

Investing in the Community and Voluntary Sector

Stakeholder Engagement Report (Autumn 2023)



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1. Introduction

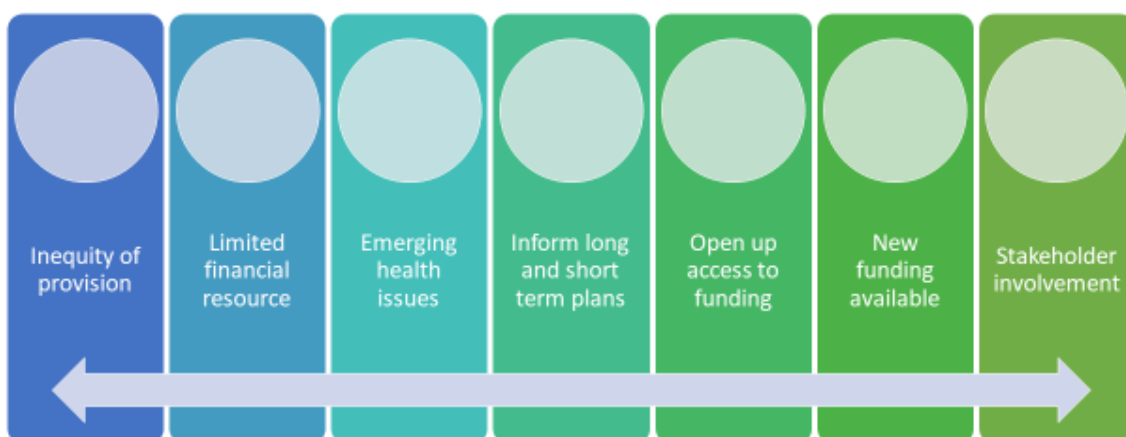
Context

In Autumn 2023, the Promoting Wellbeing Division hosted a series of stakeholder engagement workshops across the Trust. The aim was to inform and support the Promoting Wellbeing Division in consolidating and strengthening our investment in the community and voluntary sector.

Face to face workshops were held in each locality and one session was hosted online to ensure maximum engagement opportunities. In total, 177 participants registered to attend, primarily from the community and voluntary sector.

The workshops opened by outlining the context for discussion. Promoting Wellbeing Division has in place a number of legacy contractual arrangements with providers across the community and voluntary sector. Whilst all of these contracts deliver great value for the Trust and local communities, it is acknowledged that they are legacy arrangements and there is a need to create a coherent strategy for our funding, in line with local need and emerging health issues.

So why review?



It was also acknowledged that the Division's funding is relatively limited, requiring us to ensure an informed and considered approach to how these are to be invested to greatest benefit and how we can work better in partnership. Stakeholder involvement from the outset is therefore key to reviewing how we invest in the community and voluntary sector going forward.

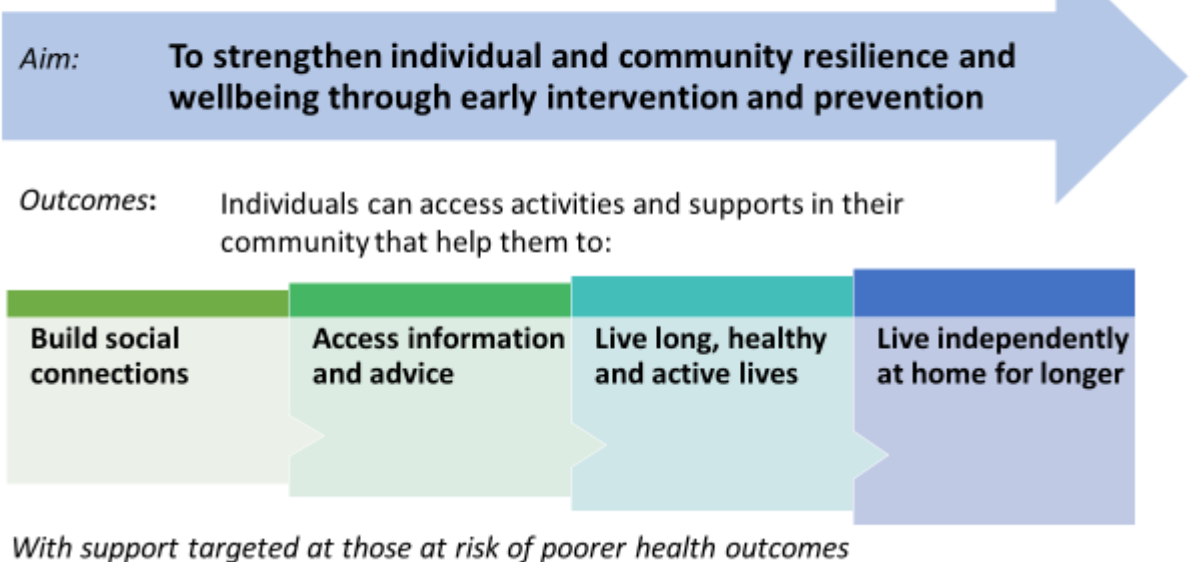
The workshops were structured to provide opportunities to:

