

**An overview report on using the Engagement Matrix
to identify topic areas of what is working well in partnership between NHS
Boards & third sector organisations**

1. Purpose

1.1. The Scottish Government provides significant funding to the third sector: In November 2010 the Quality Alliance Board (QAB) agreed to consider how third sector partners are engaged in the implementation of the Quality Strategy, and set up a short-life working group to undertake a review of third sector engagement with health and social care (see annex 1). The working group recommended that three short term action groups be progressed to improve the potential for statutory sectors of health and social care to engage more effectively with the third sector; to increase the coordination and impact of third sector organisations on health and social care policy, improvement, planning and delivery; and ultimately to improve the health and wellbeing of the residents of Scotland.

1.2 One of these identified actions i.e. to increase engagement between key NHS Board members and the third sector, led to the development of the Engagement Matrix by a working group of third sector organisations, NHS representatives (territorial and strategic), and Scottish Government. The Engagement Matrix was developed as a tool for health boards and third sector organisations to use together to map and actively improve shared working (see annex 2). It was recognised that the Engagement Matrix is not for exclusive use with NHS boards, as it is a tool to identify levels of engagement and activity. It can be used with social care services and community planning. There was representation of third sector interface organisations (TSI) on the early action group, and on the network of leads as well. (The third sector interface organisations work in partnership with the 32 Local Authorities and are key to the wider third sector organisations in any locality.)

2. Request

2.1 In discussion with Michael Matheson MSP, of the Engagement Matrix in April 2013, he suggested that in promoting the use of the Engagement Matrix, NHS boards could identify one topic area of 'what is working well' between each NHS board and third sector.

2.2. All NHS Boards were asked to complete the Engagement Matrix between June – September 2013 with third sector partners; and for an NHS Executive team member (as representative of Person Centred Care Collaborative) to oversee the submitted 'Matrix, with the relevant board 'Matrix lead to support the completion of the task. These third sector leads formed a national network supported by Voluntary Health Scotland (VHS) and the Strategic Lead for 3rd Sector Engagement for Health & Wellbeing (Scottish Government).

2.3 The request followed a launch of the Engagement Matrix by the Director General for Health & Social Care (Scottish Government) in February 2013, and active engagement with the NHS Third Sector Network (May 2013) i.e. identified NHS leads from each board.

For additional support, a third sector organisation, Social Value Lab, part of Partners for Change programme for Developing Markets for Third Sector Providers, was contracted to provide support to an NHS Board on a 'first come, first served' basis to complete the 'task

and ask'. NHS Borders took the advantage of this offer and worked with the Social Value Lab.

This an on overview report of the feedback received from all NHS Boards.

3. The 'task and ask' on the Engagement Matrix

3.1 In May 2013 all NHS boards were asked to identify one topic area of choice regarding partnership working between NHS Board and third sector organisations of 'what is working well', and for this information to be identified using the Engagement Matrix as the task (see annex 3 re request letter sent) and returned by early September 2013. Completed matrices were received up until late November 2013.

3.2. In response – All NHS boards (territorial and special) used the Engagement Matrix, but the task of identifying 'what is working well' was interpreted differently, with varying levels of detail and partnership working:

- Some NHS boards used the Engagement Matrix as an opportunity to map all third sector activity with the respective NHS board, without identifying a specific topic area working well.
- Some boards used a separate Engagement Matrix template for each different third sector organisation they were working with, and submitted several matrices.
- There was a local dimension of how the NHS boards work with different third sector interfaces (TSIs) through Community Health Partnerships (CHPs) which resulted in some Boards providing a completed 'Matrix for each CHP and TSI – as identifying one topic area of working well was potentially sensitive.
- The 'Matrix was perceived as a catalyst to meet third sector organisations at a group event to identify the current levels of engagement between third sector and NHS boards and to discuss areas for improvement.

'It enables focussed discussion', NHS third sector lead

'It's about getting all aboard,' NHS third sector lead

- Extremely positive feedback was received that the Scottish Government had requested NHS boards to identify what works well within the third sector. This directive provided an opportunity for a wider engagement agenda at a local level, enabling people to get together and to focus on the positive aspects of what is working well, with shared and focussed activity on using the Engagement Matrix.

'The 'Matrix provokes ideas, and thinking,' third sector organisation officer

3.4 The 'task and ask' provided a directive for NHS boards to identify the role of third sector in partnership working. Informal feedback from some boards prompted recognition of not involving third sector more actively in policy planning and strategic development, and recognising the need to do more.

