The Engagement Matrix

A tool and guidance for improving engagement between health boards and the third sector

February 2013

THE ENGAGEMENT MATRIX

FOR IDENTIFYING AND IMPROVING ENGAGEMENT BETWEEN HEALTH BOARDS AND THE THIRD SECTOR

Contents

ACTION GROUP PARTNERS:

Voluntary Health Scotland

SCVO

Scottish Government

NHS Health Scotland

The Alliance

Community Health Exchange (CHEX)

Community Food And Health (Scotland)

East Dunbartonshire CHP

1. Overview

1.1 This paper introduces the Engagement Matrix which is a tool for heath boards and third sector organisations to use together to map and improve engagement between them.

1.2 The development of the Engagement Matrix was initiated by a short life action group, which was led by the third sector. The action group was set up by the Scottish Government, with the aim of ultimately improving the health and wellbeing of the residents of Scotland by improving the engagement between health boards and third sector organisations. The Matrix was further developed by the Leads Network, which consists of representatives from all health boards and the national third sector organisations.

1.3 The Engagement Matrix consists of a template for health boards and third sector organisations to complete together, and guidance on how to use it. The Matrix is a tool which aims to assist boards and third sector organisations to:

- map existing engagement
- identify where there are gaps
- agree what developments could be undertaken

It should be completed by Boards and third sector organisations together.

1.4 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 baseline picture and chart a journey of improvement.

1.5 The key will be for health boards to identify where the Matrix could best help them. However, the third sector can initiate the use of the Matrix, for example in relation to a particular topic - the initiative does not have to come from a health board. It is not designed as a tool to be applied to all health board activity; rather it is meant to be used in relation to topics or services which health boards and the third sector want to consider in more detail with a view to improvements being carried out. It is not a mandatory performance management tool and is not intended to be used to benchmark and compare performance across health boards.

1.6 It will be particularly relevant to certain areas such as person centred care or the NHS participation standards. The Matrix should play an important role in mapping and developing engagement in a way that is helpful in the current context of community planning, health and social care partnerships and national policy objectives. Use of the Matrix will assist in the co-production of planning and delivery of services, especially with those community or population groups that may not be easy to engage with. Using it should act as a catalyst for new conversations and opportunities for health boards and the third sector to work together. It is also intended to dovetail into other existing engagement tools such as Visioning Outcomes in Community Engagement (VOICE), which focuses on community engagement.

2.   Third sector organisations as partners

2.1   Third sector (voluntary) organisations, social enterprises and community groups provide support and services to some of the most vulnerable people in Scotland and have an increasingly important role in delivering better outcomes for people and communities. 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 Scottish Government's Quality Strategy (2010). The Quality Strategy was shaped and developed through consultation with NHSScotland, the public, third sector organisations, partners in social care and the wider public sector, to improve the quality of health services.

2.2   A key tenet of the Quality Strategy is partnership working to avoid duplication of services, resources and effort. This is about using a person centred, safe and effective approach. It requires the development of a shared understanding and respect between all partners of the different roles, cultures and responsibilities.

2.3   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 care needs, rising expectations and new technologies, coupled with the tightening fiscal climate. This context provides the catalyst to improve the focus and impact of third sector organisations in contributing to achieving improvement in health outcomes for the people of Scotland.

2.4   Scottish Government requires there to be one main representative organisation for all the third sector organisations in each area, called Third Sector Interfaces (TSIs). The thirty two TSIs are relatively new partnerships of local intermediary bodies (councils for voluntary service, volunteer bureaux and social enterprise networks). They have a range of functions, such as having the designated role as the third sector interface for local community planning purposes.

2.5   Full engagement of third sector organisations means that they must be treated as partners in the planning, design and delivery of public services. They must therefore be an integrated part of the structures that support these functions. There are already a number of good examples where this approach has been adopted in order to improve outcomes for people. For example, Third Sector Interfaces (TSIs) are key partners in the Reshaping Care for Older People Programme (and the associated Change Fund). Partnership working is a core principle of adult Health and Social Care Integration.