- shape and inform both process and priorities
- raise issues and concerns so we can work through these
- bring forward new ideas and innovation
- profile what's good and can be strengthened
- involve service users, carers and communities to inform the process.

Discussions were kept open, reflecting the early stage in planning and consideration within the Division, with the overall focus on how we can work well together across different sectors to achieve shared aims and how we can make best use of our limited resources.

The overall purpose of the funding was outlined and stakeholders were asked where and how we should invest our funding to achieve our target outcomes.

Purpose and focus of funding



Purpose of report

This report provides a collated summary of discussions with stakeholders across all four workshops, drawing out the common themes and issues emerging from discussions.

It is shared to support the next stage of considerations and discussion around plans to take this forward: ensuring we continue to demonstrate how these have been informed by the engagement process; and enabling stakeholders to continue to work alongside us to shape proposals.

The detail of the information, concerns and ideas that were generated in the workshops is included in the Appendices (provided as a separate document), along with the presentation slides.

2. What has changed? What is changing?

Discussions opened by encouraging stakeholders to describe their own context, in terms of both what they are facing as an organisation and the changed circumstances of the communities that they serve. Groups were also encouraged to highlight what they identified as emerging issues and challenges to inform the context for any future investment planning.

Emerging themes

A wide range of issues emerged as common themes across all discussions:

Demographic changes impacting on our local community profile

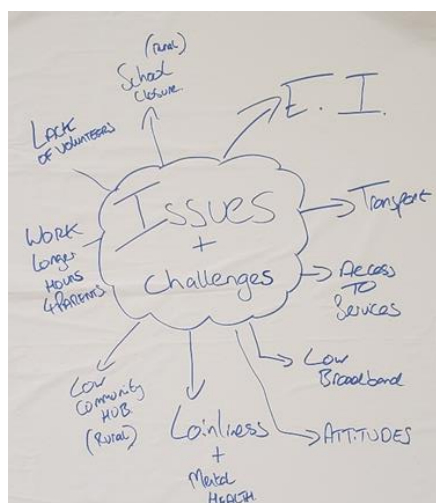
Ageing population – More people are living with long term conditions for longer, with dementia being a recurring issue referenced. This means more people are being cared for and providing caring, but groups also noted increasing numbers with no family support.

Families and caring – With smaller family units, more single parent families and longer working hours, there is less capacity for caring for extended family members and more need for HSC and community to provide support. Grandparents and young people are increasingly taking on caring roles, reducing their availability for other activities including volunteering and potentially impacting on their own health and social wellbeing.

Diversity – Increases in ethnic minority, migrant worker, asylum seeker and refugee populations is changing the demographic profile of local communities and adding complexity to how services are provided. Emerging challenges include communication, navigation of services, integration and addressing the support needs of a more diverse population.

Pressures on local people

Cost of living – Food banks and the emergence of the ‘working poor’ were commonly referenced across groups, with financial pressures being seen as having impacts across the board.



Complexity of need – Groups providing frontline services are having to rethink traditional approaches to factor in people living with long term conditions including dementia, increased neurodiversity and the impact of long waiting lists on health. Service users who also present with gambling, addictions, substance misuse and mental health issues are adding to the complexity of support provision across all services.

