed that the sector wanted to co-produce the framework rather than it being developed by the Health Board for a response from the sector. As a result a workshop was held on 16th August 2016 with a wide range of members of the forum who had an initial presentation from Joanne Abbott-Davies of the Health Board outlining the rationale for the framework and proposing a general direction of travel for discussion, with the sector representatives then being asked to put forward their views on how the framework should be developed and what should be incorporated.

A further discussion on key issues, particularly the approach to volunteering and the proposed detailed timeline for the procurement process, was held with voluntary organisations at each subsequent Regional Third Sector Health, Social Care and Wellbeing Forum and the draft Strategic Framework resulting from this is attached as **Appendix A**. One particular issue was the subject of much discussion with the sector – namely the timescale for implementing the framework, particularly giving sufficient time for the sector to

develop skills and knowledge to prepare for the procurement process, which some organisations have no experience of, and also to give sufficient notice of decommissioning of services where required. Therefore the timeline has been adjusted accordingly, which will also give more time for the necessary support to be identified within the Health Board to ensure the process is implemented effectively.

NEXT STEPS

The discussion at the workshop and the notes from this plus the feedback from subsequent Regional Network meetings have been used, along with the literature review, to develop the draft Third Sector Strategic Framework. The intention is for this document to set out how the Health Board and sector will continue to develop and strengthen their relationships for the benefit of the residents of Bridgend, Neath Port Talbot and Swansea. This Framework has been developed with a three year focus but will be incorporated into ABMU Health Board's One Year Plan for 2017-18. In order to keep the document "live" and aligned with the NHS Planning Framework the ambitious programme of change outlined within this document will be formally engaged on from April – June 2017 with the sector and partner organisations to ensure all relevant issues have been addressed. This will also ensure that the needs of our residents, highlighted from the Western Bay Population Assessment and the three Wellbeing Assessments for the ABMU area, can be taken into account when finalising this Framework, along with the emerging priorities and action plans from these. Amendments will then be incorporated into the final version for 2018-21 by July 2017 and jointly agreed between the Health Board and the sector by September 2017 to ensure it fully reflects our shared direction of travel and agreed implementation timescales. This process will also ensure that the jointly developed and agreed priorities from the Regional Partnership Board and the three Public Service Boards within the ABMU area, along with the final version of this Strategic Framework will be a central plank of the Health Board's Integrated Medium Term Plan for 2018-21.

RECOMMENDATION

The Health Board is asked to:

- **NOTE** the work carried out to date to develop this framework in a co-productive way with the voluntary sector.
- **AGREE** the next steps in finalising the strategic framework and the actions outlined in it.
- **NOTE** that the Strategic Framework will be included in the Health Board's One Year Plan for 2017-18.
- **AGREE** the Strategic Framework, the decisions contained within it, the implementation actions outlined and the timescales.

**Abertawe Bro Morgannwg University
Health Board**

**Strategic Framework:
Working Together with the
Voluntary Sector
2017-2020**

**Across Swansea, Neath Port Talbot
and Bridgend**

Version 5 – 2nd March 2017

1) Introduction

This strategic framework outlines how Abertawe Bro Morgannwg University Health Board will continue to strengthen its relationship with the voluntary sector in all that it does. This has been developed through a co-productive approach with the sector via a range of workshops and discussions at the Regional Third Sector Health Social Care & Wellbeing Network during 2016 and into 2017. The intention is for this document to set out how the Health Board and sector will continue to develop and strengthen their relationships for the benefit of the residents of Bridgend, Neath Port Talbot and Swansea. This Framework has been developed with a three year focus but will be incorporated into ABMU Health Board's One Year Plan for 2017-18. In order to keep the document "live" and aligned with the NHS Planning Framework the ambitious programme of change outlined within this document will be formally engaged on from April – June 2017 with the sector and partner organisations to ensure all relevant issues have been addressed. This will also ensure that the needs of our residents, highlighted from the Western Bay Population Assessment and the three Wellbeing Assessments for the ABMU area, can be taken into account when finalising this Framework, along with the emerging priorities and action plans from these. Amendments will then be incorporated into the final version for 2018-21 by July 2017 and jointly agreed between the Health Board and the sector by September 2017 to ensure it fully reflects our shared direction of travel and agreed implementation timescales. This process will also ensure that the jointly developed and agreed priorities from the Regional Partnership Board and the three Public Service Boards within the ABMU area, along with the final version of this Strategic Framework will be a central plank of the Health Board's Integrated Medium Term Plan for 2018-21.