2.6   There is a tremendous breadth and range of third sector organisations in Scotland. Currently there are about 45,000 and they range from very large organisations to small local groups, eg keep fit classes. At a local level, the third sector involves both local organisations and also units or branches of national organisations that are active locally. In view of this, the TSIs should be the starting point for each health board to begin working jointly to consider how engagement could be increased between boards and the third sector organisations in their area, by using the Engagement Matrix. While not all TSIs have been established as quickly as had been hoped, they should be the first port of call for health boards' engagement with the third sector. National intermediary bodies such as the Scottish Council for Voluntary Organisations (SCVO), Voluntary Health Scotland (VHS), Health and Social Care Alliance Scotland (the ALLIANCE), Voluntary Action Scotland (VAS) and Coalition of Care and Support Providers Scotland (CCPS) can provide an interface between the statutory and third sectors at a national level.

3. Background to the development of the Engagement Matrix

3.1 The Quality Alliance Board (QAB) agreed in November 2010 to consider how non-health partners who deliver healthcare services are engaged in the implementation of the Quality Strategy. As part of this, a short-life working group was established over the summer in 2011 to undertake a review of third sector engagement with the health service. The working group recommended that three short term action groups should be developed to improve the potential for health and the third sector to engage more effectively with each other. More effective engagement would 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.

3.2 The QAB endorsed these recommendations in November 2011, and three action groups were established, with individuals from the third sector, local government and Scottish Government, to take forward the three short term actions that will support longer term change. These actions are:

- Increase engagement between key Health Board members and the third sector

- Develop and implement an accessible resource to improve mutual understanding of the public and third sectors

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

3.3 This approach was also endorsed by the Ministerial Strategy Group and its Delivery Group. In May 2011, the Director of Health & Social Care, in Scottish Government, asked all health boards to appoint a senior person to act as the named Lead for strategic links with third sector organisations.

3.4 The action group tasked with increasing engagement between key health board members and the third sector included people from health and the third sector, including four national health intermediary organisations, Voluntary Health Scotland (VHS), Community Health Exchange (CHEX), Community Food and Health Scotland, (CFHS) and the ALLIANCE. The group identified the need for an Engagement Matrix as the most appropriate way forward. Its members came together with the Leads and formed the Leads Network to discuss common challenges, share examples of good practice and allow for the development of a consistent framework for engagement. The involvement of the Leads Network has been the key factor in developing ownership of the Engagement Matrix by health boards, and ensuring its ease of use and effectiveness.

3.5   The Leads Network recognised that some partnership areas had already done considerable work on models looking at engagement and it built on this, particularly the work in both West Dunbartonshire and in East Dunbartonshire Community Health Partnerships.

3.6   One of the three action groups has developed a web-based resource to aid third sector and health board engagement. This will support promotion of the Matrix and will be an important means for health boards and third sector partners to share how they are using the Matrix and the evidence gained through using it. The online resource is now available at www.discoverthethirdsector.org.uk

3.7   The details of the development process are set out in Annex 2.

4. Purpose of the Engagement Matrix

4.1 The use of the Engagement Matrix is intended to support positive engagement, clearer communication, better understanding and improved partnership arrangements that provide clarity on outcomes, mutual supports and continuity of service. It is designed to improve joint working between health boards and the third sector in order to promote better health and well being for individuals in Scotland.

4.2 The benefits of using the Engagement Matrix in every health board area include:

- Enabling health boards and third sector organisations to jointly map and set out the ways that they are working together

- Agreeing how the organisations can be engaged more effectively, for example agreeing what services they could deliver

- Developing new and innovative approaches to people's needs

- Making better use of available funding in the current economic time of financial constraints

- Acting as a catalyst for new conversations and opportunities for boards and the third sector to work together

- Obtaining a network of contacts and professional knowledge to ensure people receive a comprehensive service tailored to meet needs that may not be met by standard services

- Attracting additional funding gained from external sources such as charitable trusts and foundations

- Identifying where there are gaps in services that need to be addressed and filling non-statutory service gaps in creative ways to improve outcomes

- Tackling variation in engagement across all health boards in Scotland

- Developing more consistent and sustainable solutions

- Obtaining a clearer and more impartial evaluation of services

- Encouraging a greater acknowledgement of alternative and complementary perspectives and the value of positive partnerships

- Improving support for services which are working towards mutual outcomes.

