Report

ROCKET SCIENCE

NHS Greater Glasgow and Clyde

Evaluation of *Healthy Organisations*

Rocket Science UK Ltd
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Executive summary

Background

In response to an identified need to provide better organisational capacity building support to the voluntary organisations it funds, NHS Greater Glasgow and Clyde contracted Glasgow Council for the Voluntary Sector (GCVS) to provide an organisational development support service to voluntary sector health improvement organisations operating in the Glasgow area. The service, which was branded *Healthy Organisations*, provided free support to around 50 organisations in areas such as employment issues, financial management, governance development, IT support, legal support, mentoring, monitoring and evaluation, strategic and financial planning, team building and training needs analysis.

Rocket Science was commissioned to evaluate *Healthy Organisations* in order to understand the impact of the service on the organisations it supports; identify lessons to be learned for the future development of the service; and, more broadly, identify wider lessons to be learned from the service model for supporting voluntary sector organisations across the city and the country. The evaluation took place between July 2006 and June 2007 and involved engagement with a sample of project managers and board members from supported organisations, stakeholders in the NHS, the *Healthy Organisations* project manager and a small selection of broader stakeholders.

Service design and delivery

Healthy Organisations has been very well received and used by the majority of voluntary organisations eligible to access it. The amount of support received by individual organisations in the first two and a half years of its operation ranges from a few hours to over 45 days. On average, organisations have used 12 days of support in total, equating to around 5 days per year.

Initially many organisations reported being suspicious about the service, with a perception that it was motivated by a desire in NHS Greater Glasgow and Clyde to 'check up' on the organisations it funds. However, once *Healthy Organisations* was established, the approach taken of personally visiting each organisation was very successful in reducing scepticism and securing engagement in the service. Trust and confidence in the service was quickly established and it was universally considered to be very approachable and highly responsive.

Many organisations noted that before *Healthy Organisations* came in to existence, they struggled to access organisational development support because of a lack of knowledge of available support or who could provide support on particular topics. Additionally, many reported that generic capacity building resources failed to meet the specific needs of the organisation and they lacked the capacity, budget and experience to contract and manage bespoke consultancy support. Some also found it difficult to identify their own weaknesses and support needs, often 'fire-fighting' by seeking support only at the stage where an issue had become critical.

The delivery of support by *Healthy Organisations* was reported to be particularly effective in addressing these issues because it:

- Provided a single point of access to a wide range of support services;

- Worked with the organisation to identify its weaknesses and agreed a plan to best meet their support needs;

- Provided a flexible, tailored consultancy package which was designed to best meet the identified support needs of the organisation;

- Responded to support needs at a time and pace relevant to the organisation;

- Developed a consistent relationship with organisations over time, ensuring that the delivery of support was informed by knowledge of the organisation, the context in which it was working and its history of support; and

- Enabled organisations to access support free of charge.

This model of support had not been available to organisations previously and the combination of these factors made the support provided by *Healthy Organisations* unique.

The model of delivery was considered by organisations and stakeholders to be a very effective way to access support and a cost-efficient way for funders to support organisational development in voluntary organisations.

Impact of the support provided

Project managers and board members often reported that the support had improved the efficiency of their organisations, and enabled them to become more professional, planned and robust in their operation; having greater confidence in their policies, procedures and accountability. Being able to access support through *Healthy Organisations* helped to alleviate the stress caused by having to cope with organisational issues they lacked the knowledge, skills or capacity to resolve themselves. Being secure in the knowledge that they had access to quality advice and support enabled project managers and board members to focus more on their service delivery, and reduce time 'wasted' on resolving organisational issues.

The support provided also had many other positive impacts on organisations, including:

- Helping board members to understand their roles and responsibilities – promoting good governance;

- Clarifying the respective roles and responsibilities of staff and board members – helping to reduce any tensions that had arisen due to a lack of clarity;

- Helping to reduce the isolation felt by some project managers through mentoring;

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- Improving the planning, policies and procedures of organisations – resulting in a happier workforce;

- Facilitating strategic planning – assisting organisations to develop from focusing on reacting to short-term issues and practical problems to operating in a more planned and strategic way; and

- Improving the effectiveness of organisational systems – reducing time wasted on unnecessary administrative issues.

Overall, the most commonly articulated benefit of the support to organisations was having the reassurance and confidence that they were 'doing the right thing' in terms of the governance, management and operation of the organisation. This gave them confidence to plan and deliver their services more effectively. While the majority could not describe how this had resulted in improved health improved outcomes in a practical or quantitative way, there was a general feeling that the quality of their services had improved as a result of the support, and this was in turn likely to have a impact on the communities they serve.

Additionally, *Healthy Organisations* was reported to have a positive impact on the role of health improvement officers from NHS Greater Glasgow and Clyde, as it has allowed them to focus on support for health improvement and be clear on their role and relationship with voluntary organisations. Those officers who had previously spent a lot of time supporting the organisation itself now had time *'freed up'* for other health improvement priorities.

One area where *Healthy Organisations* has had minimal impact is in relation to ensuring the continued funding of organisations. While the support has helped organisations become more credible and confident, and this is likely to improve their chances of securing funding in the future, it cannot guarantee it. This is due to the nature of the sector and the competition for funding from a small number of funders. Organisations noted that their sustainability would mainly depend on whether their service fitted in with the future priorities of funders.

Conclusions and lessons learned

The support provided by *Healthy Organisations* has been well used and highly valued. With organisations using on average 5 days of support per year, it is clear that there is a strong demand for this type of support. Organisations have also began recognise the importance of investing in organisational development and see the impact it has had on improving the organisation and the services it delivers. Stakeholders also have recognised the value of investing in support to ensure that organisations are well managed and run. The nature of staff and board turnover in the voluntary sector means there will always be a role for organisational development support of the type provided by *Healthy Organisations.*

Healthy Organisations worked hard to develop relationships with voluntary organisations and to ensure them of the guaranteed anonymity. A key facet of the model is that *Healthy Organisations* is not required to report on the progress of organisations to the

NHS. This is critical for support to be most effective as organisations must identify their true areas of need, i.e. those who are struggling with financial monitoring are unlikely to want their funders to know this but a lack of support in this area could be even more detrimental.

The role of the *Healthy Organisations* co-ordinator acting as a broker for support has been a particularly effective way of delivering support. It has allowed organisations to have a single-point of contact with knowledge of individual situations; providing access to a much wider range of support providers with particular skills and expertise. This has been an efficient way to access resources and ensure that support provided is appropriate. There are clear lessons to be learned for other support providers from this approach, as it has enabled easy access to relevant support, and has placed minimal burden on voluntary organisations to source and commission quality support providers.

Organisations and stakeholders complemented NHS Greater Glasgow and Clyde for being innovative in creating such a unique model for supporting voluntary organisations. The NHS has tangibly gained from the existence of this project: freeing up staff time and improving the functioning of organisations, with the knock on effect of the impact on community health outcomes.

While the service was provided to voluntary health organisations, much of the service provision was generic and not health specific. In fact, voluntary health organisations reported that they did not require *Healthy Organisations* to assist with topic-specific support as they had other networks available for this. Voluntary health organisations do not have significantly different support needs to other types of voluntary organisations. The clustering of health organisations was more connected with the funder of the service (NHS) than any unique needs of these organisations. However, focusing on a sub-sector has had particular advantages in terms of understanding the context in which organisations work, identifying common issues and solutions and understanding the environment for particular reporting purposes.