Mental health – Groups made reference to particular pressures on men and young people, but concerns regarding mental health were felt to be high across all population groups and in many cases the impact of Covid is still being felt. Service providers felt their staff needed better understanding of how to support where mental health issues were presenting alongside wider needs.

Pressures on young people – Many groups referenced increased challenges including peer pressure, impact of social media, isolating impacts of digital lives and the reduction in both community and family supports. Impacts include increase in social anxiety and mental health issues, loneliness and lack of engagement with after school activities.

Loneliness and social isolation – All groups commented on the rise in loneliness and social isolation across all ages, with a sense that hybrid working was contributing to the breakdown in community connections. One group observed that, in their community, “There are more houses and more residents, but less connections”.

Digitalised society – There were concerns raised regarding the move to digital provision of services which is creating exclusion for some population groups. Groups also observed the impact of technology on social connections and mental wellbeing, particularly for young people.

Housing – Financial pressures, health and the ageing population are all being impacted by a shortage of suitable and affordable housing to meet needs.

Pressures on services in community and voluntary sector

Increased referrals – Services are seeing significant increases in both volume and complexity of demand, reflecting pressures on individuals and families. Support for women and families as a result of domestic violence was one of the areas highlighted.

Thresholds for services – It was felt that supports that would previously have come under statutory provision were now being provided by the community and voluntary sector. One group observed that, even within the community sector, “it’s like you have to be at crisis before you are able to access support.” This requires a higher level of skill and training to be able to appropriately meet need.

Funding – The impact of the changed political context and lack of regional government was noted as impacting on the availability of some key funding streams. Existing funding has not risen in line with increases in core costs, leaving groups struggling to deliver. Groups also referenced complex application processes and reporting requirements for small pots of funding which are adding to pressures.

Loss of skilled staff - Short-term, insecure funding streams have resulted in the loss of key staff, themselves facing the pressures of the cost of living. This has meant a loss of the very skills, experience and expertise needed to navigate the emerging context.

Lack of volunteers – Post-Covid, there has been a significant drop in the number of volunteers and challenges in recruiting. Multiple issues including caring responsibilities, longer working hours, young volunteers not coming forward and transport issues were all referenced.

Loss of community providers – A number of groups and services had been forced to close due to these pressures, in a context of increased need. Rural areas in particular noted the loss of rural hubs, reduction in basic services in rural areas (e.g. post office, bakery, stores), increased centralisation of services, increased travel costs and lack of rural transport.

3. How should we invest our funding?

Guiding principles

Three principles were proposed to help guide considerations of how we invest. These stated that:

- Any services procured through contracts should be provided and available Trustwide
- Opportunities for funding should be available Trustwide
- Funding mechanisms should be able to address both urban and rural need.

The majority of discussion groups supported these principles and agreed that contracts for service provision should be the same across the board, as far as possible, avoiding a 'postcode lottery' approach. A number of groups commented that it was poor that this funding had been effectively 'ring-fenced' to current contract holders for so long and supported the move to open up funding opportunities. There was agreement on the focus on equity and supporting access to services.

There were some questions regarding what would be considered a 'service' rather than a local project or support. Where these are being commissioned Trustwide, consideration needs given to build on the services already in place, but there was recognition that some 'bigger' services were better delivered Trustwide.

Groups felt it was important to be able to tailor activities to local communities and presenting need, rather than necessarily assuming 'one size fits all'. It was noted that there is good support for specific geographical areas, but it was also noted by some groups in other areas of deprivation that they felt less able to access funding.

There were some concerns regarding Trustwide procurement, with the risk stated that larger organisations external to the area could compete better in a tendering process. Concerns were that this could mean losing the local connections, knowledge and passion that are vital to programme delivery. There was strong advocacy for ensuring local providers are delivering services in their own areas.

For a number of organisations, they only have capacity to deliver in their own area and were concerned that they could be excluded from funding for this reason. Some organisations are limited to a rural remit, so will be unable to apply for Trustwide contracts. They also felt services became diluted when overstretched. Other groups referenced the challenge when straddling two Trust areas and how that would be considered in this model.