4.3 Use of the Matrix will play an important role in mapping engagement in the context of community planning, health and social care partnerships and national policy objectives, because the third sector is an integral part of strategic structures and planning around health and social care.

5.   The Engagement Matrix

5.1   The Matrix includes a template and user guidance – see Section 6 below.

5.2   The five functional areas – these are set out across the top of the Matrix template:

- Policy and strategy development
- Planning and commissioning
- Contracting and service delivery
- Capacity building
- Learning exchange

A descriptor for each of these functions is set out in Table 1 on page 11.

5.3   The five levels of engagement – these are set out on the left hand side of the Matrix template:

- Level 1: Inform
- Level 2: Consult
- Level 3: Involve
- Level 4: Collaborate
- Level 5: Empower

A descriptor for each of these levels of engagement is set out in Table 2 on page 11.

Note: Capacity building - within the Matrix, this phrase means both capacity building of individuals/patients/communities and also within public and third sector organisations. The latter involves building the capacity of third sector organisations (e.g. through provision of training, resources, infrastructure, etc) so that they can engage effectively with health boards, provide high quality services, and also provide evidence of the impact and outcomes of their work.

Template For The Health And Third Sector Engagement Matrix

Names of Health Board and Third Sector Interface or organisations……………………… Date………

Heath boards can use the Matrix to evidence their levels of involvement with third sector organisations across a range of functions and levels.

	POLICY & STRATEGY DEVELOPMENT	PLANNING & COMMISSIONING	SERVICE DELIVERY	CAPACITY BUILDING	LEARNING EXCHANGE
LEVEL 1 INFORM					
LEVEL 2 CONSULT					
LEVEL 3 INVOLVE					
LEVEL 4 COLLABORATE					
LEVEL 5 EMPOWER					

TABLE 1: DESCRIPTORS OF ENGAGEMENT LEVELS WITH THE THIRD SECTOR

	LEVEL 1. INFORM	LEVEL 2. CONSULT	LEVEL 3. INVOLVE	LEVEL 4. COLLABORATE	LEVEL 5. EMPOWER
LEVEL DESCRIPTORS	Provide balanced and objective information to assist the third sector in understanding the problem, alternatives, opportunities and/or solutions.	Obtain third sector feedback for decision-makers on analysis, alternatives and/or decisions.	Work directly with the third sector throughout the process to ensure that concerns and aspirations are consistently understood and considered in decision making processes. Can include co-producing, planning and delivery of services	Partnership with the third sector in each aspect of the decision-making including the development of alternatives and the identification of the preferred solution.	Final decision-making is placed in the hands of the third sector.

TABLE 2: FUNCTIONAL DESCRIPTORS

	POLICY & STRATEGY DEVELOPMENT	PLANNING & COMMISSIONING	CONTRACTING & SERVICE DELIVERY	CAPACITY BUILDING	LEARNING EXCHANGE
FUNCTIONAL DESCRIPTORS	Involving the third sector in: • determining the vision and values • facilitating partnership work and public engagement • evidencing population need • determining priorities • building common ground and balancing competing interests to achieve joint outcomes	Involving the third sector in: • developing an understanding of local population needs and plan services to meet them • determining gaps in the market • developing and implementing service redesign options • developing a Matrix for implementation	Involving the third sector in: • budgeting/funding decisions • preparing contract design • procuring resources efficiently • monitoring performance • evaluating service quality and outcomes • decommissioning and/or re-commissioning decisions and methods	Involving the third sector in: • supporting individuals, communities and organisations to better identify and meet individual and collective needs • building confidence to enable communities and organisations to participate more fully and effectively	Involving the third sector in: • developing skills, knowledge and confidence through learning and training opportunities • information sharing through networking and participating in different support forums, visits and exchanges • developing knowledge and understanding of organisational functions, structures and systems