2) Our Values

ABMU Health Board has developed Our Values which underpin everything we do as an organisation, these are:

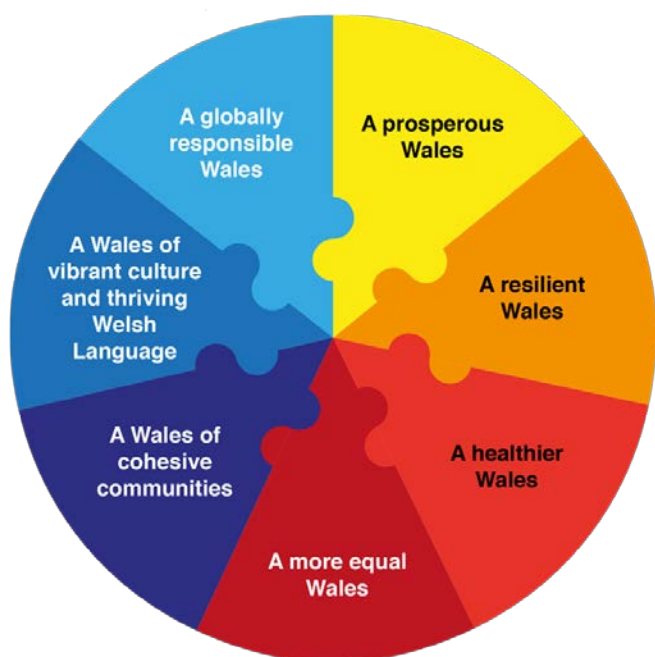
- Caring for each other
- Working together
- Always improving

These values have underpinned how the Health Board has approached the co-production of this strategic framework and will be applied to how it is implemented going forward.

3) Strategic Context

The Health Board is currently developing its Wellbeing Objectives in line with the Wellbeing of Future Generations (Wales) Act 2015 (WBFGA), based on the engagement and preparatory work undertaken to prepare the Western Bay Population Assessment and the three Wellbeing Assessments for Bridgend, Neath Port Talbot and Swansea and reflecting the Welsh Government wellbeing objectives.

In implementing this strategic framework we will ensure that we contribute to all of the 7 wellbeing objectives of the WBFGA and ensure the 5 ways of working are applied in all that we do:



Long Term - The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.

Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.

Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.

Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.

Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.

ABMU Health Board sees the voluntary sector as a crucial partner in both building community and individual resilience and in delivering services differently to support people's wellbeing as well as contributing to the aims of the Social Services and Wellbeing (Wales) Act 2014 (SSWBA) in providing earlier interventions, more preventative services and improving people's ability to manage their own wellbeing and health.

Over the past few years, the five ways of working outlined in the WBFGA have all been fundamental to the way in which the Health Board and the voluntary sector have worked together. This will form a firm foundation for further enhancing this approach, with partner public sector organisations, and through the newly established Public Service Boards and Regional Partnership Board.

4) Our Emerging Priorities

As outlined above, during 2017 the Health Board will be working with partners, including of course the voluntary sector, to agree our priorities arising out of the Population Assessment and Wellbeing Assessments outlined above. However by 1st April 2017 all individual public sector organisations in Wales have to publish their own Wellbeing Objectives. These are being developed in parallel with this framework, but will also be formally engaged upon after consideration by the Board at the end of March to ensure they focus on the most important issues for us to address collectively and in more innovative ways going forward. We are also committed to engaging much more directly with the public, our patients and Carers about how we can best achieve the outcomes we prioritise in a way which makes sense to them and maximises our opportunity for success. The voluntary sector has a crucial role to play in helping the Health Board connect to local communities and develop these more direct relationships going forward for the benefit of our population.

5) Our Joint Ambition

Our joint ambition is that the Health Board and voluntary sector will further develop our existing strong and effective relationships, leading to more services being delivered jointly in the future, ensuring that partnership and funding arrangements are effective, efficient and well run so that we can work to meet the needs of the many thousands of people who use and depend on the sector.

We will do this by:

- Continuing to build on the relationship between the voluntary sector and the Health Board to ensure it is strong and lasting, based on honesty, openness and trust.
- Valuing the diversity of the sector as a key strength which will be respected by the Health Board.
- Building on the knowledge base of the voluntary sector about different communities needs, be it geographical or client interest based, to support people in the ABMU area to live well for as long as possible.
- Placing greater emphasis and reliance on the increased involvement of voluntary sector organisations as key partners in the delivery of public services.
- Further developing the role of the sector as an effective route to user and community views, ensuring that appropriate time is made available to enable them to engage and consult with those they represent.