Overall, they felt funding should be guided by community need, linked to the Promoting Wellbeing Division's funding aims, rather than just statistics, which it was felt by some doesn't provide the full picture. They also felt that service specifications for procured services need to also consider and reflect accommodations for any potential barriers to service users being able to access services, (e.g. access to transport in rural areas).

“Rural vs urban – both important. Contracts attract providers who will meet easiest targets – how do you include targets that encourage providers to meet needs of hardest to reach?”

Funding mechanisms: options to consider

Suggestions for funding mechanisms that should be considered included:

- Contracts
- Small grants
- Participatory budgeting
- Small pots of funding distributed on a more flexible basis, responding to need
- Service level agreements
- Offer match funding
- Multi-agency approach
- Provide funding to one organisation to act as the grant distributor.

Partnership working by statutory providers

The partnership approach to enable joint commissioning or 'pooled resources' came up in a number of discussions, highlighting the potential to link with other statutory funders such as Councils, the Department for Communities (currently undertaking the People and Place review), Department of Health, and internally across Trust directorates to enable joint commissioning (e.g. any work with children and young people should be linked to the locality planning groups under CYPSP).

There was acknowledgement that the funding pot managed by Promoting Wellbeing Division is relatively small, strengthening the importance of working collaboratively to meet the target outcomes.

Consortium approach by community

“Partnership working – bring partners together who can offer a range of talents, knowledge, skills, experience and can deliver services using a more holistic approach.”

The idea of community and voluntary organisations adopting a collective approach to bid for contracts as a local partnership came through in all workshops – *“consortium working is one way to remedy some inequity of services”*. There was an enthusiasm for getting rid of silo approaches within the sector, which was felt by some to be hindering good work.

Partnership and co-production could be written into all contract tenders and funding application requirements. One group suggested moving some resources wholesale into community-based services as a more ambitious approach, with others suggesting investing in social enterprises or channelling funding through an agency such as Community Foundation NI, thus removing administrative burden from the Trust.

The Family Support Hub model was referenced as an example of how three partners, one based in each locality, can ensure the service is available across the whole Trust area through a partnership approach.

There was also a suggestion of creating more links between the community and voluntary sector and the ability to use direct payments in relation to programmes of care or activities at community level.

Pros and cons

Groups weighed up the benefits and limitations of each funding option:

Contracts

Pros	Cons
<p>Higher level of funding Supports job retention Allows forward planning by providers Potential for longer term (3-5yr) funding Potential to enhance existing services Provides some core funding Ensures accountability Strategic approach Better able to measure impact Issues like language barriers easier to address with longer term funding security Good for wide coverage Increased presence Relationship building Stability for staff/organisation</p>	<p>Too complicated Too much paperwork and reporting High levels of competition may exclude local providers Needs specialist support to complete Impact not always as visible if Trustwide Less responsive to emerging need Can be restrictive – limits who can apply Trustwide providers may have limited area-based knowledge & trust with local groups Competitiveness can divide groups Private companies can secure contract Blanket contracts don't always work as well Potentially less localised service Language of contracts can be confusing</p>

Small grants

Pros	Cons
<p>Flexible Able to respond to emerging need Suits smaller projects and grassroots groups Groups with lower capacity able to apply Equitable access to meet demand Can provide seed funding for pilot schemes – innovation £5-10k can be very impactful Better able to address 'pockets of inequalities'</p>	<p>Bureaucracy - paperwork can outweigh value of funding Not enough time to establish/develop if short term funding Need to consider whether this can deliver value for money over the longer term. Don't normally cover core costs</p>

Participatory budgeting

Pros	Cons
<p>Collaborative approach</p>	<p>Extensive reporting for small amount of money May not be best way to support social inclusion where groups are less able to generate voting numbers.</p>

Partner with other funders

Pros	Cons
<p>Removes duplication of reporting More efficient way to address need Makes community planning work better</p>	<p><i>[none noted from discussions]</i></p>

Recommendations

Feedback comments reinforced the view that services need to be led by community needs, with a bottom up approach. The voice of the service user needs to be listened to and there should be a focus on the most vulnerable. Funders should take time getting to know the applicant organisations and look for opportunities to build on existing infrastructure and good practice (for example in relation to advocacy services), extending these to address emerging needs:

“[it is] really important to complement existing services already operational”

There was almost unanimous support for a ‘mixed economy’ approach, with the two components with strongest support being contracts and small grants. There was strong support for continuing a contracts approach in light of the benefits; but there is also a need for a more flexible approach, channelling funding to local, grassroots organisations who can respond to local need through bespoke projects to meet target outcomes.