The tailored-support model adopted by *Healthy Organisations* can be replicated; the model starts with the organisation's needs and adapts support to meet these needs within its current context. Due to a number of factors, other support often offers a set menu of fixed support activities that the organisation can access when it suits the provider, e.g. a training calendar or conference programme. These activities do have value but the tailored support package is reported to be more relevant as it addresses the issues the organisation is currently facing.

Currently *Healthy Organisations* is contracted to run until mid-2008. This evaluation has outlined the positive impact of the service on supported organisations and other stakeholders. It is clear that the service is valuable and can continue to provide quality support to voluntary health organisations.

1. Introduction

1.1 Setting the scene – policy background

It is widely acknowledged that there exists a significant gap between the health of rich and poor communities in Scotland. Inequalities in health exist at all levels, from poor housing and diet, to unequal access to health care, to greater ill health. The voluntary and community health sector plays a significant role in tackling these inequalities, working to improve the health of the Scottish population, providing services which complement and support those provided by the NHS, local authorities and other public bodies. The important role of the voluntary and community sector in health improvement has been increasingly recognised in health policy in recent years.

Health policy and community involvement

In 1998 the World Health Organisation re-launched its health policy framework for the European Region, *Health 21.* As well as highlighting the importance of community participation and accountability in health development, the framework includes a 'settings' approach reasoning that health improvement based on changing people's everyday choices and behaviour is best achieved in everyday settings such as home, school and work.

Working Together for a Healthier Scotland (1998) was one of the first policies to acknowledge the importance of building community capacity to improve overall health outcomes for communities as a whole, stating that:

> *'Community involvement and development, advocacy and working in partnerships are essential ways in which health promotion specialists seek to enable people to help themselves and their communities towards better health.'*

Subsequent policy has stressed the importance of involving people in service design and delivery and that working with communities effectively can result in improved health outcomes. *Our National Health (2000)* was the first major plan for the NHS since the establishment of the Scottish Parliament. The plan specifies ways in which action to tackle health inequalities and the importance of partnership working with communities in the management and planning of the NHS. Community Planning was seen as the main way of working with communities but stated that *'community development and community action are essential elements in this process'* and declared that *'we will encourage the local initiatives and projects that can drive forward that approach'.*

Patient Focus and Public Involvement (2001) outlined the need for an overall culture change in the way that the NHS interacts with the people it serves in order to meet their needs effectively and achieve the objectives set out in *Our National Health* (2000). The main themes included building capacity and enhancing communication skills with staff, improving patient information, ensuring public involvement in developing services and being responsive to needs. This framework for change placed the majority of responsibility for involving people at a local level.

Partnership for Care: Scotland's Health White Paper (2003) built on Our National Health and stated the commitment for a more '*integrated and focused approach'*. The document acknowledged the progress made through the Local Health Care Cooperatives (LHCCs) and set out their future as Community Health Partnerships highlighting the central role of Community Planning in improving Scotland's health and linking health with other areas of public policy. The importance of the involvement of the community was now seen as critically important and given the same significance as clinical standards and financial performance. It also noted that responsibility for health improvement which '*has often been seen as a task for the Director of Public Health and health promotion departments in the NHS',* must now be seen as a responsibility shared by a diverse range of people including:

- Ministers and Departments across the Scottish Executive;
- Local authorities;
- Employers;
- Professionals in health, education and social inclusion;
- Local community leaders;
- Trades Unions;
- Voluntary sector representative groups.

Delivering for Health (2005) describes how the National Framework for Service Change will be implemented. It aims to reduce reliance on episodic, acute care in hospitals for treating illness, and instead move towards a system which emphasises a wider effort on improving health and well-being, through preventive medicine. Support for self care and strengthened local services will be the focus, along with greater targeting of resources on those at greatest risk, with a more proactive approach in the form of anticipatory care services. It aims for more intensive case management for individuals with serious long term conditions as well as better management of hospital admissions and discharges

Outside specific health service policy, health is increasingly being incorporated into the broader social justice and equality policy in an effort to 'mainstream equality'. *Closing the Opportunity Gap* (2003) set the agenda for the Scottish Government until 2006 with the key aim of reducing poverty and narrowing the gap between Scotland's rich and poor. Improving the health of people living in the most deprived communities is a key target leading to improved quality of life and enhanced employment prospects.

Building the capacity of the voluntary and community sector

Having highlighted the importance of community involvement for improving health in Scotland, *The Community-Led Health Task Group* (2004-2006) was set up by the Scottish Executive to investigate exactly how to strengthen community-led health activity. One of the main recommendations identified by the group in its final report, *Healthy Communities: A Shared Challenge*, was the need to invest in capacity-building and support for the voluntary and community health sector and the possibility of setting up wider structures aimed at doing this. It stressed the importance of support provision both for the short term success of the organisation and regarding its long term sustainability.

The report found that volunteer support on an individual level is crucial to the delivery and success of most community-based work, particularly in providing support and training to enable individuals to take active roles of responsibility in the running of their projects. In addition to the benefits to the organisation of volunteer support, the report also noted the personal benefits to the individual of taking on roles of responsibility.

For voluntary organisations, the report identified a strong need for focused, accessible support covering legal issues and professional specialisms, evaluation and the provision of up-to-date health information and evidence. It recognised the 'pivotal' role currently played by intermediary bodies such as the Community Health Exchange in providing support for voluntary and community organisations in their communications with policy-makers. The report also promoted the 'portal' approach in which one organisation acts as a conduit to other services

Three main problem areas were identified regarding capacity building for voluntary organisations: time, funding and a lack of service providers sufficiently qualified to provide support. It also stressed that support provision should not override potential for local initiative and should be in response to local demand and need.

The changing environment for the voluntary sector

The voluntary and community health sector is also being affected by the changing environment in which the wide voluntary sector operates in Scotland. In recent years, the sector has grown, polarised, and has seen new developments in the way it is regulated, funded and staffed. The SCVO members' briefing[1] identified key trends that demonstrate this changing environment:

- Big organisations are growing at the expense of small ones;
- General public donations are increasing to large organisations;
- Growing employment in the sector is driven by larger organisations at the expense of smaller organisations;
- The challenges facing the sector are largely shared:
    - Funding;
    - Staffing (paid staff and/or volunteers); and
    - Compliance.

As such, the nature of the support required by the voluntary and community sector has changed in recent years.

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[1] *SCVO AGM Members Briefing (2005)*
http://www.workwithus.org/srd/research/ViewResearchItem.aspx?researchItemID=649

1.2 About *Healthy Organisations*

NHS Greater Glasgow and Clyde commissioned a voluntary sector health check in 2003. This research was carried out by independent consultants with the aim of establishing baseline information on the support needs of voluntary sector health organisations in Greater Glasgow.

The research identified a range of support needs for health projects which reflected the general support needs of voluntary organisations, including funding; capacity-building; and keeping up to date with policy and legislation. It also identified some needs which were specific to the health sector, which tended to be in the areas of strategic planning; monitoring and evaluation systems; and practice development issues. Understanding models of health and adopting community development approaches were also highlighted as major issues, particularly around partnership working.

Following the research, NHS Greater Glasgow and Clyde decided to create a dedicated support service to meet the identified needs of voluntary sector health organisations in Glasgow. This support service was to be run independently of the NHS and organisations were invited to tender to provide the support service.

The intended aims of the service were to:

- Enable project managers and management committees/Board members to continuously develop in their understanding and capacity to deliver effective services to improve health for their target populations.