These functions can span a continuum from community/local levels to strategic/planning/commissioning levels

6. Guidance for health boards and the third sector on using the Engagement Matrix

6.1 The use of the Engagement Matrix should be done together with Third Sector Interfaces (TSIs) and/or other appropriate representatives of the third sector within a health board area. Promoting engagement is the responsibility of both health board Leads and the third sector. The Matrix is not about a process of self assessment by health boards. It should be a joint review with partners. TSIs are in a strong position to signpost health boards to local community and voluntary health networks, eg community-led health networks, community food networks and carers' networks. It is not intended to be used as a comparative table of results across Scotland.

6.2 Health boards should populate the Matrix template with areas of existing engagement between health and the third sector. It is important to recognise and record where there is already effective joint working – there should be a focus on quality not just quantity. When completed, the Matrix should be easy to understand but at the same time hold significant information. Consideration by board members, together with staff at all levels in both health and third sector organisations of a completed Matrix may assist them to be more aware of the services provided in their area by the third sector. Examples of information in a Matrix are set out in Table 3 on page 14.

6.3 The Engagement Matrix has two functions - to help map existing engagement, and to identify how and where engagement can be improved. Health boards and third sector organisations should identify areas for improvement together. This should be noted by inserting required improvement actions in red in the Matrix. Consideration about the improvement actions will need to focus on direction, pace, progress and barriers. The use of the Matrix, year on year, should demonstrate that engagement with the third sector is improving. The most effective use of the Engagement Matrix over a period of time will give the sense of a journey undertaken with the third sector towards greater engagement.

6.4 Health boards and the third sector can use the Matrix to identify and flag exemplars. This should be done by inserting exemplars in the Matrix in green. Where there are documents giving the details of exemplars, these could be referenced or hyperlinked. This would provide material for the new accessible resource on mutual understanding, currently being developed, and further integrate the three action groups' outputs.

6.5 The use of the Matrix can be initiated by the third sector, for example in relation to a particular topic. Its use does not always have to be initiated by a health board.

6.6 The use of the Matrix in the first year may be time consuming, but it should produce a worthwhile result in the longer term. When completing the Matrix, boards should keep to the basics, ensuring a realistic and simplistic approach to identifying positive areas of engagement that already exist, and areas where more work could be undertaken. Partnership practice will undoubtedly need to be nurtured and developed. This will have a cost, both financial and in terms of management time, but deserves adequate resources to maximise benefits for all. The Matrix is part of a range of initiatives being taken forward by Scottish Government.

6.7 At present the Matrix is designed for use by health boards and the third sector. However, it can equally be used by the proposed integrated health and social care structures. Local authorities usually have a longer history of working with the third sector in many areas such as planning and delivering services. This experience will assist the new health and

social care partnerships develop increased engagement. The Engagement Matrix can also be used as a tool in developing and improving work that health boards are required to undertake, e.g. on the participation standards.

6.8　There are specific challenges for special (national) health boards in relation to third sector engagement. Special health boards may not be involved with third sector organisations and thus less familiar with their role particularly local rather than national organisations. For both territorial and special health boards their overriding focus is on improving patient care. There are ways in which special health boards can engage more fully with the third sector. For example, there may be more scope for the State Hospital to engage with the third sector in relation to prevention, preparation for discharge to the community, supporting families, maintaining patient/family contact, through and aftercare. There is already experience and lessons from the Scottish Prison Service's engagement with third sector in these areas. NHS Education Scotland works with Alzheimer Scotland and similar charities to support its benchmarking of education/training/ Continuous Professional Development (CPD). NHS Services Scotland could play a role in looking at how health boards engage with the third sector (ie undertake this role as a service to boards).NHS Health Scotland already engages regularly with the third sector and funds some national intermediary bodies. NHS 24 has had significant engagement with Stonewall, MacMillan Cancer, the Scottish Council on Deafness and the Scottish Consortium on Learning Disabilities.

