



Rebalancing Health and Care

A RESPONSE FROM WCVA

INTRODUCTION

- 1) [Wales Council for Voluntary Action](#) (WCVA) is the national membership body for voluntary organisations in Wales. Our purpose is to enable voluntary organisations to make a bigger difference together.
- 2) While we appreciate the opportunity to respond to this consultation on Rebalancing Health and Care, we would like to note the length and complexity of this consultation has not been adequately reflected in the amount of time stakeholders have been given to respond. It is our principle view that consultations should be shorter and more focused whenever possible, and if stakeholder views need to be sought on a very broad and complex topic, timescales need to be adjusted accordingly. This is particularly pertinent when it comes to stakeholders involved in sectors under increased amount of pressure, such as health and social care. We received consistent feedback that the response timescale has presented organisations with a challenge to engage without compromising service delivery and other commitments.
- 3) WCVA's response to the consultation is informed by contributions made by voluntary sector stakeholders through an online survey, and three themed consultation workshops. The response reflects views from voluntary sector infrastructure organisations, and, to a lesser extent, service user representatives, RIF recipients and organisations listed under Section 16 of the Social Services and Wellbeing Act.
- 4) The key insights we can share are that voluntary sector stakeholders (referred to subsequently in this document as 'stakeholders') are broadly supportive of the revised guidance but concerns remain about how the proposed changes will be implemented. Continuous, meaningful dialogue with sector organisations from policy conception through to implementation and monitoring needs to be commonplace to ensure the vision for rebalancing care is realized.
- 5) The main themes of our response are pertinent to multiple sections of the consultation, rather than relating to the very specific questions posed. For summary purposes, the main points are:

- The ambitious vision is felt to be unrealistic considering the limited resources available to achieve the desired impact.
- Proposed investment is felt to be too focused on high level administration rather than implementation at the regional and local levels where the capacity constraints are felt most acutely.
- Values and principles of the Social Services and Well-being Act are established and understood¹. Investment should be directed towards identified levers and enablers at the grassroots level.
- Implementation must be driven by co-production principles, involving service users, carers, communities, third sector organisations and the wider care market. Working practices need to be amended to reflect this intent.
- The ability of the voluntary sector workforce to sustain current services and grow to meet expectations of statutory partners will be inhibited by the lack of parity with public sector pay and conditions. The voluntary pay and progression framework is expected to have limited impact due to its status as 'voluntary'. Investment is needed in the sector infrastructure and workforce to enable community capacity to be strengthened.
- To enable effective third sector membership of RPBs, investment in CVCs should be 'levelled up' and the mechanisms for national sector representatives to connect with a broad range of stakeholders should be revisited.
- The expected impact of the paid third sector workforce and volunteers in health and care system has never been higher. However this is at a time when the sustainability of the paid and unpaid volunteer workforce is under threat and budgets are being cut. In order to realise the full potential benefit of involving the third sector and volunteers, long term sustainable investment is needed.

6) In response to this consultation **WCVA makes the following recommendations:**

- The framework is strengthened to establish good practice for long term sustainable funding to the third sector, which is administered in line with Welsh Government's [Code of Practice for Funding the Third Sector](#). We suggest a minimum of three years investment as standard.
- That public sector organisations link with [Third Sector Support Wales](#) partners (WCVA at national level and the 19 local county voluntary councils) at either the local or national level to discuss the strategic involvement of third sector organisations.
- Clear guidance must be provided about how third and private sector providers can raise concerns about where the principles and standards are not being upheld.
- That existing social value/provider forums or proposed Section 16 forums be utilised by Commissioners to have strategic dialogue with the third sector.
- That a training and development programme is created for both commissioners and providers to support the implementation of the new

¹ <https://www.gov.wales/final-report-evaluation-social-services-and-well-being-wales-act-2014>

framework. Training could be delivered separately but in the spirit of collaboration, we suggest joint training would be mutually beneficial to deliver the culture change needed. WCVA would be happy to work with the NCB to develop such a programme.