There were still some who favoured small grants exclusively, arguing that:

“You can homogenise services and provide equity without requiring there to be a single provider. Contracts are difficult to frame soft outcomes – by their nature they are competitive and outcomes focused.”

Across all funding options, the budget available to fund the service needs to be appropriate to the ask, and needs to provide a mixed bag of support for project costs and running costs/overheads. Value should be a reasonable amount, but a mixed value approach may work well. Some suggested £5-10k whilst others felt grants of £1-5k could be impactful, including grants for one-off events. These small pots should be made available more regularly with wider criteria to include a range of projects and services.

Bureaucracy

Application forms and reporting requirements, whilst recognised as necessary, need to be proportionate to the level of funding provided. There was a call to simplify application processes, forms and reporting mechanisms, embedding a level of trust in the sector to deliver. Schemes, regardless of nature, must be user friendly and accessible. KPIs and reporting need to be qualitative not quantitative, focused on service impact, but there was also concern to ensure that providers are accountable.

“New funding streams should be reviewed after two years using an outcomes based accountability (OBA) approach.”

Contracts

Contracts need to be flexible and adaptable to changing requirements of the service users in a particular area and contract managers need to be sympathetic to this. In order to stabilise salaries, staffing and support programme development, 3-5 year contracts are preferable.

Contract terms need to allow and support partnership/consortium bids. It was suggested that the Trust stipulate in contracts that you must be working in a forum or network capacity, demonstrating partnership working, local knowledge, experience and ability to broaden existing services. Social value could be added to the scoring matrix.

There was concern that potentially some organisations would be able to tap into all types of funding, so some restrictions in the process would protect smaller, local organisations.

“Remember, the guiding principle in communities is, the bigger it is the further away from the community it is, and the further away from the community the less relevant it is. ‘Word of mouth’ is king.”

Support for providers

One suggestion was for the Trust to explore how it can provide support to smaller organisations to upskill them to be able to tender for contracts through pre-tender engagement and opportunities to co-produce.

“[Introduce a] simple straightforward process, educating on eTender and procurement processes.”

This need for capacity building came through in other ways. Several groups suggested a community hub approach, providing a source for information regarding funding opportunities. Training and community development support for groups to enable them to access funding was also proposed and one group suggested creating a ‘one stop shop’ where small organisations could access training and advice on funding, governance etc, potentially through online platforms. More effective partnership working with statutory agencies, with sectors working better together, was seen as a desirable progression with better communication.

“Trust facilitated networking/partnership creating opportunities. Development of the idea of community partners, rather than competitors”

4. Where should we invest our funding?

This question was explored in two stages, allowing participants time to bring forward both their individual suggestions and agree group proposals regarding what would help make the most progress towards the target outcomes.

Participants observed how the target outcomes overlapped and were interconnected. As a result, many of the proposed projects naturally cut across multiple themes.

Community asset mapping

One of the most informative aspects of the workshop was the mapping of existing projects, services and supports. This was an opportunity for participants to profile what is good and could be strengthened, what they and their communities valued and what could contribute towards achieving the target outcomes around:

- Building social connections
- Getting access to information and advice
- Living long, healthy and active lives and
- Living independently at home for longer.

The full list of suggestions is included in the Appendices, but we have collated a summary of participant contributions, grouped by some of the themes emerging across all group for each outcome.