- Enhance the effective and efficient management, delivery, marketing and evaluation of projects through a range of support activities.

- Provide professional development and mentoring support specifically for project managers to enable their progression as an asset to their employing organisation.

- Enable management committees/Boards to discern and maximise their unique role and contribution to the effective running of the organisations concerned.

Glasgow Council for the Voluntary Sector (GCVS) were successful in their bid and decided to brand it *Healthy Organisations.* The funding for the service came directly from NHS Greater Glasgow and Clyde and was supported by European Regional Development (ERDF) money. The project was originally scheduled to run for 3 years from November 2004 to November 2007, however ERDF funding was extended until June 2008, and this extension was matched by NHS Greater Glasgow and Clyde. The total funding received by the service over its three and a half years of operation will be: £356,617 from NHS Greater Glasgow and Clyde, with an ERDF match of £106,139; a total of £463,139 over the three and a half year period.

One full time member of staff was employed directly to co-ordinate the service, and was able to tap into internal expertise within GCVS to provide support to organisations as well

as being able to contract a range of external consultants (for example, TC Young Solicitors for legal advice).

The types of support provided fell into ten broad categories (these are presented in more detail in appendix 4):

- Employment Issues
- Financial Management
- Governance Development
- IT Support
- Legal Support
- Mentoring
- Monitoring & Evaluation
- Organisational Review and Action Planning
- Strategic & Financial Planning
- Training Needs Analysis/Team Building

Organisations who were eligible to access the support had to be managed locally in Glasgow, be in receipt of NHS funding and be identified by NHS officers as delivering on the health improvement agenda. This resulted in around 50 organisations being able to access support through *Healthy Organisations.* The number of organisations has varied over time as some ceased to operate and others came into existence.

1.3 What we were asked to do

Rocket Science was commissioned by NHS Greater Glasgow and Clyde in June 2006 to evaluate *Healthy Organisations* over the course of a year, in order to track progress and impact over time.

The service already had to report, as a requirement of ERDF funding, on its quantitative outputs and results. The focus of the evaluation was instead to explore quantitative and qualitative impacts, processes and implications of the service.

The evaluation aimed to explore the quality of the service provided by the external contractor (GCVS); understand the impact of the service on the organisations it supports; identify the lessons to be learned for the future development of the service; and, more broadly, identify the wider lessons to be learned from the service model for supporting voluntary sector organisations across the city and the country.

Specifically, the evaluation had ten broad objectives:

1. Identify what support services are provided and where;
2. Identify how organisations access support and whether this needs to be made easier;
3. Identify if, and how, support might be delivered more effectively;
4. Identify if current support adds value to the recipients;
5. Assess the impact of the service on organisations and the wider community;
6. Assess the effectiveness and appropriateness of the service's present model;
7. Assess the impact of the service on agencies and other key stakeholders;

8. Establish the effectiveness of the service in terms of improving community health in a measurable way;
9. Assess the impact of the service on organisation funders; and
10. Establish the sustainability of the service's present model.

1.4 What we have done

Rocket Science carried out the evaluation in two stages.

The first stage took place between August and October 2006 and engaged with a sample of the organisations supported by *Healthy Organisations,* as well as staff and steering group members. Specifically, this work involved:

- Carrying out desk research of existing information and monitoring and evaluation data to inform the subsequent research;

- Carrying out face-to-face interviews with a sample of project managers and board members of organisations supported by the service, in order to understand how they accessed and used the service and what impact they thought the support had (or hoped it would have) on the organisation and its beneficiaries;

- Carrying out face-to-face interviews with the *Healthy Organisations* project manager and a number of service steering group members, in order to ascertain their views on the strengths and weaknesses of the service's design and delivery; and

- Sending out a scorecard questionnaire to all organisations to set a benchmark on perceived impact, in order to measure progress at the second stage.

The people who participated in the first stage of the evaluation were:

- 13 project managers from supported organisations;
- 3 management board members from supported organisations;
- 4 members of the *Healthy Organisations* steering group; and
- The *Healthy Organisations* project manager from GCVS.

A full list of interviewees is provided in appendix 1 and the aide memoires used to guide questioning are provided in appendix 2. Interviews were designed to gather qualitative feedback about impact and processes, while the scorecard was designed to gather more quantitative feedback based around the initial aims of the service. The scorecard survey is presented in full in appendix 3.

After the first stage of the research, it became evident that the methodology would need to be amended for the second stage. The original proposal was to revisit each of the organisations and steering group members in the spring of 2007, as well as re-administering the same scorecard questionnaire, in order to track the progress over time. However, as the results from the first stage had already demonstrated the effectiveness, impact and value of the support to the organisations supported, it was thought that

engagement with a wider audience would allow us to more confidently provide conclusions and recommendations against each of the evaluation objectives.

Therefore, a number of different types of stakeholders were identified to interview face-to-face. These included:

1. People who were aware of the work of some of the organisations at a local level, to explore perceptions of if and how they have changed or improved over the past two years;

2. Senior stakeholders in NHS Greater Glasgow and Clyde to explore issues around the sustainability of future funding for the service, and enthusiasm and commitment for its continued operation; and

3. Other funders and potential funders, to explore how important or valuable they feel the *Healthy Organisations* service has been, and the extent to which it may affect future funding decisions.

Additionally, shorter telephone interviews took place with the majority of the organisations interviewed at stage 1, in order identify how they had accessed support over the past year, whether their support needs had been met and what impact the support has had on the organisation. It was not possible to speak to all project managers from organisations interviewed at the first stage, as some had left the organisation and either had no replacement or their replacement was very new, and others were off sick.

The people who participated in the second stage of the evaluation between June and July 2007 were:

- 6 stakeholders;
- 10 project managers from supported organisations
- 4 management board members from supported organisations; and
- The *Healthy Organisations* project manager from GCVS.

Again, the full list of interviewees is provided in appendix 1.

2. Overall scorecard findings

The scorecard survey explored organisations' perceptions of *Healthy Organisations* in relation to four key topics:

- The awareness and relevance of the support services provided;
- The process of delivering the service;
- The perceived impact of the support provided; and
- The wider role and implications of the service.

The table below shows the results of the second-stage of the scorecard questionnaire in 'league table' form: from the highest average score to the lowest across the whole scorecard. This is intended to show the overall perceived strengths and weaknesses of *Healthy Organisations.*

Sub-topic	Topic	Mean Score
Awareness	**Awareness and relevance of services**	4.88
The role of the service	**Wider role and implications**	4.75
Approachability	**Awareness and relevance of services**	4.63
Complementing other services	**Wider role and implications**	4.63
Use of resources	**Process of delivering the service**	4.57
Clarity of aims and objectives	**Process of delivering the service**	4.50
Value for money	**Process of delivering the service**	4.50
Understanding support needs	**Impact of support**	4.38
Management	**Impact of support**	4.38
Involving key agencies	**Process of delivering the service**	4.29
Range of services	**Awareness and relevance of services**	4.25
Professional development	**Impact of support**	4.25
Overcoming Barriers – organisations	**Process of delivering the service**	4.14
Community health	**Wider role and implications**	4.14
Delivery approach	**Awareness and relevance of services**	4.13
Service quality	**Impact of support**	4.13
Meeting the support needs	**Impact of support**	4.00
Capacity-building	**Wider role and implications**	4.00
Delivery	**Impact of support**	3.50
Evaluation	**Impact of support**	3.33
Development of management/board members	**Impact of support**	3.25
Contribution of management/board members	**Impact of support**	3.13
Funding	**Wider role and implications**	3.13
Marketing	**Impact of support**	2.83

The results from the scorecard show very high scores in many areas, with three quarters of sub-topics receiving an average score of 4 or more (out of 5). This indicates a high level of satisfaction with the support provided.