- That officials working on the development of the NCS meet with WCVA and third sector partners to identify where the third sector can add real value to the approach.
- That the framework is strengthened to establish good practice for long term sustainable investment in the third sector, made in line with the [Code of Practice for Funding the Third Sector](#). We suggest a minimum of three years becomes standard in Wales.
- That forums are empowered to name themselves, with clear guidance that the expectations outlined under Section 16 are included in their Terms of Reference.
- That Welsh Government work with existing forums to communicate their expectations, but empower the forums to utilize coproduction principles to achieve those aims in a way that is reflective of their local needs and priorities.
- That greater time, resource and flexibility is afforded for co-production activities with service users.
- That service user representatives are empowered to come together using relevant infrastructure organisations and partnerships, e.g. Llais or CVCs.
- That Welsh Government monitor the effectiveness of pooled budgets to ensure that they are implemented in line with the vision and the third sector is not unfairly disadvantaged.
- A 'Once for Wales' approach to developing the Population Needs Assessments is adopted. Qualified statisticians at a national level could develop high level population data analysis of each region. Regions could then focus on engaging and co-producing with partners, services users and carers to investigate the needs and develop appropriate responses to those needs.
- That the relevant data owners, e.g. Social Care Wales, Stats Wales, Data Cymru and universities, are involved in determining what good looks like for population needs assessments and market stability reports.

PART 8 - CODE OF PRACTICE - NATIONAL FRAMEWORK FOR COMMISSIONED CARE AND SUPPORT

PRINCIPLES AND STANDARDS. QS 1.1 AND 1.2

- 7) Value based principles and standards for commissioning are broadly welcomed by the sector. However, there is pessimism around how the guidance will be interpreted and implemented at a local and regional level.
- 8) To uphold the Framework's principles and standards the sector must be involved in early and continuous dialogue to:

- Establish what good looks like for services users and carers, and then work back to what commissioning approach works best.
- Monitor and report on how the principles and standards are being upheld in implementation of the National Framework; and
- Mitigate unintended consequences and impact on the sector e.g. for smaller providers this might include disproportionate application processes, monitoring and evaluation.

We recommend:

The framework is strengthened to establish good practice for long term sustainable funding to the third sector, which is administered in line with Welsh Government's [Code of Practice for Funding the Third Sector](#). We suggest a minimum of three years investment as standard.

That public sector organisations link with [Third Sector Support Wales](#) partners (WCVA at national level and the 19 local county voluntary councils) at either the local or national level to discuss the strategic involvement of third sector organisations.

IMPLEMENTATION CHALLENGES

- 9) We have detailed below a few of the implementation challenges for the framework.

Culture change O 1.7

- 10) There are risks in the framework of missing good opportunities to stabilise, improve and use innovation to achieve genuine culture change and practice. Getting the balance right between a national approach, with the flexibility for local needs, will be important. A move away from competitive tendering to more collaborative approaches based on need is welcomed, but investment in building trust between all stakeholders is critical. Statutory services, especially in the health and social care sector, are not always able to dedicate resources to new collaborations and investment in strategic capacity building initiatives is recommended².
- 11) Maintaining consistency between counties and regions with the nationally recognised framework will be difficult. It is not clear what levers the National Commissioning Board will have to ensure the principles and standards are upheld.

We recommend:

Clear guidance must be provided about how third and private sector providers can raise concerns about where the principles and standards are not being upheld.

² <https://wcva.cymru/wp-content/uploads/2023/01/The-future-we-create-lessons-from-pandemic-volunteering-in-Wales.pdf>

Commissioning practice Q 1.5 and 1.8

- 12) Commissioning practice needs to adopt new approaches to ensure that **collaboration with service users, carers and communities** is at the forefront of service design, with frank discussion about what is truly needed and what can be practically achieved. Service user experiences can be better used to see what matters and target constrained budgets on what people actually need. Voluntary sector organisations are well positioned to help commissioners to connect with people and communities to support the principles and standards linked to this practice.
- 13) Stakeholders proposed a pre-commissioning stage, where a statement of 'what good looks like' is co-produced. This was based on the need for more time to be allocated to the planning phase of the commissioning cycle, with that investment of time being focused on co-productive practice.
- 14) If need is projected accurately then this will have an impact on the demand for third sector services. Having early and continuous dialogue with the third sector about the capacity needed to flex to meet surges in demand would also be welcomed.

We recommend:

That existing social value/provider forums or proposed Section 16 forums be utilised by Commissioners to have strategic dialogue with the third sector.