6) What do we mean by the third sector

The third sector is a term used to describe the range of organisations which are neither state run, not part of the private sector, and includes voluntary and community organisations (registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and cooperatives. Third sector organisations are diverse both in size and scope, ranging from small, locally based community groups to large, multi-national charities. Some have no income at all and rely on the efforts of volunteers whilst others are run by paid professional staff. In ABMU area there are approximately 4,000 such groups and organisations and the opportunities to expand the range of organisations involved with the Health Board and other public sector organisations to jointly delivering our goals for our local population is significant.

7) Background

a) Review of ABMU Health Board Third Sector Service Level Agreements

In 2010 the newly formed Abertawe Bro Morgannwg University Health Board (ABMU) agreed to undertake a review of voluntary sector service level agreements (SLAs) which had been developed by the three predecessor Local Health Boards. A total resource of £3,159,953 was identified at that time as being invested in the voluntary sector. It was agreed that the review would look for opportunities to generate efficiency savings and identify where services provided by the third sector could be realigned in order to generate improvements in the delivery of health care services. As part of this review a Strategic Delivery Framework was developed and agreed which outlined how the SLA

review would be undertaken. At around the same time the Health Board also developed a Compact with the voluntary sector which outlined in very broad terms how the organisation would work with the sector going forward. A Steering Group was established to oversee the SLA review and ensure the approach taken was consistent, transparent to the sector and would address the significant concerns raised by the sector at the time about the different way in which the Health Board dealt with different voluntary organisations and the lack of consistency in its approach as a result. This review undertook to address 9 key areas of work and progress against each of these is outlined in **Appendix A**.

b) A new procurement approach with the sector

In 2016 the objectives outlined in the SLA review had been fully addressed as outlined above and so a paper was taken to the Board reflecting this but also raising the concern that a formal market testing of these services should be carried out in order to demonstrate value for the public monies being utilised.

The Health Board therefore carefully considered and discussed with the third sector whether they should undertake this market testing limited to those organisations it currently has service level agreements with, or whether this should be extended to the development of a procurement framework with a wider range of organisations which would give further opportunities for the Health Board to expand the services provided to its population when funding was available to do so. After much discussion with the sector, the latter approach was agreed to be the one which would give most opportunity to realise the potential of further joint and integrated working between the sector and the Health Board. A link to the Board paper outlining these options can be found here: <http://howis.wales.nhs.uk/sites3/Documents/743/5%20%28i%29%20Voluntary%20Sector%20Funding.pdf>

However having decided to implement an open and thorough procurement process for voluntary sector services through the development of such a procurement framework, the Health Board decided that it was vital that the way in which this was progressed reflected the existing positive relationship with the sector and further built on this to develop a more formalised approach to all aspects of collaboration and co-production between the sector and the Health Board. Therefore it was decided that this strategic framework should be formulated, in partnership with voluntary sector organisations, to ensure these relationships continue to develop positively going forward and that all opportunities that this presents are taken forward.

To prepare for this work a literature review has been carried out of similar frameworks elsewhere across the UK to ensure that best practice is incorporated into the ABMU framework. The work done by Welsh Government and local government on Third Sector Schemes has also been analysed and reflected in this document.

c) Developing this Strategic Framework

At the May meeting of the Regional Third Sector Health, Social Care and Wellbeing Forum it was agreed that the sector wanted to co-produce the strategic framework rather than it being developed by the Health Board for a response from the sector. As a result a workshop was held on 16th August 2016 with a wide range of members of the forum who had an initial presentation from the Health Board outlining the rationale for the framework and proposing a general direction of travel for discussion, with the sector

representatives then being asked to put forward their views on how the framework should be developed and what should be incorporated.

In parallel with this the Health Board commissioned a review of volunteering within the organisation with the aim of developing a clear vision for how we can work with our existing volunteer workforce and the voluntary sector to develop more and better volunteer roles that improve the health and wellbeing of people living in Bridgend, Neath Port Talbot and Swansea. It was agreed that this would also form a core component of this strategic framework.

This draft Strategic Framework is the product of this work and has been developed through ongoing discussions and engagement over the past 7 months on the key issues which should underpin the way in which the sector and the Health Board work together in the future. The Framework has been designed around three key themes which encompass the areas of work identified through this ongoing process:

- Engagement and Relationships
- Service Delivery and Transformation (including Funding)
- Volunteering

Each section outlines the key issues relating to each theme and the key actions which the Health Board is proposing to implement as part of this framework.