3.5 There was acknowledgement that national third sector organisations had greater capacity to engage with third sector interface (TSI) organisations than the smaller third sector voluntary organisations.

3.6 The full and unedited completed Engagement Matrices and reporting submitted from each NHS Board is contained in an electronic zip file available on request.

4. What's working well?

4.1 The 'task and ask' of using the Engagement Matrix was not a Scottish Government audit of activity nor a comparative exercise; the aim was to promote the Engagement Matrix and partnership working.

4.2 Many NHS boards provided information using the 'Matrix to identify all activity with third sector organisations, without identifying one topic area of what is working well. Other boards completed several matrices for different areas of activity of third sector working. There was a significant amount of variable information received, which this report cannot encompass.

4.3 From the synthesis of the feedback from all boards, there were some shared topic areas and programmes. Headlines only of these are given here, followed by commonality identified across all feedback of the hallmarks of what is working well and what needs to be improved.

4.4 In brief, there were key themes of;

i. Carers - Some NHS boards identified good partnership working between third sector and NHS Boards in supporting carers of all ages, or providing carers.

e.g. NHS Lanarkshire with Lanarkshire Links – the Third Sector Interface organisation (TSI) – in good partnership working for planning, design, implementation and monitoring of mental health services in Lanarkshire. Lanarkshire Links work in partnership with a broad range of statutory and third sector agencies and provide a range of support services for users and carers including practical support and information, peer support in acute psychiatric wards, members meetings, local issue groups and host the Lanarkshire Recovery Network. This includes shared multi-agency training.

e.g. NHS Greater Glasgow & Clyde - East Renfrewshire and acute division. East Renfrewshire CHCP have an integrated health and care partnership, and with VAER (TSI) are developing a be-friending service.

e.g. NHS Western Isles - Child and Adolescent Mental Health - Young Minds training was developed by the third sector and NHS Western Isles. The pilot training included training for trainers (including third sector trainers). This is now part of Module Masters programme delivered through Lews Castle College.

e.g. NHS Borders - Third sector carer organisations lead the way in ensuring the views of carers influence policy development and service delivery. For example, Borders Voluntary Care Voice manage the Service Users and Carers group and invite statutory services to engage with participants to inform future developments.

ii. Sharing skills and training - Shared training, learning exchanges, and the development and recognition of skills between third sector and NHS boards were cited as a topic area working well by some NHS boards. This included shared training for respective staff. There was recognition of the importance of partnership working being essential to reach into the respective community by mutual support and regard for community wellbeing – addressing capacity building and skills of communities. Some examples include;

e.g. Scottish Ambulance Services (SAS) and British Heart Foundation (BHF) working together on the BHF's Heartstart initiative. They share the same vision of providing skills and training to communities to develop ability to support selves and improve the chances of survival for people who take cardiac arrest – part of Community Resilience Strategy (2011). Heartstart is a combined approach of working with SAS by teaching Emergency Life Support Skills (ELS) to people of all ages in the community and in schools.

e.g. NHS Orkney – ASSIST – re suicide prevention. This is a shared training course delivered to NHS staff, third sector and community. The training alerts people to others in potential distress, and enables discussion as 'compassion in action' to prevent suicide. An example is the office staff at the small offices for ferry tickets who use the training to step out of the office booth to speak with an individual who is a cause for concern.

e.g. NHS Highland & Highland TSI – re learning exchange. The majority of examples of good experiences of learning exchange were judged to be reflective of levels 4 & 5 on the engagement matrix (collaboration and empowerment). Specific examples included: The early years collaborative (level 4), involvement in planning (level 2-3) & delivery (level 4-5) of courses on 'creating imaginative learning', welfare reform and advocacy (level 4), education about disabilities (level 5), and education on nutrition (level 5).

e.g. NHS 24 with Stonewall Scotland – work closely together on a range of actions and areas with regular scheduled meetings to identify opportunities for both organisations to work together to develop a strategy to develop a set of Equality Outcomes which took account of the experiences of lesbian, gay, bisexual and transgender people (LGB&T) and which would further equality for LGB&T people. Stonewall Scotland and NHS 24's partnership approach ensures that each organisation is aware of the opportunities that exist to develop skills, knowledge and confidence through learning and training opportunities.