- 15) Approaches like **Alliance Commissioning** are welcomed, to draw to an end the way in which sector organisations have been forced to compete with one another. Developing alliance commissioning partnerships, to build trust and form strong foundations based on shared values, will not happen overnight. Adequate resource must be made available to support and enable the kind of behaviour change envisaged in the third sector as well as the public sector. The commissioning cycle might not currently allow sufficient time to do this properly or effectively for long term sustainable alliances to develop. Stakeholders stated that more time should be allocated to the planning phase of the commissioning cycle.
- 16) Where alliances of providers are developed, commissioners will need to adopt co-production principles to ensure all stakeholders involved agree and act in accordance with the alliance values they agree upon. Formed alliances consisting of providers from multiple sectors will also need support from commissioners to help each member understand the similarities and differences between their sectors.
- 17) Stakeholders largely felt that third sector services are in a good position to support public sector commissioning teams to develop alliance commissioning as a practice, and that there is learning to be shared about

collaboration that already occurs in the third sector, which is already aligned to the values of alliance commissioning. Collaborative projects funded by the [Voluntary Services Emergency Fund](#) and the [Third Sector Resilience Fund](#) could provide examples for the National Commissioning Board (NCB) to drawn upon³.

- 18) The recognition of **full cost recovery** in the framework was also welcomed by stakeholders. However, stakeholders shared that historically Local Authorities have asked third sector organisations to adjust costings downwards, demonstrating a lack of understanding of the true cost of quality service delivery and ethical pay and support of staff and volunteers. Sector organisations need support to challenge this, without damaging relationships with commissioning teams. The implementation of the Social Partnership and Public Procurement (Wales) Act could also present an opportunity to reinforce quality rather than cost focused commissioning practice.
- 19) Stakeholders highlighted that costs can differ between client groups due to additional requirements for service delivery needs or engagement. For example, some population groups may be older people, who are generally more digitally excluded, and so multi-media methods are required in delivering services.
- 20) As part of embedding the National Commissioning Framework, a clear understanding of the new framework, commissioning practice, commissioning approaches, partnership working and technical information such as explaining full cost recovery is communicated to all sectors.

We recommend:

That a training and development programme is created for both commissioners and providers to support the implementation of the new framework. Training could be delivered separately but in the spirit of collaboration. We suggest joint training would be mutually beneficial to delivering on the culture change needed. WCVA would be happy to work with the NCB to develop such a programme.

PAY AND PROGRESSION FRAMEWORK PROPOSALS

Standards and Principles Q 2.1 and 2.2

- 21) Better recognition and greater parity and consistency for social care workers is welcomed by the sector. However, stakeholders highlighted that there are other categories of workers who could be brought into scope e.g. activity workers, cooks, gardeners in care homes, etc. Further guidance would be needed to ensure fairness within internal organizational pay scales.

³ <https://wcva.cymru/wp-content/uploads/2023/01/The-future-we-create-lessons-from-pandemic-volunteering-in-Wales.pdf>

Implementation Q2.3

- 22) Impact on third sector organisations were outlined in two areas: those organisations which have staff that qualify for inclusion in the pay and progression framework and those in the wider third sector workforce who provide preventative services.

Organisations with staff who qualify under the framework:

- 23) Past pay evaluation practice in the public sector has always 'valued down' in terms of workforce review. There is a risk that the implementation of the framework will be more driven by the available budget, rather than the principles.
- 24) More guidance is needed on how people will be migrated from current pay scales into the framework. Some staff providing specialist services would have the training to self-identify as equivalent to, for example, a band D, but be delivering a frontline service which, in a non-specialist field, might have been classified as a band B or C.
- 25) Where there is disagreement with how the bandings are implemented, this could lead to an increase in disputes or grievances and further exacerbate staff retention issues. Organisations that have invested in staff training are, ironically, at risk of disproportionate impact in this regard.
- 26) Given the framework is voluntary, the existing pressures placed upon care providers and the costs associated with implementing such a framework, we suggest that a feasibility study is undertaken to inform wider roll out. This would be to monitor and evaluate the approach taken, including impact on the public, private and third sector workforce, and identify any potential unintended consequences before wider adoption.