Building social connections

Projects profiled showed some clustering by age or population group, with a focus on:

- *Connecting young people* – The value of youth groups and youth activities was strongly underlined, particularly for some at risk groups. Innovative collaborative approaches such as the Sports Inspire Award were profiled.
- *Connecting families* – Homestart and SureStart were referenced several times as strong models that could be given a wider reach. Simple initiatives such as parent and toddler groups were also promoted.
- *Peer support* – Peer support groups for carers, individuals with cancer diagnoses, women with experience of domestic abuse, people living with dementia, Irish Travellers, siblings of a child with a disability and those living with mental health issues were all valued in building social connections and allowing a wide range of wellbeing supports to be targeted towards these populations.
- *Supporting inclusion* – There were a small number of inclusion initiatives referenced including targeted programmes for adults with sensory/physical disability to address social inclusion, and support for ethnic minority groups including Travellers to navigate services and wellbeing supports.



“Support organisations who have reach to provide practical support in relation to wellbeing & connectedness! We have reach, we just need more resources.”

- *Connecting older people* – This accounted for the largest volume of activities highlighted by participants. The value of having and supporting a network of older people’s groups was repeatedly referenced, but there was also a focus on intergenerational programmes and befriending initiatives. Activities delivered in the community ranged from physical activity programmes, men’s sheds, and luncheon clubs to more supportive schemes such as good morning calls and handyman schemes.
- *Whole community approaches* – There was a cluster of profiled programmes focusing on network and hub approaches in the communities, with advantages for groups as well as for those accessing support. Initiatives that have been replicated in multiple venues like ‘warm hubs’ and ‘chatty places’ were also flagged up.
- *Connecting community groups* – The need to connect more with each other to meet the needs of our communities also came through as a theme, with a need for joint training, networking and collaboration.

New ideas brought forward were clustered around similar areas:

- *Youth* – Support better connections between community groups and schools and establish Youth cafés in the evenings.
- *Connecting families* – A range of targeted parental support programmes were suggested, for example supporting dads or parents of a child with additional needs.
- *Supporting inclusion* – In relation to ethnic minorities, the focus was strongly on engagement, connections, and celebration activities involving the whole community. Some specific programmes available from Guide Dogs NI were referenced, supporting stronger social connections for a range of age groups.
- *Connecting older people* – Ideas included bringing services to older people by creating hubs or pop up hubs in rural areas. It was also suggested activity programmes are better than just older people’s groups to encourage more participation, again suggesting a ‘whole community approach’ has wide benefits.

“Don’t rely on older people’s groups – some people may never attend. Think of activity events.”

- *Connecting the whole community* – This was the area with the most ideas and some innovative suggestions such as ‘isolation buster’ volunteers, ‘companeros’ rooms, ‘loneliness buses’, and ‘friendship groups’ formed via an app.
- *Connecting community groups* – There was a clear appetite to break down barriers between groups and sectors, creating opportunities for more networking, channelling funding to groups who share resources and strengthening information sharing.

“More collaborations between organisations – this happens but it’s very limited to certain organisations.”

Getting access to information and advice

Participants were keen to flag up first the *existing community-wide programmes* that are supporting individuals to get access to information and advice. This included Community Advice services, community-led counselling programmes and partnerships such as Family Support Hubs.

They also identified a range of more targeted advice provision available in communities including:

- *Advice for specific population groups* – for example men’s sheds, housing support for young people, parenting programmes, advice for older people’s groups, support for Travellers, drug and alcohol support and specialist volunteering support services.
- *Advice for those with specific health issues* – A wide range of health support relating to cancer diagnosis, menopause, dementia and mental health.

New ideas and approaches proposed included:

- *Address barriers to accessing information* – Digital provision (including programmes to address digital exclusion), transport and availability of English classes were amongst identified enablers, with regular information programmes to raise awareness.
- *Support targeting specific groups* – Ideas targeting specific groups included a single point of contact for families of a child with disability, menopause road trips, a connections café for young people and neurodiversity awareness programmes targeted towards minority ethnic communities.
- *Hub/Navigator/Directory approaches* – Centralising information, supports and resources into an easy to find resource was a recurring theme, with reference to the benefits of social prescribing, a digital directory, healthy living centre expansion and pop up services for rural areas,
- *Access for families* – Practical suggestions to enable families to access advice included homework clubs, behaviour support for families, an antenatal programme and support targeting families on the waiting list for diagnosis.