e.g. NHS Grampian with Aberdeen Council, third sector interface organisation(s) (TSI), Community Health Partnership (CHP), Community Planning Partnership (CPP), and public sector services including prison services, police, for the Alcohol and Drug partnership (ADP) working across Aberdeen for young people and adults with their families / carers.

e.g. NHS Lothian has a 2011-16 Sexual Health and HIV Strategy developed in partnership with third sector organisations, such as Waverley Care. One example; there is a high level of engagement between NHS Lothian and third sector organisations relating specifically to people in Lothian from sub-Saharan African countries in the implementation of the NHSL Sexual Health and HIV Strategy.

e.g. NHS Shetland used the Engagement Matrix to assess the level of collaborative working with third sector interface organisations and used it in planning with third sector partners for the Shetland Community Planning Summit.

e.g. NHS Health Improvement Scotland identified the contribution of the third sector towards the development of the Mental Health Safety Tool – A third sector organisation, Voices Of eXperience Scotland (VOX) supported by the Public Involvement Unit of Healthcare Improvement Scotland led in the creation and further piloting of the mental health patient safety service user tool alongside their group member organisations and associated carer groups and organisations. The group built capacity within the pilot sites by sharing and developing a facilitated model. It was agreed that facilitation would be carried out by local service user groups or advocacy organisations. The areas that have used this approach are Dumfries and Galloway, Greater Glasgow and Clyde, Lothian and Ayrshire and Arran Health Boards.

iii. Change Fund - Reshaping Care for Older People (RCOP) change fund was identified by several boards as being their chosen topic area of good partnership working well between third sector and NHS boards. The feedback was that the change fund has enabled shared working to focus on the needs of older people and realising the shared 2020 Vision in partnership working, for present and future service commissioning. Some examples are;

e.g. NHS Ayrshire & Arran (NHSA&A), working in partnership with local third sector leads in North, South and East Ayrshire, Reshaping care for older people Community capacity programme. This has led to several programmes of work including; KA Leisure, Impact Arts, Carers, AIMS Advocacy, Take a Break, Information and Advice – Services, Personal Foot Care Service, Community Connectors, & Lunch Clubs.

e.g. NHS Dumfries & Galloway – identified partnership working and the development of a shared Hub to plan services and identify and meet needs between NHS, social care and Third Sector Interface.

e.g. NHS Greater Glasgow & Clyde and East Renfrewshire TSI – in joint strategic commissioning and Third Sector Older People's Network in developing a joint strategic plan for older people with volunteers and service recipients, developing strengths and community capacity-building; improving relationships between third sector organisations and commissioning.

e.g. NHS Glasgow & Clyde and City – the Transformation Fund (created in 2011 from change fund) to make visible the potential contribution and value of third sector activity to support third sector demonstration projects.

e.g. NHS Fife – through the Older People services/change fund, there is a joint monitoring framework and regular meetings between CHP and voluntary organisations. Voluntary organisations are included at community planning level, in the design of services for children, as well as for older people. A Fife Wide Health Forum was being established with the third sector as a partner in the newly formed SW/Health commissioning group.

5. Hallmarks of good partnership working between NHS Boards and third sector

5.1 The feedback on what works well in partnership with the third sector, provides an indicator of the rich diversity and volume of activity across Scotland between all NHSScotland health boards with different third sector organisations which includes social enterprise. Whilst there were differences reported in levels of activity, there appears to be some hallmarks of what works well between NHS Boards and the third sector. The information has been synthesised to identify and share these hallmarks, and also the concerns and improvements required to mitigate these.

5.2 Open minds

The key starting point is the need for 'open minds' in considering the redesign of services for best outcomes for the local population. Focusing on local needs and working on how to meet the needs with an open mind on how all services, whatever source and type, can provide is central to good partnership working. This openness includes attitude and respectful ways of working on all sides.

5.3 Good Interpersonal Relationships

Shared working means making and sustaining good working relationships – which are built on trust, good communication and actively providing support to each other. This requires;

- Mutual respect of different cultures and identifying shared values for shared understanding and trust.

- Allowing for diversity of approaches, styles and ways of working and delivering services.
- Shared on-going learning, and training undertaken together to enable relationships and skills to grow.

Feedback included comments on the importance of building good relationships as central to good partnership working which requires people to behave differently towards each other, with a mutual regard and respect.