Impact on the wider third sector workforce, not in scope of the framework:

- 27) Third sector pay has suffered from lack of esteem and parity with other sectors, with a widening pay gap between the public and third sector workforce due to cost of living salary increases in many instances not being extended by public bodies to third sector contract delivery organisations. For this reason, this voluntary pay and progression framework is expected to have an impact on the public sector more than the private and third sectors. Implementing this framework without addressing the wider living wage issues in Wales fails to address or value the contribution of workers in preventative services who also make a contribution to individual wellbeing. Consequently, we may see existing recruitment and retention issues exacerbated for the third sector workforce.
- 28) We recognize the importance of valuing social care professions, however, we are concerned that resources will be diverted from investment in preventative services, to swell the budget necessary to cover the cost of delivering the pay

and progression framework. Given the need to invest in prevention as a means of reducing demand on social care and health, adopting such an approach to financing the new framework could have unintended negative consequences.

NATIONAL OFFICE FOR CARE AND SUPPORT PROPOSALS

Vision and functions Q 3.2 3.3 3.6

29) We welcome the vision for the National Care Service (NCS) outlined by the Expert Group Report⁴. We suggest that the NCS should work with the third sector in the following ways:

- Champion and support a joined-up definition of the role of the third sector
- Facilitating more consistent, efficient, sustainable practice for working with the third sector, and
- Identifying service gaps in social care provision through co-designed solutions as part of a third sector response.

30) To do this, the sector must have involvement in shaping what its own role is within the NCS.

We recommend:

That officials working on the development of the NCS meet with WCVA and third sector partners to identify where the third sector can add real value to the approach.

Implementation Q 3.3 3.4 3.4a 3.5

31) Stakeholders see the value of greater co-ordination of social care at a national level, but how the NCS engages and collaborates with the third sector, NHS Executive and Regional Partnership Boards is not sufficiently outlined in the document. Stakeholders had the following concerns:

- Having a separate NHS Executive and National Care Office seems at odds with the aim of integrating health and social care. There is danger of reinforcing silos and countering the integration progress that has been made to date.
- The additional resource required to establish the NCS could draw investment away from the front line where it is most needed.
- The Rebalancing Care White Paper in 2021 suggested that Regional Partnership Boards become legal entities so that they could have greater decision-making power and responsibility for the integration of health and social care. At the time, Local Authorities and Health Boards rejected this proposal and therefore it was not progressed. A common view among the stakeholders we consulted with is that RPBs as separate legal entities could have done much of what is proposed for NCS's role to be.

⁴ https://www.gov.wales/establishing-national-care-and-support-service?_gl=1*1a1q799*_ga*Njc3ODk0MjY3LjE2ODYyMTk2MTE.*_ga_L1471V4N02*MTY5MDI3OTQzNi4yMi4xLjE2OTAyODA4NzUuMC4wLjA.&_ga=2.260449869.1566205834.1690280876-677894267.1686219611

- A notable concern for the sector is the possibility that introducing another layer of administration designed to interact with NHS Executive and RPBs may result in duplication, confusion, additional barriers and slowing down of processes and procedures if roles and responsibilities are not clearly identified.
- The membership of the steering group is limited to intermediary and infrastructure bodies. Service users, carers and the wider health and care sector are not engaged.
- Further clarification on whether direct payments and the personal assistant market will be involved, under the oversight of the NCS, is also needed.

PART 2 - CODE OF PRACTICE- (GENERAL FUNCTIONS)

Duty to promote Q 4.2

32) The third sector is generally supportive of greater clarity and focus on the duty to promote and more specific guidance. However, as a consequence of strengthening this duty, it is likely to result in increased demand on the sector. There is limited capacity and resource in the sector to flex to meet increased demand for its services. To enable the sector to be on a stronger footing:

We recommend:

That the framework is strengthened to establish good practice for long term sustainable investment in the third sector, made in line with the Code of Practice for Funding the Third Sector. We suggest a minimum of three years becomes standard in Wales.

Section 16 Forums Q 4.1

33) Most stakeholders felt that the name Section 16 was not meaningful for people who are not familiar with the Social Services and Wellbeing Act. This could exclude people and organisations, particularly smaller providers and those representing diverse and service user-led groups. As an alternative, stakeholders suggested the term Section 16 could be used as a strapline to help focus the Forums on the aims of the Act.

We recommend:

That forums are empowered to name themselves, with clear guidance that the expectations outlined under Section 16 are included in their Terms of Reference.

- 34) In addition, further clarity is also needed from Welsh Government on their expectations for the Forums. Some considerations should be:
- Public sector led or third sector-led
 - Availability of investment to develop the forums
 - Forums should be focused on cross-sector working
 - Private/independent sectors are also part of the market and should not be isolated from the forums

- Create space for innovative ideas to flourish

We recommend:

That Welsh Government work with existing forums to communicate their expectations, but empower the forums to utilize coproduction principles to achieve those aims in a way that is reflective of their local needs and priorities.