6.9　It is clear that some special boards may have difficulty populating the template with exemplars of all levels of engagement, because of these boards' specific functions; e.g. not all have a commissioning or public service delivery function. For some boards it may be more challenging to discern the scope for a joint approach with the third sector in relation to strategy, e.g. for the State Hospital. Therefore there is not an expectation that every part of the template will be filled by every board, but boards are encouraged to think more widely about how the Engagement Matrix could be used. Where some areas of the Matrix are not applicable, it is better if the reasons for this are given, rather than simply state N/A.

6.10　In the current economic climate, where reductions to budgets are likely to necessitate economies and rationalisation, there may be opportunities to reconfigure relationships between health boards and the third sector to make best use of available resources. Better coordination and development of third sector services should increase the range of services available. Use of the Engagement Matrix and a clearer understanding of the nature of partnership working between health boards and the third sector will maximise the positive impact of these additional services.

6.11　Third sector organisations will be keen to engage if they see the tool as a route to better partnership working, gaining access, influence and/or resources, and improved services to people. The third sector has consistently stated that policy development and commissioning of services are the two areas where the third sector and health boards have the biggest deficit in engagement. The third sector – made up of voluntary organisations, social enterprises and community groups – has two broad roles to play in relation to public service reform and health and care in particular. Its representatives are well placed to make informed and creative input to strategic planning and commissioning, and third sector organisations, either separately or working in collaboration, can play a major role in prevention, service delivery and community responsiveness. Some details of this involvement are set out in Section 6.12 below.

TABLE 3: EXAMPLES OF EVIDENCE

	POLICY & STRATEGY DEVELOPMENT	PLANNING & COMMISSIONING	SERVICE DELIVERY	CAPACITY BUILDING	LEARNING EXCHANGE
LEVEL 1 INFORM	Information provided to inform third sector of relevant policies	Information provided to inform third sector of completed plans	Third sector organisation informed regarding contracting processes	Voluntary sector engagement Forums established and supported to share information	Provide information regarding training the third sector might benefit from
LEVEL 2 CONSULT	Stakeholder engagement events delivered to elicit views to inform strategy and/or policy development	Third sector invited to express views regarding the needs of the population to inform plans	Third sector provider organisation forum in place & supported to provide feedback	Third sector involvement in participatory community/population needs assessments	Training delivered to third sector staff
LEVEL 3 INVOLVE	Third sector contributing to the development of policies and strategies	Third sector involved in determining population needs and market analysis to inform service plans	Third sector contributing to understanding of needs analysis; service reviews; market analysis; and gap analysis	Third sector facilitating public/community involvement in the development of plans	Third sector organisations participating in cross-sector training
LEVEL 4 COLLABORATE	Third sector representation integral part of Community Planning Partnerships and involved in determining SOA priorities	Third sector involvement in the development of local commissioning plans including determination of priorities	Third sector involved in reviews; redesign; re-commissioning and decommissioning of services	Third sector's expertise utilised to develop, deliver and monitor community capacity activity	Third sector engaged in designing and delivering cross-sector training and learning opportunities
LEVEL 5 EMPOWER	Third sector leading or part leading multi-agency strategy development	Third sector contributing to and/or leading to the determination of commissioning investments	Third sector playing a leading role in contracting and reviewing commissioned services	Strategic engagement plan in place describing the vision for the third sector engagement (developed in partnership with the third sector)	Third sector leading the development and delivery of multi-agency learning opportunities

14

6.12   There are a number of key areas where using the Engagement Matrix could result in significant improvements to the outcomes for individuals' health and well being. These include:

- Joint Strategic Commissioning: Involving third sector organisations in joint strategic commissioning can bring real value to the process in two ways. As innovative and flexible organisations close to service users and patients, they can bring creativity and intelligence about people's needs. As a representative voice of potential service providers they can help design more effective grant and contract frameworks. Third sector representatives can inform planning about the services provided by the boards and/or the third sector and can contribute to thinking about the balance of investment in a strategic sense. They can do this without compromising the ability of their own organisations to bid for or be offered a delivery role at a later stage. Involving representatives of the third sector can improve planning and commissioning and produce better outcomes for both providers and individuals.