5.4 Addressing local needs together

This is key to identifying and meeting needs of the locality by;

- Together actively identifying and addressing the needs of the local community
- Building on the strengths of a community which are already there (assets)
- Shared recognition of gaps in services and requirements by horizon scanning and actively planning together.

5.5 Parity in Partnership

True partnership working necessitates parity in the relationship between third sector organisations and NHS boards. This is in different stages of development according to capacity, capability and culture in different board areas. For example, there are some partnership agreements in place such as the Aberdeenshire Alcohol and Drug Partnership.

6 . Improvements and concerns

6.1 Improvements - Whilst there is general acknowledgement of the growing profile of the third sector, there is still further to go for NHS boards to work in partnership. Using the Engagement Matrix provided feedback on what is needed to improve good partnership working between the NHS boards and third sector. These are;

- Recognise the value of the contribution of early action in supporting individuals and communities and third sector in Prevention. The value of the contributing role of non-statutory bodies is not being recognised and the third sector is often perceived as having a lesser role, despite experience of working in preventative/supportive ways for years.
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- Develop a shared vision of effective partnership working –

‘Not more of the same but use the opportunity to transform, and to innovate’. NHS board.

To think differently when addressing local needs and address health inequalities.

- Share standards, quality competencies and learning frameworks for shared confidence. This extends to where there are shared principles and values in working – for everyone to ‘walk the talk’.
- Recognition of community and assets based work which the third sector is supporting e.g. through volunteers. The third sector has a unique role in working with the community as an interface and support.

6.2 Concerns

Concerns emerged of barriers and hurdles affecting potential good partnership working between the NHS and third sector.

'Many activities which can make a difference are locally focussed, 'under the radar', community based services and existing procurement arrangements do not support the growth of such services.'
Comment from an NHS board

- Comment was raised of funding the third sector as an alternative service provider in place of the statutory service - rather than strengthening community and assets working. The third sector needs to maintain and recognise its uniqueness in working with the NHS and not to duplicate or supplant statutory services. There is a tension and balance here to be found which relates to shared planning, mutual respect and regard, and good relationships. 'Orkney Assist' is a good example of community assets with third sector and NHS working to support the community as a whole in raising, and acting upon, the awareness of distress in others and potential suicide behaviour.
- Funding through procurement with NHS boards can be a lengthy process and unsatisfactory for all, as third sector workers cannot rely upon the short term funding to maintain staff and enable continuity of services. There is a need to look for sustainable working and services – as short term funding is not helpful. There is potential to distribute assets as resource such as sharing or exchanging staff, share facilities, and financial support. E.g. NHS Tayside identified a £2 million cash fund to speed up access and funding process.
- The role of social enterprise whilst self-sustaining, can involve an overt cost, as a small charge may be made to the individual for services which relate to the prevention agenda, and support. There is a need for identifying the role and impact of the third sector in the Prevention agenda and working with NHS services in local areas for a redistribution of economic resource.
- Presently in the context of NHS and social care integration for adult services, there is a need for the role of the third sector to be profiled actively and prominently in the working arrangements at local and strategic levels.
- There needs to be understanding and expectation of the public at a local level of partnership working, especially in light of health and social care integration. There is a need for local messaging to be consistent and clear.
- The perception of NHS targets is that they 'can get in the way' of good partnership working and services provided, as they are perceived as potentially distorting the needs of the community at local levels. There is a need for shared local horizon scanning and planning in Local Delivery Plans; and for NHS boards and third sector to align strategic plans and outcomes together and lead to integrated working.

7. Comment on the Engagement Matrix itself

7.1 The use of the Engagement Matrix enabled focused discussion and dialogue for shared planning, commissioning, procurement and funding.

'Either the NHS or third sector could initiate using the 'Matrix for this task, as it enabled a legitimacy of the need for better partnership working.'
Comment from a lead officer third sector organisation

It led to opportunities to learn from existing practice and consider ways to best enable contribution of the third sector in developing and delivering early intervention activities and preventative services in the future.

'The 'Matrix enables us to ask what's working well and what needs to happen for it to work better.'
NHS third sector lead

For many it led to face to face discussions with third sector organisations in the locality, and to map the current activity. Different third sector organisations working in the same Board area, met each other in this way, making, and strengthening, connections locally.