Involving services users Q4.3

- 35) Stakeholders felt that the duty to involve service users has been somewhat fulfilled, in that opportunities exist to get involved. However, what is most common is that decisions are made by statutory partners and then consultation takes place. This is not co-production. Co-production largely occurs where there are people driving the practice rather than as part of business as usual.
- 36) There are some regions where forums for services users exist, but these are not consistent or standard. Conversely, forums might not be the answer for all engagement with service users. The way regions engage and co-produce needs to be driven by how the service users want to be involved.
- 37) A significant area of work for RPBs is to demystify or simplify how the public might expect to get involved with its work.

We recommend:

That greater time, resource and flexibility is afforded for co-production activities with services users.

PART 9 - STATUTORY GUIDANCE (PARTNERSHIP ARRANGEMENTS) Q5.1

5.2 5.3

Membership and support

- 38) The term 'third sector' describes a diverse range of value driven organisations that share a set of values and characteristics. The sector operates on a not for profit basis and is independent of government. Organisations are established voluntarily by individuals motivated by social, economic or cultural purposes. While registered charities operate within the third sector, there are many other types of organisations including community associations, self-help groups, voluntary organisations, faith based organisations, social enterprises, community businesses, housing associations, development trusts, co-operatives and mutual organisations. There are estimated to be over 41,000 third sector organisations in Wales, of which [over 12,000 contribute to health and care delivery](#). (See Appendix.) There are 2,700 places of employment in the third sector in health and social care, employing a paid workforce of almost 59,000, many of whom work alongside volunteers. Strengthening the third sector voice at the RPBs is welcomed, however, it is an enormous ask for

CVCs to represent the thousands of organisations and activity on their patch. Furthermore, stakeholders queried whether national organisations were able to add meaningful value from broad third sector perspectives as representatives tend to be drawn from specific 'sub sectors' e.g. children, learning disability, mental health, etc, and lack the capacity to engage with a broad audience of stakeholders.

- 39) To make more efficient use of the available resource, it is recommended that Welsh Government works with WCVA to establish a national network of organisations in receipt of the Sustainable Social Services Grant and specialist organisations working on the national models of care, to provide a third sector national reference group for collaboration with the RPBs.
- 40) Third sector organisations highlighted the need for greater transparency and the more publicly available information about RPBs, for example, published membership and information about ways to engage. With regard to service user and carer representatives, rather than just upskilling them to fit into the existing system, the system itself should be more accessible. The main role for service user reps should not be technical. It should be about embedding values and ways of working.
- 41) Stakeholders also highlighted that the guidance for supporting RPB representatives should be extended to programme boards and forums as part of the RPB governance structure. Suggestions were made for improving the support that third sector, service user and carer RPB representatives receive:
- The average reading age in Wales is nine years old. This should be considered when documents and papers are being drafted⁵.
 - Papers should be distributed at least seven days before a meeting in theory, but it is commonplace that some are missing or delayed. Consider strengthening policy around circulating papers and, if not ready by the circulation date, then they are not included - or have an emergency paper criteria agreed with representatives.
 - Greater understanding and empathy for representatives. It is hard for people to digest so much information when they are only engaging in this space every couple of months.
 - Practical and equipment support for service user and carer reps are essential – devices, representative e-mail account, training, expenses, respite, etc.
 - Voluntary time needs to be treated equally. Travel and subsistence expenses should be covered in advance. Could reward and recognition be offered to compensate people for giving their time? The third sector can support exploring this by engaging with volunteers.
 - Who leads on the support for services users? Some existing posts are hosted within CVCs but others are hosted in the Regional Programme team. Service

⁵ <https://www.ldw.org.uk/er-resource/clear-and-easy-handbook>.

user, carer and third sector representatives should be co-designing the support they need in each area.

- There is support for a representative recruitment process to be led by service users and carers as part of the existing forums or citizen panels.
- Once recruited, it was noted that reps should be able to come together to share experiences across Wales. There is potential for them to learn from other areas and be a way to spread innovative ideas across borders. Carers Wales currently hosts a group of Carer Reps across Wales and could be used as an example from which to build.