8) Engagement & Relationships

ABMU Health Board already engages on an ongoing basis with the voluntary sector and these mechanisms have developed significantly over the last few years, including:

- Regional Health, Social Care and Wellbeing Third Sector Network which has Health Board representation at all meetings to ensure two way engagement on issues of interest to the sector and the Health Board. This is also one of the formal engagement mechanisms used by the Health Board as part of its engagement and consultation process for service change.
- Communication to the voluntary sector is coordinated through the three Councils of Voluntary Services within the ABMU area who use their databases to distribute information to the sector via regular emails and ad hoc mailings. Any voluntary sector organisation can join the Regional HSCWB Network, there is no fee, and this automatically ensures they are part of the wider network engaged with by the Health Board and sent details of all the meetings and related communications and are given a range of ways to feed into these discussions.
- The Health Board funding provides for Health, Social Care & Wellbeing Facilitators in each of its 3 Councils of Voluntary Services as well as for facilitators for the Mental Health voluntary sector to support the sector in working in partnership with the Health Board.
- The Building Stronger Bridges coordinating group with representation from the Health Board along with the HSCWB Facilitators, chaired by the ABMU Non Officer Member for the voluntary sector to ensure that the work of the facilitators and the Health Board are aligned.

- Agreed process in place for the election of voluntary sector representatives onto Health Board commissioning boards and planning groups, via the Regional Third Sector Network, with a role outline in place for all elected representatives including the requirement to feed to and from the Network as part of this role.
- Established process in place for payment of travel expenses for voluntary sector representatives on Health Board groups in line with payment to volunteers (does not apply where representatives are paid employees of the voluntary organisation involved).
- Involvement of voluntary sector in all planning events and workshops with partners, including **Changing for the Better** (the Health Board's strategy) events.

Going forward the Health Board sees the voluntary sector, along with Local Authorities and other public sector organisations as organisations who should be involved at all stages and in all aspects of its planning and commissioning activities. The arrangements outlined above already achieve this but there is also a need to recognise that there is a cost associated to organisations being involved in a wide range of planning and commissioning activities when sometimes the benefits of this are difficult to define.

A key improvement over the past few years in the openness and trust built between the Health Board and the sector has been that the Health Board always uses the Third Sector Regional Network to obtain representatives to form part of its commissioning and planning work, rather than the previous approach of randomly selecting an individual voluntary organisation who had no responsibility for engaging with the wider sector.

Moving forward there is a need to reflect the new maturity which exists in the relationship between the Health Board and the sector that recognises that having an elected third sector representative on every commissioning board and planning group within the Health Board is not the only way to get the sector's involvement. There needs to be an understanding that there is a cost as well as a benefit for each individual representing the sector, both in terms of time taken away from their service / organisation to attend the meeting, but also in the time taken to prepare for this, particularly when information produced is complex, long, not necessarily accessible and often produced shortly before the meeting or tabled. This limits the effectiveness of the sector representation at Health Board groups and means that the views of the wider sector cannot be harnessed to give a broader view on the issues raised.

Actions:

Therefore the Health Board is committed to working with the sector to review the range of groups / boards it is currently represented on to make sure this input is as effective as possible. As part of this it is proposed that the following actions are taken:

- A mapping of the existing Health Board groups / boards that the sector has elected representatives to. **By May 2017**
- Identification of other planning and commissioning groups within the Health Board which have individual voluntary sector organisational representation rather than from the Regional Network (NB There may be occasions in relation to very specific service changes where this is appropriate.) **By May 2017**

- Review experience of voluntary sector representatives on Health Board groups to identify how support arrangements can be enhanced to improve the ongoing contribution of the sector to its work. **By April 2017**
- Agreement of standards and format for distribution of papers and associated timescales so that involvement can be consistently meaningful with the sector. **By September 2017**
- Identification of other barriers to full engagement and agreement about how these can be mitigated. **By September 2017**
- Implementation of revised arrangements. **By October 2017**

9) Service Delivery & Transformation (including Funding)

ABMU Health Board currently spends approximately £3.4million through Service Level Agreements with about 80 voluntary organisations to deliver a range of services and support for our population. Since 2013 these monies have been ringfenced for use with the voluntary sector. Also over recent years the Health Board has not required a cost improvement from voluntary sector providers, although it has not given an uplift for services either.