Live long, healthy and active lives

There was a lengthy range of contributions relating to this outcome, revealing both the wide range of existing programmes and the innovative ideas for development. Projects ranged across all age groups, including physical activity, mental wellbeing, programmes focusing on food and nutrition and several programmes making better use of nature for wellbeing.

Clustering programme delivery through existing centres was referenced, with examples of local organisations already running activities supporting this outcome including Rural Health Partnership and the Verve Network.

In terms of population groups, a wide range of existing programmes and supports target older people, but supports for children and young people, those living with disability, ethnic minority groups and families were also highlighted.

New ideas included:

Children & families – better support for playgroups, universal SureStart provision and accessible fitness and wellbeing programmes for all.

Young people – focus on life skills and independence for young people with disabilities and extend the Crisis Café model into other areas.

Older people – support older people’s groups to run activities, extend strength and balance programmes into communities and provide more support for luncheon clubs and travel.

Disability – Support and encouragement for disabled people to ensure they remain as active as possible was the main focus, with volunteer buddy programmes and transition services identified.

All ages – Fresh ideas around engagement of ethnic minority communities, using the outdoors to support wellbeing and facilitating better collaborative working between health professionals and community staff all came through as recurrent ideas.

“Movement, not exercise - keep it real, relevant & simple. Information delivered in interactive sessions – shared experiences, peer support, less alone.”

Living independently at home for longer

The focus here was on individuals who are relatively housebound or who need additional support to remain mobile and connected. Themes identified across all suggestions include:

- *Housing supports* – A range of practical supports were highlighted which provide one-to-one support to keep people safe, well and address issues such as hoarding, including through PCSP, Red Cross & BCM.
- *Social contact* - These included both contact for persons in their own home (e.g. Befriending and Good Morning call schemes) and support for older people’s groups across the area, to provide these connections.
- *Transport services* – Community transport was referenced by many individuals as being key for enabling people to be independent, mobile and connected.
- *Carer support* – Support for carers was also referenced, recognising the key enabler role they play in supporting individuals to remain at home.

New ideas or approaches proposed included:

- *Support for carers* – Suggestions included schemes for practical and financial support (e.g. with housework, transport, sitting service) delivered as a wraparound service, with specially trained volunteers available to come along families.
- *Support for older people* – There were requests for supports specifically targeting older people from minority ethnic communities, suggestions of practical supports such as digital training and a proposal for facilitated arts projects.

- *Support for community providers* – Providers identified need for increased frailty awareness, a ‘one-stop-shop’ database of local organisations who could provide support and an interactive directory of community events and activities.

Recurrent themes in group proposals

To conclude discussions, participants were asked to work in groups to agree and bring forward up to five proposals for projects that would help achieve our funding aims. At this point in the discussion, the limitations of the funding pot, opportunities available in the locality community sector and commonality across themes were all starting to emerge. The table below provides a summary of recurrent themes across these proposals, with the full list of group proposals included in Appendix 6.

There was a strong focus on services for older people, reflecting the needs of an ageing population and the focus on supporting people to live independently at home for longer. Some of these suggestions were focused on a Hub model with a range of services operating from one core base.

Almost a third of all suggestions were clustered around ideas for services providing support to navigate and access the various supports available, including both through a Hub model (12 proposals) and Navigation support (10 proposals).