We recommend:

That service user representatives are empowered to come together using relevant infrastructure organisations and partnerships, e.g Llais or CVCs

THE ROLE OF LLAIS

42) Third sector organisations welcome the establishment of Llais to strengthen the voices of patients, service users and carers in Wales. Dialogue has already taken place with Llais about how we can work collaboratively for the benefit of people and communities.

43) The role of Llais is not sufficiently explicit with regard to the partnership arrangements. For example, will it have a scrutiny role or a more involved approach with supporting engagement, involvement and co-production activities of RPBs? Below are some further questions from the sector about information needed to understand the role of Llais in RPBs:

- What involvement will Llais have in the support of service user and carer representatives?
- Will they be able to provide knowledge, resource and training to fulfil their role effectively?
- How will Llais interact with service user reps?
- Should RPBs be invited into a citizen forum convened by Llais? Conversely should citizens be invited into a space for professionals?

44) It should also be noted that Llais being present in the RPBs should not then mean that their duty to co-design, co-production and co-evaluation is fulfilled.

POOLED BUDGETS

45) Pooled budgets are welcomed in principle to enable more efficiency and simplicity in meeting the needs of individuals and communities. The advantages of pooled budgets, from the third sector perspective, would be that statutory partners in partnership with third sector organisations have agreed and aligned commissioning/funding priorities. This better oversight of

services would mean the unintended consequences of de-commissioning services could be mitigated before projects are closed.

- 46) Third sector organisations particularly welcomed the inclusion of continuing healthcare in the pooled budgets proposals. This would result in people and families no longer getting caught in the middle of financial disagreements between health and social care commissioning teams.

We recommend:

That Welsh Government monitor the effectiveness of pooled budgets to ensure that they are implemented in line with the vision and the third sector is not unfairly disadvantaged.

- 47) Whilst there is not a requirement for third sector organisations to contribute to pooled budgets, this does not mean they do not do so. For example, volunteer time could be estimated as a contribution in kind and should be explored in regional forums.

REPORTING

We recommend:

A 'Once for Wales' approach to developing the Population Needs Assessments. Qualified statisticians at a national level could develop high level population data analysis of each region. Regions could then focus on engaging and co-producing with partners, services users and carers to investigate the needs and develop appropriate responses to those needs.

That the relevant data owners, e.g Social Care Wales, Stats Wales, Data Cymru and universities, are involved in determining what good looks like for population needs assessments and market stability reports.

- 48) There was broad agreement that data gathering requirements placed on statutory services need to be standardised and reinforced to benefit population needs assessments and market stability reports. Basic information either does not exist or is not publicly available. Data is also held in different formats within each Local Authority and Health Board. There is a remarkable lack of information available even when utilising Freedom of Information requests. Third sector organisations are often asked to provide data about third sector services despite much of the information already being in the possession of a statutory partner commissioning team. Non-personal data should be better utilised and shared across partners to underpin conversations about population needs and service delivery.
- 49) Sector organisations are happy to contribute to population needs assessments and market stability reports but clarity is needed about what is to be our responsibility versus those of public bodies. Commissioning teams have a key role to play in bringing the information together. The sector can support in

providing intel on gaps, but it cannot be expected to have the resource to manage, monitor and contribute complete data.

FURTHER DISCUSSION

50) WCVA will be happy to meet with Welsh Government Ministers or officials to further discuss the issues above if requested.

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July 2023

APPENDIX

The term third sector describes a diverse range of value driven organisations that share a set of values and characteristics. The third sector operates on a not for profit basis and is independent of government. Organisations are established voluntarily by individuals, motivated by social, economic or cultural purposes.

While registered charities operate within the third sector, there are many other types of organisation including community associations, self-help groups, voluntary organisations, faith-based organisations, social enterprises, community businesses, housing associations, development trusts, co-operatives and mutual organisations.