Topics related to the awareness and accessibility of the service, as well as the way in which it was delivered scored particularly highly. Issues related to the wider role of the service and how it complements other support provision also scored well.

Interestingly, the lower scoring areas were concentrated around the impact of the support provided, however scores tended to be good rather than poor. Given the high scores received for other areas, this may indicate that organisations have some difficulty in quantifying the direct impact of the support provided on their services.
The lowest scoring area, which did score particularly poorly, was in relation to the impact of the support on the effective marketing of organisations. Other weaker areas included the impact of support on the development and contribution of management board members and the implications of the support on the funding of the organisation.

More analysis of each area of the scorecard, complete with a comparison of scores between 2006 and 2007, is presented in the relevant findings section of the report.

3. Key findings - service design and delivery

3.1 Services provided

Evaluation objective: Identify what support services are provided and where

GCVS developed a custom Microsoft Access database to act as a management information system for the *Healthy Organisations* service. This recorded contact and administrative data on all the organisations supported as well as the frequency and type of support provided. The information in the database was used to analyse what services have been used and how frequently they have been accessed. At the time of analysis, the database contained details of all support provided between 1 December 2004 and 30 April 2007.

The services provided by Healthy Organisations were categorised in the database into ten broad areas of support, and broken down into 56 more specific interventions. These are presented in more detail in appendix 4.

Figure 1 shows the time invested through *Healthy Organisations* in each of the main areas of support.

**Figure 1. *Number of days spent by HOS staff on interventions***
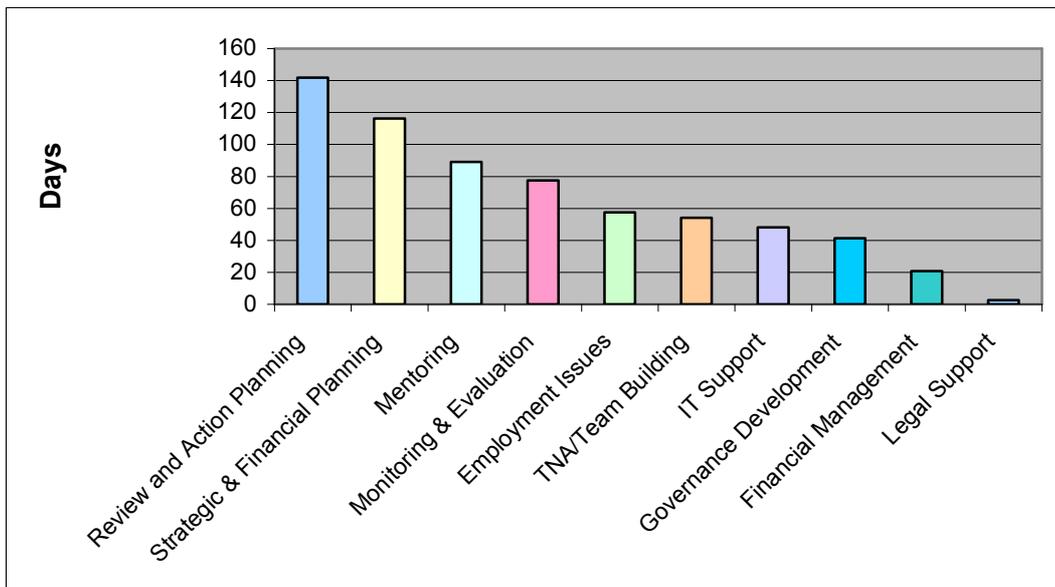
As can be seen from figure 1, review and action planning was the area of support which took up the most time. 874 review and action planning interventions occurred between April 2005 and May 2007. These included service reviews, drawing up action plans, and referrals to other areas, such as training needs analysis, legal advice and financial management support. The time invested in reviewing and planning clearly shows that support has been accessed in a planned way, rather than being provided on an ad-hoc basis to deal with emerging issues. This is concurrent with the findings from interviews with organisations, who generally reported being very clear about what support they needed and how it was going to be provided.

Strategic and financial planning was the second most time-intensive support service, followed by mentoring and monitoring and evaluation. Financial management and legal support were the areas where less support was provided.

Each area of support was further broken up into individual types of intervention. The most time-consuming (in terms of number of hours of support provided) and most-used (in terms of number of individual support requests) interventions are shown in figures 2 and 3 below.

Figure 2 Most time consuming interventions
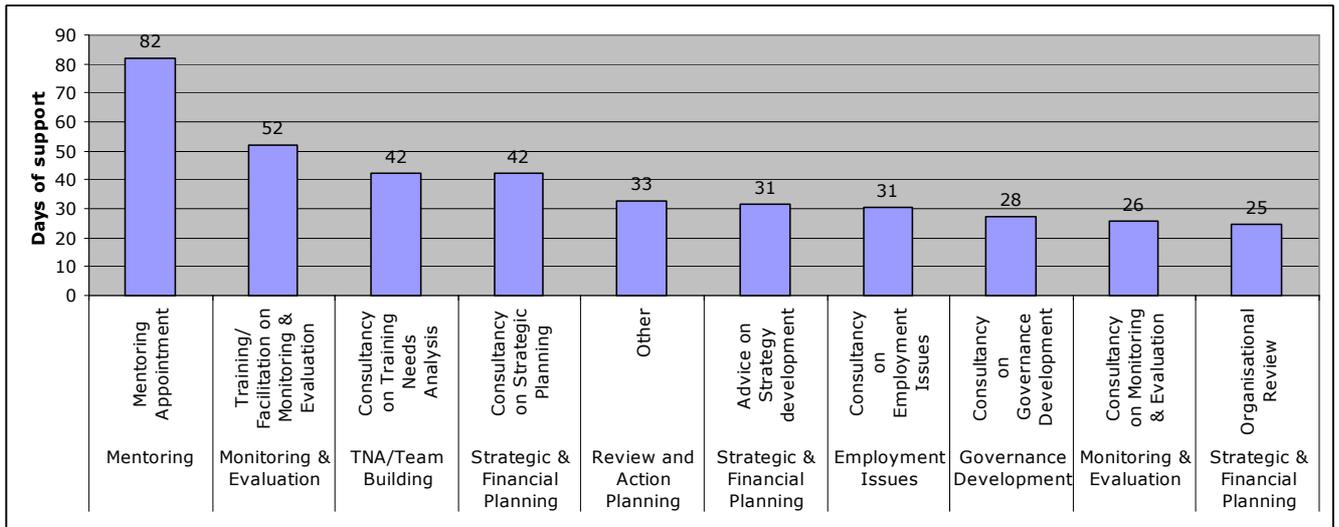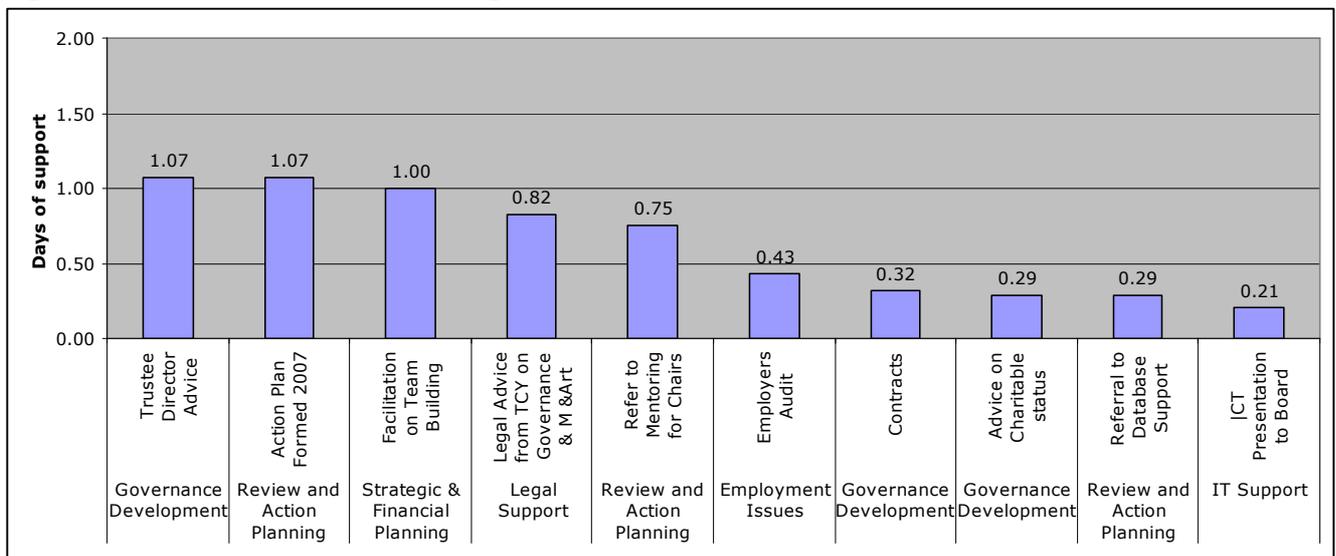