'It (the 'Matrix) has given us the opportunity to get to a level for discussion, given us the platform to have the discussion, legitimised authority. A success!'
Third sector organisation

'The 'Matrix is very useful as it gives us a focus and helps to monitor actions identified', NHS board

Although the request to use the Engagement Matrix to identify a specific topic area of what is working well was interpreted differently by the different NHS boards, the request appears to have prompted thinking on what is needed to create the conditions for working well between third sector organisations and the NHS boards.

'It was significant that the task and ask with the 'Matrix was expecting joint working and joint response with third sector partners in both signing off.'
NHS third sector lead

It provided opportunities for shared discussions and shared dialogue of local services, many of which were positive and seen as building good relationships.

'The 'Matrix once begun provides an opportunity to use it as a tool and identify the level working at, and begin the journey so that we can ask what more needs to be done.' NHS 3rd sector lead

Using the Engagement Matrix in this exercise also enabled discussion on gaps in local services and what was needed, which helped to identify potential areas for investment in a locality.

The Engagement Matrix is being actively considered by NHS Forth Valley as part of on-going strategic planning and to inform a Memorandum of Understanding, underpinning joint working between the NHS Board and the third sector at NHS Forth Valley.

The 'Matrix is considered by NHS Education Scotland as a learning and planning tool.

There was feedback on the language and terms used and the need for an identified outcome on the Matrix template. The central template grid was seen as helpful in identifying activity but some feedback was that the guidance could be simplified.

There was feedback that the Matrix as a tool could be used for community planning in its widest sense and that the language needed to be changed to make it more of a generic* tool rather than just between third sector and the NHS.

* NB A generic version was developed in June 2014.

8. In summary

8.1 Looking at what works well in partnership between NHS boards and the third sector is a varied and interesting picture. There's a lot to be proud of, to be supported and encouraged. There is innovation, energy and commitment but the need for real collaboration with mutual regard are key, as true partnership is everyone working together. The acknowledgement of the importance of community assets and co-production is relatively new: The integration of health and social care services for adults provides opportunities for NHSScotland to work differently, and regard the third sector as partners. The role of the Third Sector Interface (TSI) has a formal role but there are other aspects of working and agencies of the third sector which include large national organisations and small third sector voluntary organisations.

8.2 The Scottish Government 'task and ask' with the third sector and NHS indicated strong support for partnership working between third sector and NHS which was welcomed by both. This directive from Scottish Government was perceived as a significant direction of overt support of the third sector working in partnership with NHS boards. Informal feedback from some NHS boards prompted acknowledgement of not involving third sector more actively in policy planning and strategic development. There is still further to go.

8.3 Using the Engagement Matrix enabled some identifying of local needs, gaps in services and requirements by horizon scanning and planning together. There is a need for parity of the relationship between third sector organisations and NHS boards. This is in different stages of development according to capacity, capability and culture in different board areas.

8.4 The key starting point for working well together is the need for 'open minds' to consider redesign of services, shared learning re improvement, allow diversity, develop relationships, mutual understanding, shared training, mutual respect of different cultures and identify shared values. A clear vision of third sector working for effective health & social care integration is needed.

8.5 Whilst the Scottish Government provides significant funding to third sector, shared outcomes are not always identified. There is a need to identify the impact and contribution to outcomes which the third sector make in the Prevention agenda, as the value may not be easily identifiable in economic terms.

8.6 The Engagement Matrix is being viewed as a potential tool as part of on-going strategic planning. There is on-going development in partnership working between third sector and NHS Boards.

Claire Tester

Strategic Lead for Third Sector Engagement for Health & Wellbeing

The Quality Unit & Third Sector Unit
Scottish Government

Annex 1 Quality Alliance Board request and working group recommendations

Background

A partnership approach to the implementation of the Quality Strategy is vital, especially in the current context of the demographic challenge, health inequalities, challenging health and social care needs, rising expectations and new technologies, coupled with the tightening fiscal climate. The third sector, with its diversity, has a role to play in health improvement and support, and can help to strike the right balance between early years, healthy lives, good care in the community and acute services is a significant contributor to health and social care, providing many formal services as well as a wealth of community-based support that enables people to take control of their own health and wellbeing, self-manage, and engage in reciprocal/peer support. The third sector has a long history of innovation, person-centred approaches and supporting health improvement and prevention. It also supports co-production.