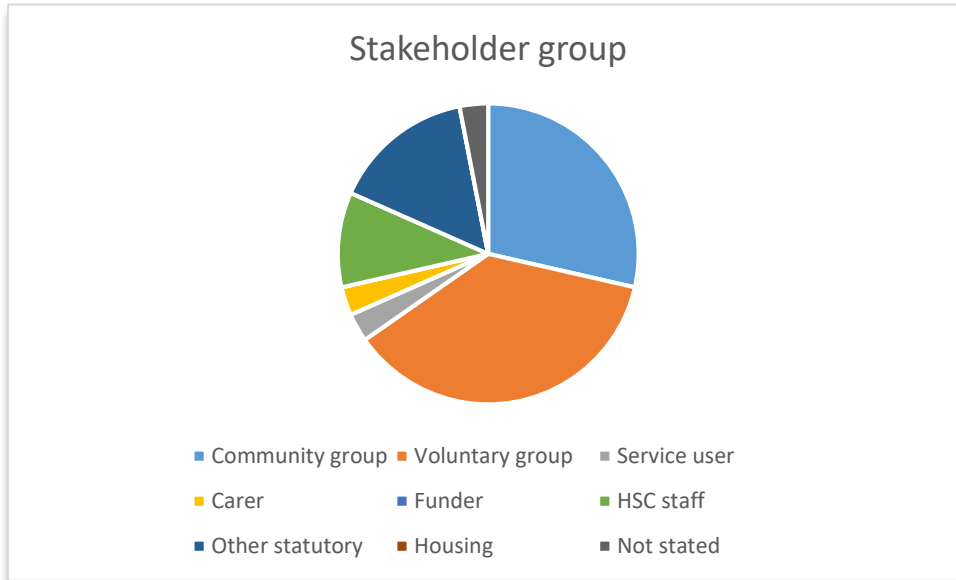
Given the wide range of existing community assets mapped in the workshops, the challenge was recognised for local communities to have in-depth knowledge of what is already out there. Discussions regularly came back to the need for a directory of community services.

Themes	Frequency
Older people’s supports	12
Hub model	12
Navigation	10
Health & wellbeing activities	9
Social activities	7
Transport	7
Mental health	4
Carers support	3
Family support	2
Other	5
Total	71

It is interesting to note the number of these approaches that focus on improving how we need to better support people to get access to what is already there, including through transport services, before we start to invest in new and additional programmes.

5. Feedback

A total of 177 individuals registered to attend the workshops, with almost two-thirds coming from the community and voluntary sector.



Of those who completed feedback forms:

- **99%** agreed that context was clearly explained
- **93%** agreed that there was sufficient time for questions (rest said partly)
- **92%** agreed that there was sufficient time for discussion (rest said partly)
- **92%** would like to join follow up discussions (with the remaining 8% possibly interested)
- The majority (**63%**) would prefer this to take place face to face.

Many participants took the opportunity on these forms to provide additional comment. These have been incorporated into the report. General feedback comments on the discussions are included below:

“I found this workshop very useful. It was good to discuss funding, see new ideas for programmes and meet people from different groups.”

“Good initial discussions. I look forward to seeing the report developed from today.”

“Very well organised.”

“Great day for learning.”

“Look forward to outcome report. Well done on a great event.”

“Very enjoyable, informative and positive morning”

“I have really enjoyed the partnership/networking achieved with the F2F event. In one morning I have made at least 5 new connections. Need more networking to support each other.”

“Very useful session, good 2-way opportunity. We all need to work more collaboratively.”

“I wasn’t sure what to expect before joining the workshop, it was an excellent engagement event, I increased my level of awareness and contacts in relation to stakeholders internal and external to the SHSCT, directly encouraged to contribute in small groups and all very natural and helpful.”

“Opportunity to meet face to face brings life and realism to workings well together and share ideas and meet new people. “

“Having a facilitator at each table was very beneficial. I have been to countless workshops/online breakout rooms where discussions have been uncomfortable/stilted, having a facilitator really minimised this.”

“More joint working across departments.”

“Really useful workshop and purpose was clear and all involved enjoyed having their input into future changes on delivery of services within the community.”

“Continue support for C&V organisations to come together and network; joined up thinking and action to solve local health issues.”

“Great to have a face to face event. More please!”

6. Next steps

We would like to encourage all of you to consider and reflect on the issues, ideas and themes raised in these discussions alongside us.

In line with our proposed timeline, we intend to prepare some outline proposals on the way forward and share these by end of December. Further engagement workshops will be held in January and February to gather your views, flesh out some proposals and consider any other ideas coming forward.

We are also keen to widen involvement of other stakeholders, statutory bodies and funders, in line with the feedback already received, to explore potential alignment of priorities across agencies.

We have very much valued the insights and challenge communicated by all participants through these discussions, and look forward to continuing the conversation with our partners as ideas are further developed.

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