Figure 3 Most used interventions
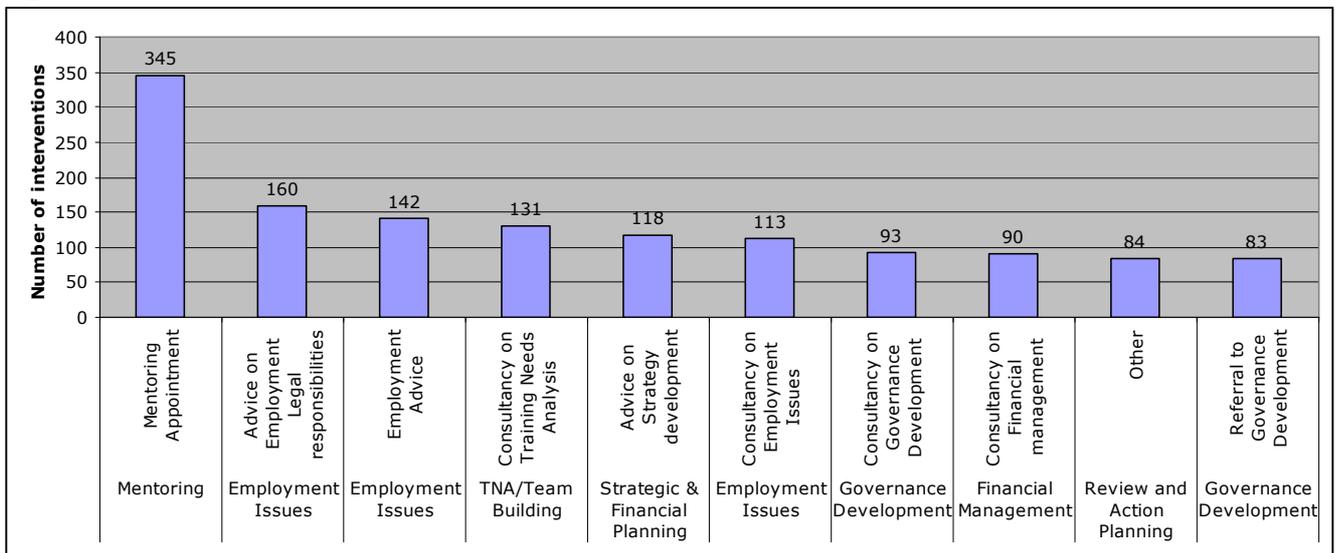
As can be seen from figure 2, mentoring appointments have been the most time-consuming interventions, with over 80 days spent on them. Mentoring is likely to cover the spectrum of issues as it relates to supporting project managers who have responsibility for a number of these functions. Training and facilitation on monitoring and evaluation is the second most time-consuming intervention, followed by consultancy on

training needs and strategic planning. However, it is clear from this analysis that a broad spectrum of support services have been provided to meet the specific needs of organisations.

From looking at figure 3, it is clear that the most used interventions are not necessarily the most time-consuming: there were over 150 enquiries about employment law, making this the second most used intervention, but these must have been dealt with relatively quickly, as they do not show up in the top 10 most time consuming activities.

Figures 4 and 5 show the least-used and least time-consuming interventions. As can be seen from the graphs, there is a much stronger correlation between these than with the most used and most time-consuming interventions.