The Quality Alliance Board (QAB) agreed in November 2010 to consider how third sector partners are engaged in the implementation of the Quality Strategy, setting up a short-life working group to undertake a review of third sector engagement with health and social care. This review identified issues hindering the impact of the third sector's work, which included:

- Diversity of the third sector can result in a fragmented and uncoordinated approach with insufficient strategic focus.
- Policy, planning and consultative interface is underdeveloped between third sector organisations and SG, Health Boards, CHPs and local government.
- Service interface between third sector organisations and health services, e.g. GPs and primary healthcare bodies, is variable and in many areas is immature.
- There is a lack of robust evidence of the impact of third sector organisations on the range of health outcomes, coupled with a need for greater value to be given to qualitative outcomes.
- Funding is short-term, fragmented, marginal and vulnerable to withdrawal, with bureaucratic monitoring processes.

The working group recommended to the QAB that three short-term action groups should be progressed to improve the potential for statutory sectors of health and social care to engage more effectively with the third sector; to increase the coordination and impact of third sector organisations on health and social care policy, improvement, planning and delivery; and ultimately improve the health and wellbeing of the residents of Scotland.

The QAB endorsed these recommendations in November 2011, and three action groups were established, with leads from the third sector, local government and Scottish Government, to take forward three identified actions to support longer term change. This approach was also endorsed by the Ministerial Strategy Group and its Delivery Group. In May 2011 the Director of Primary Care & Social Care (SGH&SCD), asked all health boards to appoint a senior person as the named lead for strategic links with the third sector. The actions identified were:

1. Increase engagement between key Health Board members and the third sector
2. Develop and implement an accessible resource to improve mutual understanding of public and third sectors

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

**1. Increase engagement between key Health Board members and the third sector
Chaired by Margery Naylor & Claire Stevens of Voluntary Health Scotland**

This has led to the development of an engagement matrix, a tool, which is to be completed by boards with third sector partners, together. The matrix provides a template and guide to map and improve engagement between the third sector and individual boards on the levels of participation and has flexibility of use re topic areas. The Matrix has involved the Leads Network, involving health board Leads and national third sector organisations, in order to promote joint ownership by them. Key functions are;

- To map existing engagement
- To identify where there are gaps
- To agree on developments as next steps

The Engagement Matrix covers a range of functions and a range of levels of involvement. Discussion by staff at all levels in both health and third sector organisations when using a Matrix will assist them to be more aware of the services provided in their area by the third sector. The use of it will highlight areas of good practice and opportunities for development. It is a tool that will aid staff at all levels in boards and in different types of third sector organisations to map existing engagement in both operational and strategic areas. It will also assist them to identify where there are gaps that need to be addressed and what developments could be undertaken. Used year on year, it will give a base line picture and chart a journey of improvement.

Annex 2

The Engagement Matrix complete version including guidance and template can be accessed;



Engagement Ma...

Annex 3
The Quality Unit

Jill Vickerman,
Policy
Director

Request letter sent re task and ask

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NHS Board
Chief
Executives
Third Sector
Interface
Chief Officers

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23rd May 2013

Dear Colleagues

Engagement with the Third Sector – the Engagement Matrix

At the positive session at the Chief Executives' meeting last Autumn when the importance of working with the third sector was discussed, a number of specific actions were agreed. These have been taken forward and have resulted in the development of an 'Engagement Matrix' as a tool to identify the level of existing engagement between the third sector and NHS boards.

The purpose of this letter is to ask each board is asked to identify and agree with third sector colleagues, high impact areas of local collaborative improvement and to complete the Engagement Matrix for each area. The completed matrices from each board will be gathered to contribute to a national picture of key examples of what is working well in terms of joint working between NHSScotland and the third sector, to secure agreement on which areas we wish to spread to scale when we follow up this work at one of our Chief Executives' meetings in the Autumn. Could I therefore ask for completed Matrices to be returned to Claire Tester, at the email address below, by **31 August 2013**.

The attached annexes provide further background information and advice on the support available for completion of the Engagement Matrix. If you have any queries please contact Claire Tester, Strategic Lead for Third Sector Engagement & Partnership (claire.testerscotland@gsi.gov.uk).