Despite the difficult financial position the Health Board is facing, the added value of the services provided by the voluntary sector to improve health services and people's wellbeing including supporting the most difficult to reach communities has been demonstrated repeatedly. At a time when recruiting staff to traditional health roles is also proving a challenge, the opportunity to use the sector to fill these gaps, in a more flexible way than a large organisation such as the Health Board can achieve, should also not be overlooked. The outcomes achieved by these services for our population are clearly identifiable and cost effective and therefore it is anticipated that the ringfence for voluntary sector funding should remain and all opportunities taken to utilise the sector to provide additional services, particularly aimed at achieving our priorities arising from the Population Assessment, Wellbeing Assessments and our Wellbeing Objectives and supporting people to be more resilient, both as individuals and within communities.

As outlined in **Appendix A** a lot has been achieved over recent years in terms of service delivery with the voluntary sector. The historical service level agreements have been reviewed to ensure maximum contribution to the Health Board's objectives, that value for money can be demonstrated and where this isn't the case the services decommissioned and used to fund other additional services.

a) New Procurement Approach with the Sector

As outlined previously the Health Board had historically "rolled" service level agreements with the voluntary sector and therefore it was identified that this could not continue, but rather a formal procurement process would need to be implemented. The Health Board carefully considered and discussed with the third sector whether they should undertake this market testing by limiting it to those organisations it currently has service level agreements with, or whether this should be extended to the development of a procurement framework with a wider range of organisations involved which would give further opportunities for the Health Board to expand the services provided to its population when funding was available

to do so, and give wider opportunities to a greater proportion of the sector to potentially provide services in partnership with the Health Board. After much discussion with the sector, the latter approach was agreed to be the one which would give most opportunity for both parties, provided that the Strategic Framework clearly outlined the way in which this would be implemented and ensured that the negative experiences of the sector of other procurement processes would be taken into account and that the Health Board would design and implement the process co-productively with the sector.

Outlined in **Appendix B** is the detailed outline of the procurement process and related timescales. These have been developed with advice from the Procurement Department of the Health Board, in partnership with the third sector. In particular the implementation timescale has been extended from 1 year to 2 years in order to address two particular concerns highlighted by the sector as follows:

- The need for sufficient time and opportunity to be incorporated into the timetable to help the sector and individual organisations within it who have different levels of capacity and experience of procurement processes to be prepared and supported so that they are able to participate in the process and have the best opportunity possible to do so.
- The need for decisions to be made about funding for individual organisations to give sufficient time for any service transitions and staff changes to be implemented smoothly. It was felt that this should be a minimum of 3 months but longer if this could be accommodated within the overall timeframe.

The Health Board will continue with its approach of establishing service level agreements for 3-year periods as standard, with annual reviews, and ensure funding decisions which impact the sector are made so that a minimum of 3 months notice can be given of these to relevant organisations. Using the Regional Network and associated workshops will be vital to continue the ongoing, open, co-production approach relating to funding and integrated working approaches which have become one of the strengths of the relationship between the sector and the Health Board.

However to streamline the implementation of this framework going forward the distribution of these funds across different budgets within the Health Board needs to be changed so that all the funds are located into a single budget. Traditionally the funding for voluntary sector SLAs sat with the predecessor Local Health Boards and then subsequently locality teams. Currently these budgets largely sit within the Primary and Community Services Delivery Unit, but under different locality arrangements, but a range of these services actually relate to hospital services and the Mental Health and Learning Disability services.

In addition funding through new small and large grant schemes has been made available to the sector to fund services which support the achievement of the Health Board's priorities, a major issue for the sector when the original review of voluntary sector service level agreements was carried out.

b) Changing for the Better Large Grant Scheme

The Changing for the Better Large Grant Scheme was established in 2015 and considered bids from voluntary sector organisations for services which would run from 1st April 2016 to 31st March 2019, aimed at contributing to the strategic aims of the Health Board. A maximum of £146,000 per annum was available and organisations were able to bid for funding for a one, two or three year basis. As agreed with the sector, once an organisation has received a large grant from the Health Board, it has to attract alternative funding to

continue the service involved as repeat funding for the same project is not allowed under the terms of the scheme. This therefore attracts additional funding to the region and contributes to the wealth and community resilience across the area. The full amount was allocated for 2016-17 with some residual funding available for allocation in 2017-19. In order to align with the wider procurement approach outlined below it is proposed that this funding will be made available to the sector for services running from 1st September 2017 to 31st March 2019 (i.e. 18 months). In addition there are three organisations who have withdrawn from existing SLAs for a variety of reasons and these monies will be added to the residual funding available as part of the large grant scheme process for the 18 month period.