Figure 4 Least time consuming interventions

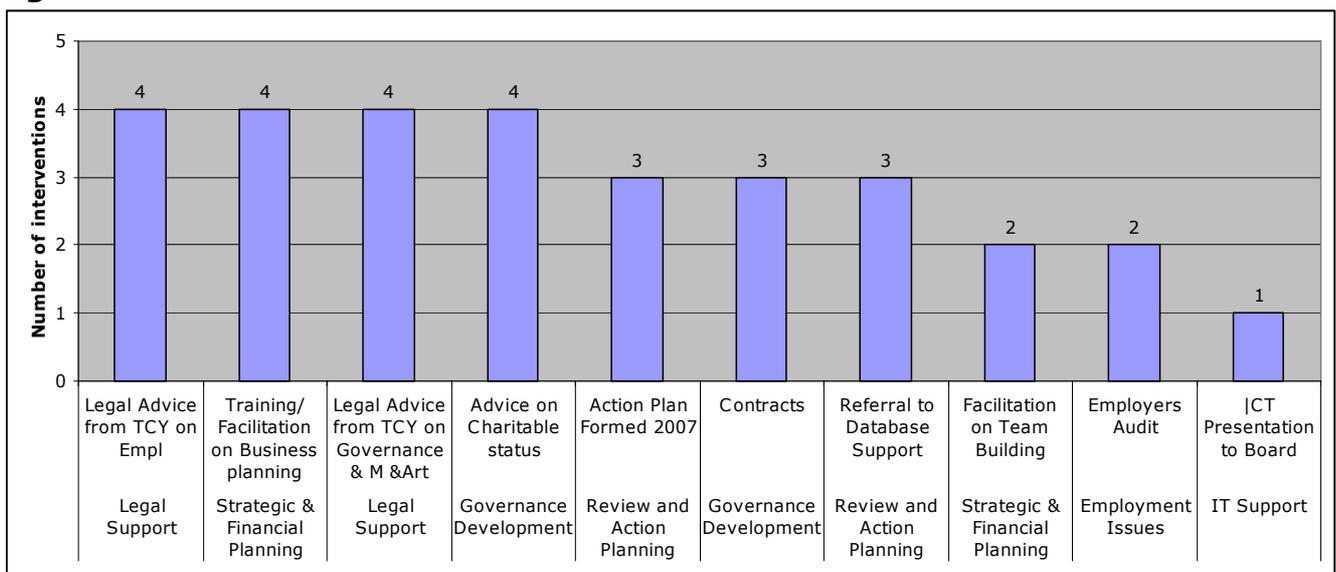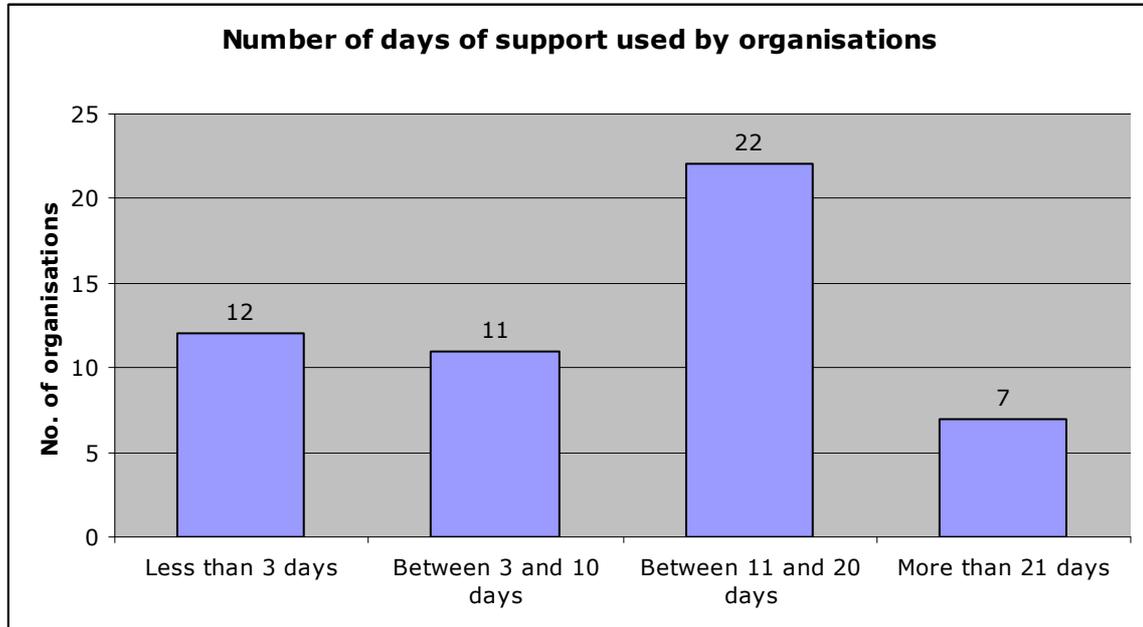### Figure 5 Least used interventions

Figure 6 shows how much support organisations have received from Healthy Organisations over a period of 29 months.

Figure 6 Usage of the Healthy Organisations Service

Number of days of support used by organisations

For the 52 organisations[2] who accessed support from *Healthy Organisations* between December 2004 and April 2007, the support provided has ranged from a few hours to over 45 days. The profile of use shows a strong uptake of the service, with 56% of the organisations having accessed more than 10 days support. For all organisations using the service, the average usage is approximately 12 days overall, equating to around 5 days per year.

During the interviews, some of the organisations who used the service on a more limited basis reported being confident in their ability to deal with their own support needs internally. They suggested that they were clear about what *Healthy Organisations* could offer, but did not feel the need for substantial external support. They were more likely to indicate that they would ask *Healthy Organisations* to help them with a specific task (e.g. reviewing the legal form of the organisation) rather than being supported with broader organisational development issues. The organisation's confidence was often based on the perceived experience of the project manager or board, and the length of operation of the organisation. In many instances, these organisations felt that *Healthy Organisations* was of most benefit for the younger and less experienced organisations.

> *"We've been around so long that we know it"* (Project manager)

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[2] The number of organisations accessing the service at one time has varied as some organisations have closed and new ones have come into existence.

However, this was not a universally shared view, as others thought the service was equally valuable across the entire range of size and experience of voluntary organisations.

> *"The service is really useful for the spectrum of organisations, from a struggling new organisation to a well-established organisation trying to improve."* (Project manager)

Several stakeholders stressed the importance to organisations of access to the support, and felt more confident in the ability of organisations who were using the service.

> *"I'd be categorising those organisations who didn't take it up as lacking in confidence"* (Stakeholder)

In terms of future support needs, scorecard respondents were asked to indicate what their priority areas were for future support. Figure 9 presents the results from the 2007 scorecard.

Figure 7 Future support needs
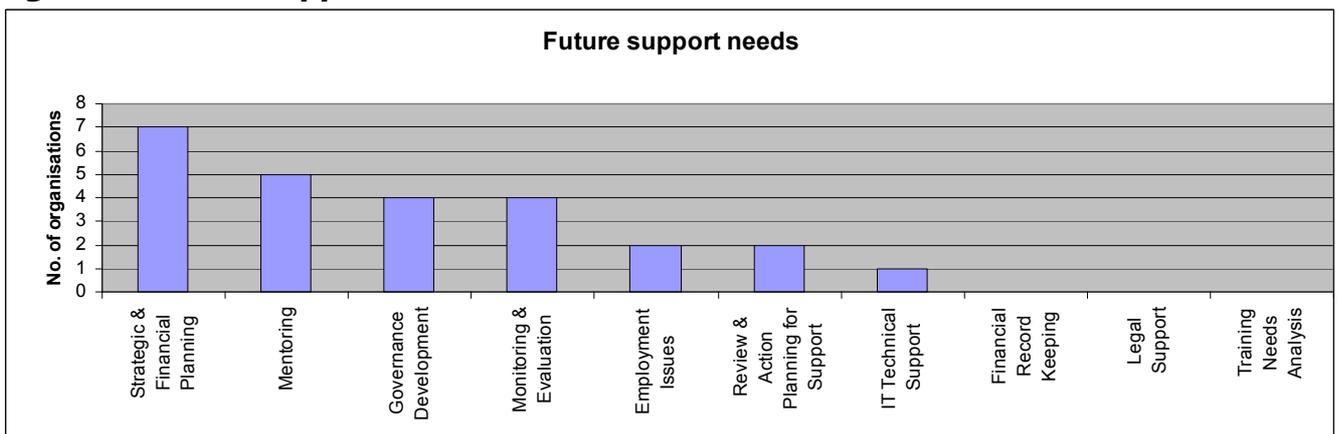
The most commonly anticipated future support needs were strategic and financial planning, mentoring and governance development. More than half of the organisations who said that they would need this type of support in the future had already accessed support in these areas. None of the organisations indicated that they would need support on financial record keeping, legal issues or training needs analysis.

The anticipated future needs very closely match the profile of support provided in the past by *Healthy Organisations,* indicating that there is a consistency in the types of support commonly required by organisations. Strategic and financial planning and mentoring were also the most commonly used areas in the past across the *Healthy Organisations* service, and there was a more limited use of legal support, financial record keeping and training needs analysis.

Interestingly however, governance development is a relatively high priority for future support while being a lesser used area of support in the past. Many project managers in the interviews identified challenges with the capacity of their Board, but believed it was difficult to get them to engage in training or development because of their limited

availability and other commitments. More recently, *Healthy Organisations* has been attempting to recruit and train new Board members for various organisations with specific skills and experience (e.g. accounting). This may help to strengthen the capacity of the Boards.

> *"The Board haven't really taken up the offer of support. There's a real need to increase their skills and capacity."* (Project manager)

> *"They offer training for the Board… perhaps we could make better use of it ourselves."* (Chair)

3.2 Accessibility of support

Evaluation objective: Identify how organisations access support and whether this needs to be made easier

Figure 8 presents the results from the scorecard surveys that took place in 2006 and 2007 in relation to the awareness and relevance of the services provided by *Healthy Organisations*.