- Funding and Quality: Most third sector organisations' planning horizons are limited to one or two year funding cycles. This brings planning challenges and limits their capacity to develop their workforce effectively. Funding cuts in smaller voluntary organisations can result not just in the diminution of the service but potentially the closure of the whole organisation. Health boards and local authorities (including, in future, through the new Health and Social Care Partnerships) can take a strategic approach to funding the third sector so that it can maximise its role within the health and social care landscape.

- Collaboration: Third sector organisations can work together extremely creatively and there is real potential for large national organisations to partner with smaller local organisations that are well embedded in the community to extend and improve services that reduce demand on mainstream services. Collaboration and joint working with the third sector can bring about better outcomes for all people needing to use health services.

- Personalisation and responsiveness: Third sector organisations have championed personalised approaches to support and care at a policy level, and are often highly responsive in practice. In the context of the shift to personalisation and the introduction of the Self Directed Support Bill to the Scottish Parliament, local organisations and national specialist organisations have the potential to help plan for the changes. Third sector representatives can also help plan for a significant increase in uptake of Self Directed Support, and they can contribute to the new, more flexible provision of services that will be required.

- Workforce development and shared learning: The roles of third sector staff in health and care roles are subject to exactly the same regulations and training requirements as their public sector counterparts, yet joint workforce planning and development is rare. Good practice in service planning and delivery can go unnoticed from one place to another and from one sector to another. A shared approach to learning has potential to promote improvement. There are many opportunities for joint approaches to workforce planning and development and cross-organisational shared learning.

- Harnessing community capacity: Third sector organisations have the ability to mobilise the human and social assets of communities, by involving people in their leadership and practice. There is potential for harnessing this capacity towards meeting the big challenges of health and care for our ageing population.

(Abstracted from "Working with the third sector in health and social care", Scottish Government and SCVO, June 2012)

7. Promotion, monitoring and development of the Matrix

7.1   The use of the Engagement Matrix will be promoted through a range of activities, in order to encourage health boards and the third sector to reflect on and share current practice. Ownership by health board Leads, (appointed as required by Scottish Government) and their activity in promoting the Matrix within their boards will be a key factor in determining the quality of involvement by health boards. Supportive activities to assist the widespread use of the Engagement Matrix will include:

- Sessions and learning exchanges organised by the third sector national health intermediary organisations, Voluntary Health Scotland (VHS), Community Health Exchange (CHEX), Community Food and Health Scotland, (CFHS) and the ALLIANCE.

- Sessions organised by local Third Sector Interfaces (TSIs), Voluntary Action Scotland (VAS), Scottish Council for Voluntary Organisations (SCVO), Scottish Government, and other interested organisations

- Sharing within the Leads Network, on a formal and informal basis.

- Sharing through other networks, including the Change Fund; enhancing the role of the Third Sector Programme delivered in partnership and based with the ALLIANCE

- Sharing learning, experiences and case study examples of using the matrix via www. discoverthethirdsector.org.uk

In enabling health boards and the third sector to use the Engagement Matrix, there needs to be an understanding that the thirty two Third Sector Interfaces are relatively new and some are not as well established as others. The national bodies, VHS, CHEX, CFHS, VAS, and the ALLIANCE have a particular role here, for example assisting their respective networks to engage and support TSIs and the third sector in the engagement process with health boards.

7.2   Monitoring and follow up of the use and benefits of the Engagement Matrix will be undertaken by a combination of input from Scottish Government and the Leads Network. The Chief Executives of health boards, in order to support the use of the Matrix and improve the engagement between health and the third sector, have asked that a report is made to them in November 2013 to update them on progress. Since boards are required to demonstrate their plans for engagement with the third sector in their Local Delivery Plans, the impact of using the Matrix will be evidenced in these plans.

7.3   Development of the Engagement Matrix will be undertaken by the Leads Network after an initial period of use. There will be scope to revise the tool in light of it being trialled by boards and the third sector. It is anticipated that a more systematic way of reporting on improvements, for example through a "traffic lights facility" could be incorporated in the Matrix.