Any monies not available for the full 18 month period would instead be added to the small grants scheme monies, made available from Charitable Funds, so ensuring the ring fence for voluntary sector monies is maintained.

c) Changing for the Better Small Grant Scheme

The Changing for the Better Small Grant Scheme was established in 2014 and considers bids from voluntary sector organisations for small one-off payments for either equipment or capital funding or piloting small scale projects to demonstrate their worth. A number of these have subsequently attracted external funding to continue and expand their services, so adding community resilience to the region. Originally £15,000 was made available by the Health Board from its charitable funds for this purpose, but the clear benefits to our objectives and services has meant that this sum has increased to £60,000 for 2016-17 with at least the same amount being anticipated to be available for the sector in 2017-18 and 2018-19.

Over recent months some of the GP Clusters within the Health Board area have also identified funding to be used for the enhancement of services available at more local levels from the third sector, and the approach taken to funding these services has replicated the large grant scheme outlined above as this has been demonstrated to be an effective way of securing such services.

Actions:

Therefore the Health Board is committed to working with the sector to ensure that the opportunities for service delivery and transformation are realised. As part of this it is proposed that the following actions are taken:

- Revising historical governance arrangements around the third sector SLAs to oversee procurement and related activities according to the timelines outlined in this Framework. **By April 2017**
- Implement funding assumptions outlined above for the small and large grant schemes for 2017-19. **Ongoing through this period**
- Identifying time-limited project support to ensure implementation according to the timescales outlined within this document. **By April 2017**
- Centralising funding for the voluntary sector into a single budget so as to simplify processes around this within the organisation, the use of which

is overseen by the revised steering group as part of the changes to the governance arrangements outlined above. **By July 2017**

10) Volunteering

The Health Board is committed to developing more and better volunteer roles that improve the health and wellbeing of people living in Swansea, Neath Port Talbot and Bridgend.

a) Our vision for volunteering

- To transform the way that volunteers working for and with ABMU Health Board provide support so that everyone can get the right help when and where they need it to live well.
- Volunteers will be part of an integrated workforce with paid employees and will be trained and supported to carry out meaningful roles that help inspire those of working age to pursue careers within the NHS.
- We will lead the NHS in Wales in testing and implementing meaningful new volunteer roles and working cooperatively with the third sector to reach all areas of our communities.
- Volunteer roles will provide an excellent patient and volunteer experience and make a real difference to patients, carers and families and staff working within ABMU.
- The impact of volunteers will be celebrated, inspiring others to give their time to support people within ABMU and across the wider community.

b) Core principles

- ABMU will involve volunteers in providing support to patients, carers and families at all stages of the patient journey and in all healthcare areas. Employees will be expected to promote and actively encourage the involvement of volunteers in all areas. ABMU care planning and processes will consider how volunteers can support the best outcomes for patients.
- Volunteer support will be planned, consistent and follow the principles of prudent healthcare. We will test new ways of involving volunteers in each commissioning board area and evaluate the impact.
- New volunteer roles will be developed by third sector partners unless there is a compelling reason why they should be managed directly by ABMU. Expectations of third sector partners when involving volunteers will be agreed and explicit and partners will share common standards and approaches to providing support.
- Volunteers working for and with ABMU will have access to the information and resources they need to provide a safe and effective service. Relevant information about patients and volunteers will be shared and support the digital strategy.
- Volunteers are a vital part of building a sustainable future NHS workforce. We will work with CVCs, schools, colleges and universities to promote volunteering as part of a career pathway for the local population.

c) Framework for volunteer roles

Over the next few years we will prioritise roles that support individuals and communities to be more resilient and to help with transitions from hospital to home, both whilst people are in hospital as well as before and after such an event. Roles will be developed that contribute to outcomes that improve the experience of people using our services and support people to live and die well in the community.