OVER 12,000¹**Wales-based third sector organisations contribute to
health and care delivery in Wales****Organisations may:**

- Directly deliver services via commissioning arrangements with public bodies - eg mental health services
- Enhance public sector provision - eg befriending, ward support, information and advice, peer support, social prescribing
- Deliver wider societal well-being - eg health promotion and prevention of ill health
- Build sector capacity - eg education and training, research, funding, networks

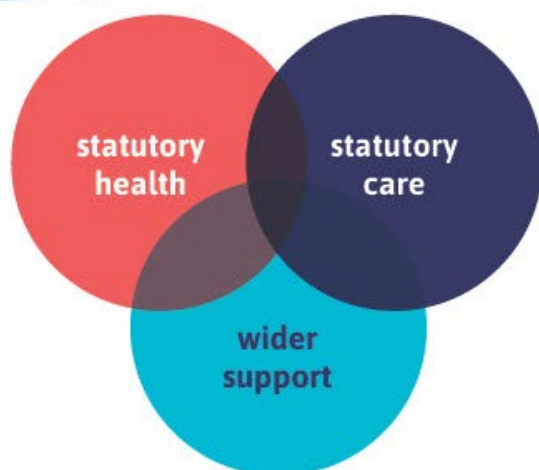
Organisations could be:

- Condition focused - eg Alzheimers, cancer, HIV
- Place focused community development groups, citizens voice forums
- Characteristic focused - eg disability, carers
- Service focused - eg housing, advice, mental health

¹Third Sector Data Hub, February 2023

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In Wales the third sector primarily offers wider support for statutory health and care, which may involve direct contributions to delivery.

Wales' third sector health and care workforce²



2,700
places of employment



58,924
employees

What we don't know about these organisations:

❓ **What is the annual turnover of these 12,000 organisations?** We only have reliable data for the 17% who are charities whose collective turnover is £2.2 billion per annum³.

❓ **What is the extent and value of contracts the third sector has with statutory partners?** We do not know this, however we do know that the majority of the third sector's income is derived from non-statutory sources.

❓ **What is the impact of dual nation organisations towards Wales' health and care provision?** Dual nation organisations (primarily charities working across England and Wales) are only required to report at an organisation level. This means it's impossible to calculate the impact they make at a Welsh level, which would be considerable given the scale and clear Welsh delivery of some of these organisations.

²Third Sector Data Hub, February 2023

³Charity Commission Public Register, December 2022



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60,431

people volunteer for registered health and care charities,⁴ which account for just 17% of Wales-based third sector organisations supporting health and care⁵

17%

of volunteers are engaged by the public sector⁶

938,000

people volunteer across all sectors in Wales each year⁷

Volunteers include:

- 👉 Dementia friends
- 👉 Advocates
- 👉 Expert patients
- 👉 Befrienders
- 👉 Community drivers
- 👉 Social organiser
- 👉 Health promotion
- 👉 Trustees
- 👉 Management and administrative roles
- 👉 Activity co-ordinators
- 👉 First responders
- 👉 Event first aider
- 👉 Vaccination centre steward
- 👉 Prescription delivery
- 👉 Peer support
- 👉 Fundraiser
- 👉 Counselling/advice line
- 👉 Support with digital access to health and care services

⁴Charity Commission Public Register, December 2022

⁵Third Sector Data Hub, February 2023

⁶NCVO UK Civil Society Almanac, October 2022

⁷Third Sector Data Hub, February 2023



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There are
584,134⁸
UNPAID
adult carers in Wales
(not routinely regarded as being part
of the third sector)

This contributes
£8.1⁹
BILLION
annually to the Welsh
economy

What we don't know about volunteers:

- ❓ **How many people in total volunteer to support delivery of health and care in Wales?** Robust data is only available for registered charities, leaving volunteering within the wider third sector and statutory sector unquantifiable at a collective level.
- ❓ **What is the full breadth of skills and experience available to statutory health and care provision as a result of volunteering?** The roles volunteers undertake are vast and no central mapping of roles and skills exists.
- ❓ **What is the full value of volunteering in health and social care settings?** There is an added value to volunteering beyond the direct activities delivered by volunteers. This includes skills development, societal well-being and cohesion. Even where the direct value of volunteering is calculated, these wider social benefits are often overlooked.

What we don't know about unpaid carers:

- ❓ **What is the value to health and care delivery?** The quoted £8.1 billion reflects the economic contribution (calculated by wider metrics aligned to GDP indicators) reflecting the total economic benefit of unpaid carers. But, we don't know exactly how much of this can be directly apportioned to health and care delivery, or to other metrics - eg housing / education.
- ❓ **What is the value to health and care delivery of informal care delivered by friends and neighbours?** Unpaid carers are anyone who provides planned care, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. The impact of the support received from a wider circle of friends and neighbours is unrecorded.

⁸Carers UK, Carers Week Article, June 2022

⁹Welsh Government, Strategy For Unpaid Carers, March 2021



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