7.4   Future development of the Engagement Matrix may include the use of performance indicators, for internal organisational use, about improved engagement between health boards and the third sector. The purpose of this would not be to develop "league tables" of performance across boards but to demonstrate to each board and the third sector the value of the use of the Matrix. It is important individual boards retain the flexibility to implement the tool according to local needs.

7.5   It is also anticipated that there will be future developments of the impact of using the Engagement Matrix on developing better outcomes for people and the ability to evidence this. In the meantime, it would be helpful if health boards and TSIs could agree their own ways of evidencing improvements. The Leads Network could then build on these when developing the Matrix.

8. References

1. 'Why involve the third sector in health and social care delivery?', Scottish Third Sector Research Forum Evidence Paper, produced by Scottish Government in collaboration with the Scottish Third Sector Research Forum, December 2011
    www.scotland.gov.uk/Topics/People/15300/ThirdSectorHealthandSocialCare

2. 'Engaging with Scotland's health agenda: a survey of local intermediary bodies', Voluntary Health Scotland, March 2011
    www.vhscotland.org.uk

3. 'Working with the third sector in health and social care', Scottish Government and Scottish Council for Voluntary Organisations (SCVO), June 2012
    www.scvo.org.uk/policy/briefings-and-consultation-responses/working-with-the-third-sector-in-health-and-social-care

4. 'Community Development in Health'
    www.chex.org.uk/media/resources/publications/briefings/Community%20Development%20in%20Health%20-%20A%20Scottish%20Perspective.pdf

5. 'Community Resilience Strategy', Scottish Ambulance Service, 2011
    www.scottishambulance.com/YourCommunity/communityresilience.aspx

6. 'Partnership working and community leadership', and 'Community engagement', Audit Scotland Best Value toolkits, July 2010
    www.audit-scotland.gov.uk/work/toolkits

7. 'National Standards for Community Engagement', Scottish Community Development Centre, 2005
    www.scotland.gov.uk/Resource/Doc/94257/0084550.pdf

8. 'Implementation of the Standards of Community Engagement', in Visioning Outcomes in Community Engagement (VOICE)
    www.voicescotland.org.uk

9. 'Healthy Influences', CHEX research into the influence of community-led health organisations in local health planning structures, 2012
    www.chex.org.uk/media/resources/publications/briefings/Healthy%20Influences.pdf

10. 'Community Capacity Building and Coproduction: A Picture of Local Progress': Joint Improvement Team (JIT) report, 2012
    www.jitscotland.org.uk/action-areas/reshaping-care-for-older-people/community-capacity-building/community-capacity-building-resources/

11 'Co-production in health and social care – what is it and how to do it', Joint Improvement Team (JIT) report, July 2012,
    www.jitscotland.org.uk/action-areas/reshaping-care-for-older-people/community-capacity-building/community-capacity-building-resources/

Annex 1: Membership of the Action Group for developing the Engagement Matrix

Gareth Allen, The Third Sector Unit, The Scottish Government

Sandra Cairney, Head of Planning and Health Improvement, East Dunbartonshire Community Health Partnership

Bill Gray, National Officer, Community Food and Health (Scotland)

Anne Lee, Health Improvement Programme Manager, NHS Health Scotland

Jenny Long, The Quality Unit, The Scottish Government, until September 2012

Lucy McTernan, Scottish Council of Voluntary Organisations

Janet Muir, Head of Programmes: Community-led Health & Networking, Community Health Exchange (CHEX)

Chris Murphy, Manager, Voluntary Health Scotland, and Chair of the Action Group until July 2012

Margery Naylor, Chair, Voluntary Health Scotland, and Chair of the Action Group from July 2012