For people using our services as in-patients, out-patients or visitors, volunteer roles will contribute to:

- Making our hospitals and units welcoming and accessible
- Reducing isolation and boredom in hospital
- Supporting wellbeing and recovery while staying in hospital

For people in the community volunteer roles will contribute to:

- Promoting healthy lifestyles and reducing isolation
- Preventing or delaying hospital admission
- Helping people return and remain at home following hospital treatment

Actions:

Therefore the Health Board is committed to working with the sector to ensure that the opportunities for volunteer roles both within our organisation and within voluntary sector organisations are realised. As part of this it is proposed that the following actions are taken:

- Engagement with stakeholders and delivery units to identify priority volunteer roles within the Health Board setting. **By June 2017**
- Agreement of new volunteer roles to pilot and evaluate. **By September 2017**
- Identify voluntary sector organisations to work with the Health Board to test new integrated ways of identifying, training and supporting volunteers. **By November 2017**
- Agreeing and putting in place infrastructure to support volunteer services within the Health Board, including out of hours provision and evaluation framework. **By January 2018**
- Extend existing core volunteering services within the Health Board and implement new volunteer roles and services including training and development plan re volunteers. **From March 2018**

- Ensure that opportunities for funding additional volunteering activities are included within the scope of the new procurement framework.

Timescales as outlined in Appendix B

11) Making it Work

Key to making sure that the sector and the Health Board are taking every opportunity to work together to improve the health and wellbeing of their population is having well established, ongoing relationships based on trust and mutual understanding. This strategic framework outlines the principles which will be applied across all elements of the Health Board's services and responsibilities so that the sector clearly knows what is expected of it, and the Health Board has made clear commitments about how it will support and work with the sector in all that it does.

Health Board Review of Service Level Agreements with the Voluntary Sector – Outcomes

Activity	Status
Development of Strategic Delivery Framework (SDF) for the Voluntary Sector	Agreed in March 2010 along with terms of reference for the Steering Group. The Health Board also developed a Compact with the voluntary sector outlining how the organisations should work together which was agreed by the Board in June 2011. This now needs to be reviewed and significantly updated.
Establishment of standardised Service Level Agreement (SLA) documentation and review processes across the whole Health Board	Achieved. The documentation is annually reviewed to ensure it is up-to-date and revised to take account of changes e.g. inclusion of older people's standards of care in relevant SLAs
Stabilising funding for the sector by moving SLAs from short-term annual basis towards standard 3-year timescales	Achieved with exception of SLAs where the funding total over 3 years was greater than the OJEU limit
Establishment of a fair and open process for handling the review process including regular dialogue with the voluntary sector	Achieved with the SLA Review being discussed at every quarterly meeting of the Regional Health, Social Care & Wellbeing Third Sector Network
Development of standardised documentation for reviewing the SLAs in a systematic and strategic way	Achieved with the leads from the 3 locality planning teams and Mental Health Directorate carrying out this work
Reviewing each SLA against Health Board priorities in the Strategic Delivery Framework and subsequent Strategic Direction documents produced by the Board	Achieved with the leads from the 3 locality planning teams and Mental Health Directorate carrying out this work
Further discussions with other partner organisations where funding is received from more than one source to simplify arrangements	Achieved in some areas but further work required to standardise approaches. This needs to be addressed via a single process, consistently across the Health Board area to ensure best value for money through these arrangements.
Developing and agreeing a transparent process for commissioning future services should funding be freed up from the review of SLAs or further funding be made available for the voluntary sector by the Health Board	A total of £146,000 per annum has been freed up through the review of SLAs. This has been made available to the sector as the Changing for the Better Large Grant Scheme since 2014. In addition the Charitable Funds Committee has made available increasing amounts of funding from 2013 for the establishment of a Changing for the Better Small Grants Scheme, which in 2016 amounted to £60,000.

Activity	Status
Simplifying the arrangements for commissioning voluntary sector services so that these demonstrate effectiveness, good governance and value for money	Some simplification of arrangements has occurred but the continued administration of the SLAs by the three localities has meant that there has been duplication of effort and not all the streamlining across geographical areas which could have been possible has been achieved.

Detailed Process & Timeline for New Procurement Approach with the Voluntary Sector with ABMU Health Board

Phase 1 – Development of Strategic Framework with the Sector -July 2016 – March 2017

Briefing note circulated to sector on proposed approach to voluntary sector funding arrangements (July 2016)

Workshop with sector held to discuss what should be included in Strategic Framework (August 2016)

Working draft of Strategic Framework developed based on workshop outcomes and best practice elsewhere (September 2016)

Presentation of working draft of Strategic Framework to Third Sector Network meeting (October 2016)

Draft Strategic Framework presented to Third Sector Network meeting (January 2017)

Engagement with the sector on draft Strategic Framework (January – 24th February 2017)

Amendment of draft Strategic Framework to reflect views from engagement (By end February 2017)

Paper presented to Health Board outlining proposed Strategic Framework and timelines (30th March 2017)