Figure 8 Awareness and relevance of services
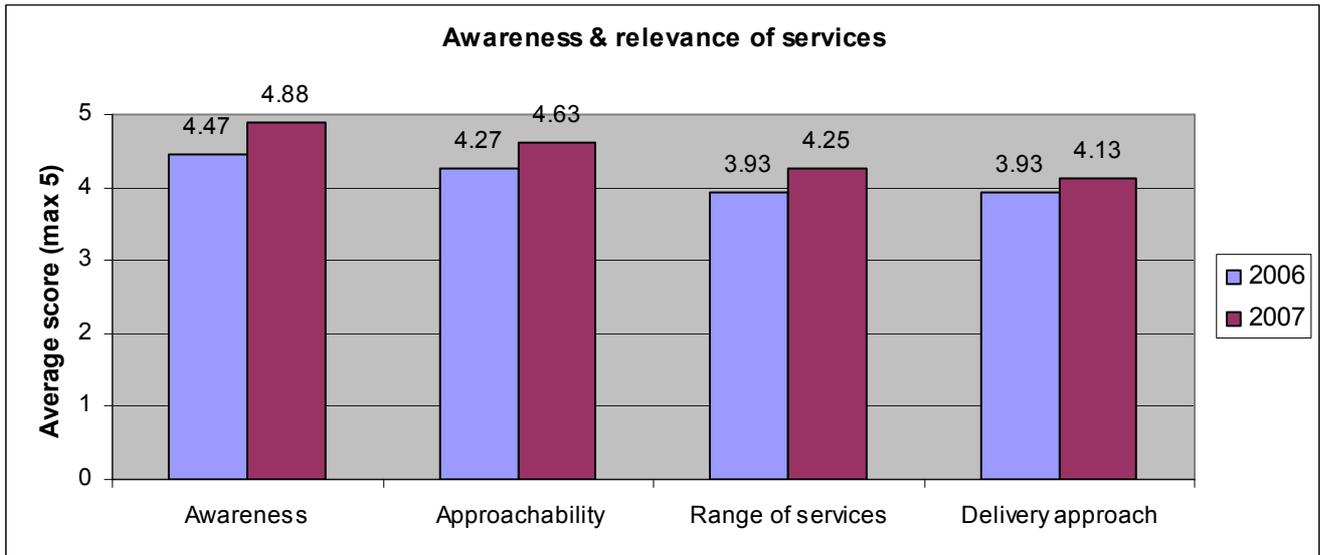
There are extremely high scores across all areas, with particularly high results for organisations' awareness of *Healthy Organisations* and the approachability and accessibility of the service[3]. This indicates that organisations find the service very accessible and that it delivers an appropriate range of services in an appropriate way. Scores have also seen improvements since the first period of scoring, with organisations' views of the service becoming even more positive over time.

During the first stage of the research, many organisations reported that they had initially been suspicious about the service. When the concept was first announced by NHS Greater and Clyde, some perceived it to be motivated by the Health Board's need to 'check up' on the organisations it funds. However, fears were quickly allayed once GCVS had been contracted and started their personal visits to the organisations. The approach taken by *Healthy Organisations* in visiting the organisations and explaining what support was available, the confidential nature of the relationship and the service's independence from the Health Board proved to be very successful in reducing scepticism and securing engagement in the service. It was clear that for the majority of the organisations, trust

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[3] These scores are attributable to the organisations who completed the scorecard. It is not possible to say if those who did not complete the scorecard did so due to lack of awareness of the work of *Healthy Organisations*.

and confidence in *Healthy Organisations* was established very early on. The independence of the service was one of the main factors in ensuring the service was approachable.

> *"We initially felt it might be investigative, like it was going to be checking or monitoring organisations. It was at the same time as the service level agreements came in, and there was the sense that the health board was looking for faults – there was the general feeling that organisations would be measured…. the service seemed like an extra level of bureaucracy. There was low enthusiasm... but the service has smashed everyone's preconceptions, and utterly exceeded expectations."* (Project manager)

> *"There was a bit of cynicism about what was behind [the service]… the way it was initially presented, the board thought 'they have no business coming in here'. It looked like the health board was trying to take over. The board of directors initially didn't want to take it up and we turned it down… But once GCVS were on the ground and Duncan came and explained the types of support available, it was much more convincing."* (Project manager)

Apart from the initial cynicism, which was quickly overcome, there were no reported barriers to accessing the service. The service was considered to be very approachable and highly responsive. Many organisations described having a strong relationship with the service, and felt that they could 'pick up the phone' to them at anytime.

> *"The important thing is that if I need to talk to the them they are very approachable"* (Project manager)

> *"The service is very flexible and easy to access and provides expert information that can be trusted. [Healthy Organisations] has always been available to us when we have needed support."* (Chair)

The people that work for *Healthy Organisations* were considered very approachable and were held in high regard. This was particularly true of the Project Co-ordinator for *Healthy Organisations,* who would commonly be the first point of contact for organisations and was key to ensuring organisations were provided with the support most appropriate for their needs. The responsiveness to requests and the supportive manner in which staff approached tasks helped to reassure organisations and empower them to change, rather than feel overwhelmed by the challenges facing them.

> *"[The Healthy Organisations Project Manager] Duncan's great – he is very reassuring, empowering and supportive."* (Project manager)

> *"The staff are dedicated to what they are doing and that they genuinely care about what happens to the organisations they work with."* (Project manager)

> *"I feel that Duncan has a very good handle on things. A lot of [the success] maybe comes down to Duncan as an individual. His experience and his dedication."* (Steering group)

The service also was reportedly a highly effective way to access support, as it provided a single access point to a range of in-depth support services. Many organisations noted that

before *Healthy Organisations* came in to existence, they struggled to access organisational development support because of a lack of knowledge of what support was available or who could provide support on particular topics.

> *"[Without Healthy Organisations] I wouldn't have a clue where to go… you could go to the funders but you wouldn't want to do that!"* (Project manager)

> *"Prior to [Healthy Organisations] – I muddled through… I'd be phoning round all sorts of places. Now it's just one phone call. It has brought stability to the organisation."* (Project manager)

Additionally, the fact that the service was provided at no cost to recipients meant that organisations were able to access organisational development support without having a dedicated budget for it. This has plugged gaps in knowledge and skills around organisational issues for Boards and project managers.

> *"It's been fantastic. Big companies have HR support which we don't have. It's been crucial for us and has worked perfectly."* (Project manager)

Where organisations had previously accessed support individually, many considered *Healthy Organisations* to provide better value for money for funders, as they believed the approach to be more cost-efficient than individual organisations paying separately for consultancy or support services. Many organisations also noted that they lacked the capacity, skills and experience to contract and manage consultancy. The majority of the organisations who were asked whether they would prefer to receive direct funding for organisational development or instead have access to a service like *Healthy Organisations,* indicated that they would prefer to have funding top-sliced to be able to access an in-depth independent support service.

> *"It may have cost us a lot more to get the support [without Healthy Organisations]. We wouldn't have had the capacity to contract."* (Project manager)

3.3 Delivery of support

Evaluation objectives: Identify if, and how, support might be delivered more effectively and assess the effectiveness and appropriateness of the service's present model

Figure 9 presents the results from the scorecard surveys which took place in 2006 and 2007 in relation to the process of delivering support though *Healthy Organisations*.