Yours sincerely



Jill Vickerman

Annex A Background

A key pillar of public service reform in Scotland is greater integration of public services at a local level, driven by partnership, collaboration and effective local delivery by statutory and third sector organisations. This is reemphasised in the actions required to achieve the 2020 Vision for achieving sustainable quality in Scotland's healthcare. We agree that full engagement of the third sector means being treated as a partner in the planning, design and delivery of public services, and therefore being integrated in the structures to support these functions. There are already a number of good examples where this approach has been adopted in order to improve outcomes for people. The Quality Alliance Board (QAB) has endorsed proposals to strengthen the strategic engagement between NHS Boards and the third sector across NHSScotland, and through identified pragmatic actions the Engagement Matrix has been developed by third sector, NHS and Scottish Government working together, and has been approved by the QAB for use by boards and partners.

The Engagement Matrix was launched at The Gathering on 28th February by Derek Feely (see attached letter of February 11th 2013). The 'Matrix has been developed as an aid to identifying the level of existing engagement between the the third sector and NHS boards. Some boards have already begun to use this tool and there is now a request for each board to determine a topic area in which they are seeking to improve and to complete and share the Matrix on what is working well. The topic may be related to prevention; or supported self management; or anticipatory care; health inequalities; volunteering strategy or another issue. The topic area and what is currently working well, may be different for each board. This is not for audit purposes but to contribute to a shared picture of the level of engagement and partnership working between third sector and NHS boards, and what is currently working well across Scotland. As the completion of the Matrix will inform the Chief Executives Meeting in the Autumn it is requested that the Matrix is completed and returned by the end of **August 2013**. As the Matrix is to identify partnership working and a shared task, it is requested that the submitted matrix is developed and signed off by boards with third sector colleagues.

Last year each Board identified a senior person from their Board to act as the named lead for strategic links with the third sector. These leads form a national network (see attached list) supported by Voluntary Health Scotland with Scottish Government, who are to ensure the Matrix is completed. These lead matrix champions met on 10th May to confirm their role in this task.

Support

As you know, the importance of the role of the third sector (in developing and delivering information, advocacy, support and services that engage, empower and enable people) is embedded throughout the Quality Strategy, and we are committed to working together to maximize the impact of this potential. In this endeavour the Scottish Government Director of Nursing, Health Professions, Public & Patient Partnership (CNOPPP) is agreeable to/ supportive of each board's Executive Lead for Person Centred Health and Care Collaborative to oversee and ensure strategic completion of the Engagement Matrix as this work connects with person centred care and approaches.

Additional support based on the Engagement Matrix tool is available to NHS Boards through the **Partners for Change** programme. This national initiative is being delivered by the team at Ready for Business as part of the Scottish Government's Developing Markets for Third Sector Providers programme (see annex b and www.readyforbusiness.org.uk). Participation in the Partners for Change programme is currently available at no fee to one NHS Board, with this place to be allocated

on a first-come-first-served basis. To reserve your Board's place on the programme or discuss how additional support can be tailored to your needs please contact Jonathan Coburn (Director, Social Value Lab) at jonathan@socialvaluelab.org.uk or on 0141 352 7419.

In addition please see www.discoverthethirdsector.org.uk

This is a web resource providing easy access of third sector organisations and support services, developed from one of the Quality Alliance Board tasked actions to provide information for NHS boards.

Available Support from Partners for Change

Additional support based on the Engagement Matrix tool is also available to NHS Boards through the **Partners for Change** programme. This national initiative is being delivered by the team at Ready for Business as part of the Scottish Government's Developing Markets for Third Sector Providers programme (see www.readyforbusiness.org.uk).

Already delivering transformational results elsewhere, **Partners for Change** helps public authorities to take stock of their current relationship with the third sector, agree a shared agenda and outcomes, accelerate the development of cross-sector relationships built on trust, and quickly move from planning to action. It involves a process of relationship building and action planning that includes:

- Initial support in bringing stakeholders together and in mapping out existing relationships and engagement with the third sector.
- Three intensive half-day workshop sessions that bring together a mixed group of NHS staff with representatives from local third sector providers (up to 30 participants).
- Development of an action-oriented plan that can help your authority to get the most from its relationship with the third sector.
- Ongoing advisory and technical support to your authority (in for example, outcomes planning, the use of social clauses in public contracts, the design public social partnership models, etc.) to help deliver on agreed actions and take the next steps to partnership improvement.

Participation in the Partners for Change programme is currently available at no fee to one NHS Board, with this place to be allocated on a first-come-first-served basis. To reserve your Board's place on the programme or discuss how additional support can be tailored to your needs please contact Jonathan Coburn (Director, Social Value Lab) at jonathan@socialvaluelab.org.uk or on 0141 352 7419.