Agreement of project structure and governance processes to oversee implementation of this programme of work (By April 2017)

Phase 2 – European Union Advertisement – April 2017 - September 2017

Briefing for sector on outcome of Board discussions at Third Sector Network (26th April 2017)

Preparation of EU Advertisement (May 2017)

EU Advertisement published (June 2017)

Agree leads within Health Board for each “lot” (June 2017)

Agree mechanisms for how service users and carers will be involved alongside the sector in developing service specifications (May - June 2017)

Agreement of “lots” and basic descriptions for each plus FAQs (Frequently Asked Questions) prepared (July - September 2017)

Phase 3 – Tender preparation workshops – September 2017 – March 2018

Workshops and drop in sessions held with sector to brief on approach and deal with any queries, ensuring consistency throughout (September 2017 - January 2018)

Clarify information required for PreQualification Questionnaire (PQQ), including how evaluation of PQQs will be carried out (January 2018)

PQQ ready for issue to sector (February 2018)

Response to advertisement by sector organisations required within 30 days (March 2018)

Phase 4 – PQQ Preparation – February - April 2018

Preparation of PQQ starts after being issued in February 2018.

Team established within Health Board to prepare PQQ (no consistency issues with other phases) – February 2018

Standard template prepared for completion, including “competency” and capability questions and clear set of realistic minimum standards required, in line with current Service Level Agreements. (April 2018)

PQQ content and format informed by engagement with sector on process
Publication of PQQ (April 2018)

Phase 5 – Issue of PQQ (April – May 2018)

PQQ issued (April 2018) with submissions due back May 2018.

Ongoing process of questions posted only via procurement portal to ensure openness and transparency of process. (April – May 2018)

No direct communications between PQQ evaluation team and sector organisations through this stage (3rd April to 3rd May 2018)

Phase 6 – Preparation of ITT (April - May 2018)

Detailed specification for general plus each “lot” plus criteria / weightings / scoring developed (April – May 2018).

Ensure involvement of service users / carers / sector in influencing content (April – May 2018).

Agree mini competition process and documentation to be used for each “lot” (by end May 2018).

Phase 7 – Evaluation of PQQs (May – June 2018)

Evaluations of PQQs need to be completed by evaluation team (max 4-5 people) – can sub-divide PQQs for evaluation but if so, needs to be specified in PQQ (end May 2018).

Outcomes of evaluations notified (by 31st May 2018).

ITT process to be followed outlined to sector (1st week of June)

Phase 8 – Invitation to Tender (ITT) Issued & Submissions received (June – July 2018)

ITT issued (by mid June 2018).

Submissions received back from sector organisations (by mid July 2018).

All queries dealt with via procurement portal to ensure openness and fairness of process.

No direct communication between ITT evaluation team and sector organisations through this stage (mid June to mid July 2018)

Phase 9 – Evaluation of ITT submissions (May – August 2018)

ITT evaluation team established to oversee development of all aspects of ITT (May 2018)

No presentations required from sector at this stage (include in mini competition stage instead).

Evaluation of ITT submissions carried out by team (mid July – August 2018).

Evaluation report prepared for Strategy, Planning and Commissioning Committee (August 2018)

Phase 10 – Approvals Process (August – September 2018)

Evaluation report considered by Strategy, Planning and Commissioning Committee (August 2018).

Letters re outcome of evaluation of ITT issued to individual sector organisations (end August 2018).

Ministerial approval of outcomes sought (September 2018).

Phase 11 – Establishing the Voluntary Sector Procurement Framework (August – September 2018)

Procurement Framework team established to oversee process (August 2018).
Framework documentation developed and issued (by end September 2018).

Phase 12 – Issue Mini Competition Documentation (October)

Mini competition documentation developed and issued (1st week of October 2018).
Sector organisations have two weeks to respond to documentation (by 3rd week of October 2018).

Phase 13 – Evaluation of Mini Competition (October – December 2017)

Submissions received and interrogated in readiness for discussions with organisations (by end October 2018).

Presentations / interviews held with sector organisations (1st 2 weeks of November 2018).

Decisions made on awarding of SLAs and reported to Strategy, Planning and Commissioning Committee (by end November 2018).

Organisations notified of outcome of mini competition process and outlining next steps for successful bidders (start December 2018).

Phase 14 – Establishment of new Service Level Agreements (December 2018 – March 2019)

Updated SLA documentation and terms of award issued to successful bidders (end January 2019).

SLAs signed off (end March 2019).