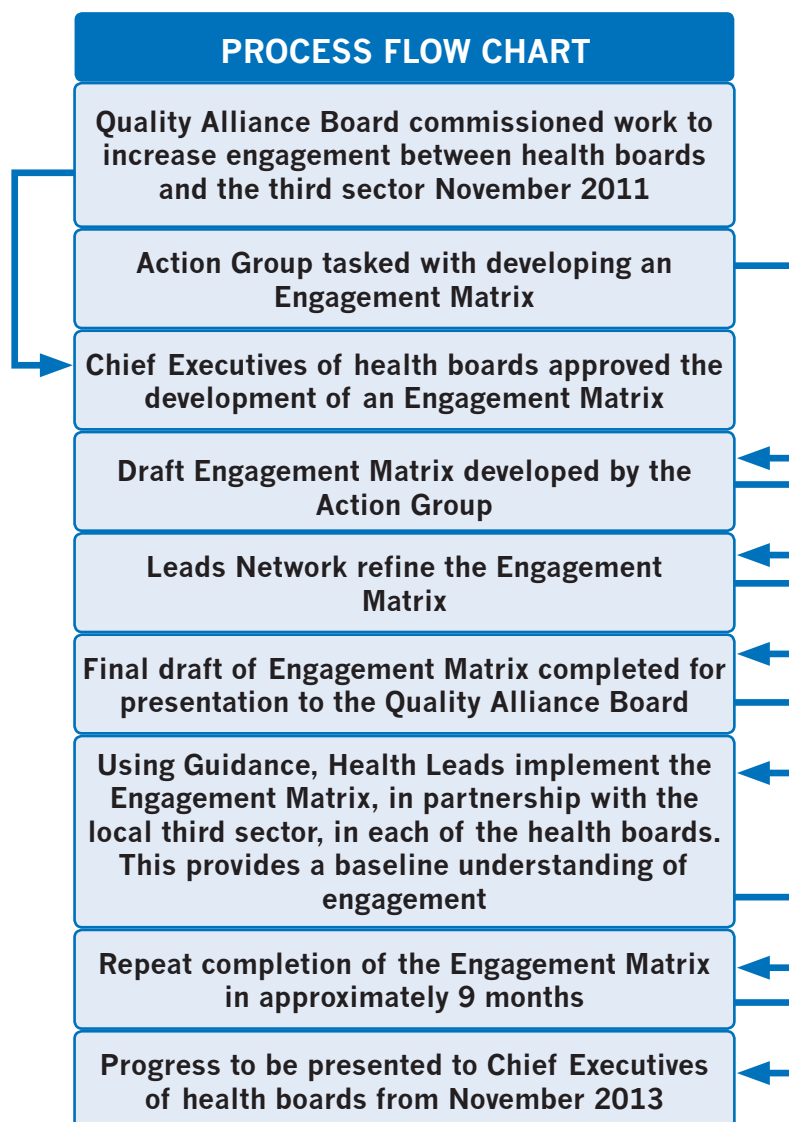Claire Stevens, Chief Officer, Voluntary Health Scotland, from September 2012

Claire Tester, The Quality Unit, The Scottish Government, from September 2012

Ian Welsh, Chief Executive, Health and Social Care Alliance (The ALLIANCE)

Acknowledgements

Annex 2: Flow chart of development of the Engagement Matrix

PROCESS FLOW CHART

Quality Alliance Board commissioned work to increase engagement between health boards and the third sector November 2011

Action Group tasked with developing an Engagement Matrix

Chief Executives of health boards approved the development of an Engagement Matrix

Draft Engagement Matrix developed by the Action Group

Leads Network refine the Engagement Matrix

Final draft of Engagement Matrix completed for presentation to the Quality Alliance Board

Using Guidance, Health Leads implement the Engagement Matrix, in partnership with the local third sector, in each of the health boards. This provides a baseline understanding of engagement

Repeat completion of the Engagement Matrix in approximately 9 months

Progress to be presented to Chief Executives of health boards from November 2013

Produced by the Action Group on Improving Engagement between Health Boards and the Third Sector

For further information, contact:

Voluntary Health Scotland
Mansfield Traquair Centre
15 Mansfield Place
Edinburgh EH3 6BB
0131 474 6189

www.vhscotland.org.uk