Figure 9 Process of delivering Health Organisations Service
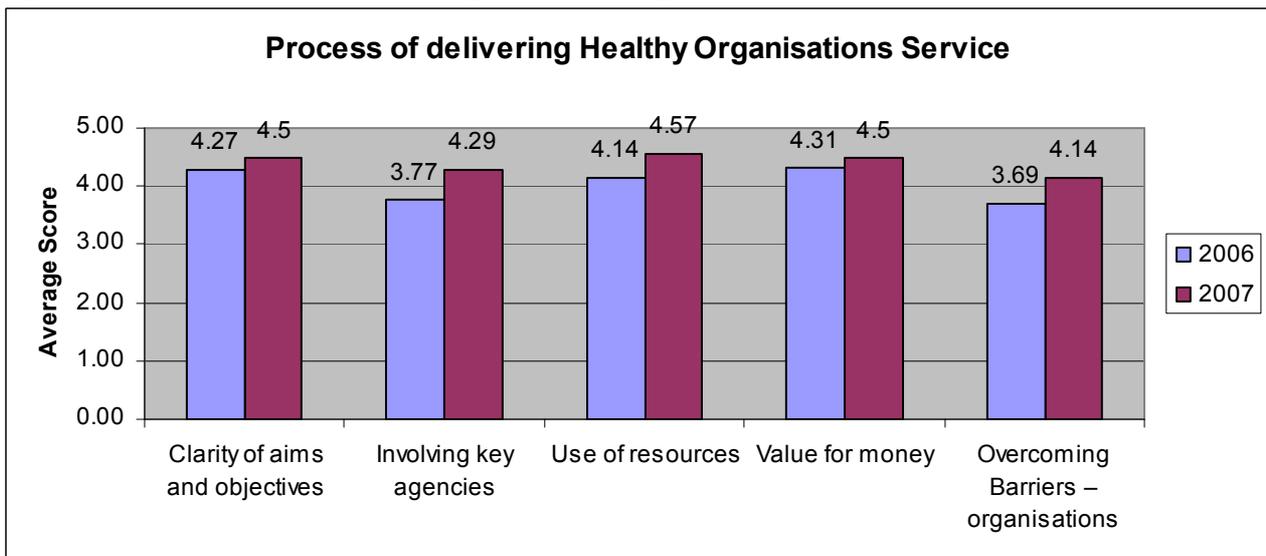
Again, very high scores are achieved across all topics related to the process of delivering *Healthy Organisations,* with all averages scoring above 4 out of maximum 5. This indicates that the service is seen as being good value for money and is effective given its level of resources. Organisations have a good understanding of the aims and objectives of the service and are clear about what it is trying to achieve. The service has also reportedly been effective at helping organisations to overcome barriers.

Identification of support needs
Some organisations reported being unclear of their own support needs before involvement with *Healthy Organisations.* Many of them knew that organisational support would be useful, but did not have the skills or capacity to identify their development needs. Previously, the pattern of access to support tended to be more responsive than proactive, seeking advice as and when specific issues arose, and often when these issues had become critical. This was particularly evident for many organisations who had difficulties with employees requiring disciplinary action. Organisations requested support to deal with a disciplinary matter, but as they had few policies or procedures in place, support at a late stage was of limited value and it was difficult to take action without these. If the organisation identified its weaknesses earlier, correct policies and procedures would have been in place, which would have made it much easier to discipline the employee.

As was noted earlier, the manner in which organisational weaknesses were identified and addressed by the service was particularly valued for being supportive, encouraging and empowering rather than challenging or threatening. The relationships between the individual organisations and the service were described in universally positive terms.

> *"They allow you to get on with your work, and help you to identify gaps, but in a nice way, and they offer appropriate assistance. It's reassuring and empowering. Its great people; ethos and way of working."* (Project manager)

Independence and confidentiality
The key to the positive relationships was the independence of the service, and the fact that trust and confidentiality were quickly established. Organisations noted that to get effective support, they needed to divulge their weaknesses and this was not something they would be willing to do if there was any chance of this information being reported back to funders. *Healthy Organisations* has taken the approach of supporting organisations to overcome the difficulties they face no matter how challenging, as long as the organisation was not operating in an illegal manner. Certainly, evidence from both organisations and the *Healthy Organisations* co-ordinator indicated that some organisations had been in particularly challenging circumstances, with several instances of reported mismanagement that funders were unaware of. The service has helped turn these organisations around, improving their management and governance, and therefore making better use of their funding. Given that organisations had faced these issues before the existence of *Healthy Organisations*, and remained undetected by funders, it is likely that without support mismanagement would have continued with resulting negative impacts. While these extreme examples may be limited, they do highlight the benefits of assured confidentiality to understanding organisations main support needs, as even those organisations facing minor difficulties indicated that they would not want funders to hear about any weakness with the organisation.

> *"Part of the problem is that you have to disclose your weaknesses"* (Project manager)

> *"The service is an effective and efficient way of receiving support. It's really important that it's independent of the health board, as we wouldn't want to reveal governance issues to them."* (Project manager)

> *"Confidentiality is important – you don't want things to get back to funders."* (Project manager)

The proactive approach taken by *Healthy Organisations* was reported to be very successful in helping organisations identify their own weaknesses and plan for future support. By approaching organisations with a clear menu of support services, falling into 10 broad categories (see appendix 4 for the full list), organisations were clearly able to see what support was available and prioritise their support needs with guidance from the service. The ability of the service to co-ordinate a wide range of different support services was reported to be particularly useful in reducing the time organisations spent searching for help; resulting in project manager's being more able to concentrate on the delivery of their own services.

"We had a rough idea that we needed help… talking though the issues with [Healthy Organisations] helped us come up with a plan." (Project manager)

Tailored support

The approach was also flexible, meaning organisations were able to pick and choose from the package of support available. This flexibility and individual approach, combined with forward planning, meant that organisations received a carefully tailored package of support. Organisations greatly valued this bespoke consultancy approach over 'off-the-shelf' capacity building resources, templates or training courses.

"Part of the strength has been the ability to change and adapt to what's needed. It hasn't just delivered a fixed programme. It has been suited for the individual organisation." (Project manager)

Central co-ordination

One of the most common reported strengths of the model was the brokerage role played by the co-ordinator of *Healthy Organisations.* While GCVS were the delivery agent for *Healthy Organisations*, the service used its resources to procure external consultancy in many instances, rather than relying on solely on expertise of staff within the organisation. Organisations reported many advantages of having a central co-ordinator acting as a broker for a range of services, including:

- Being able to match the skills, experience and personality of the support provider to the needs of the individual organisation;

- Being able to change support providers (e.g. mentors) where the relationship was not working as expected;

- Having a single point of contact with the knowledge of what support was available; and

- Having a co-ordinator who could establish the quality of support providers to save the organisations having to vet providers themselves.

"[I have really valued] the model of a centralised manager who taps into CVS services as well as having funding to access external support. It enables them to provide the most appropriate support for you... [and for us] it means that there is only one organisation you need to have a relationship with." (Project manager)

"We've been quite happy with GCVS. They are not claiming to be the experts in everything. They find out who the best person is and bring in private contractors." (Project manager)

"It's not just a pool of staff – they carefully think about who is the best person to deal with you" (Project manager)

An additional reported strength of the brokerage model is that the co-ordinator's long-term relationship with all the organisations helped to ensure continuity of the support over time. This history prevented organisations continually having to identify their development needs and seek out new sources of support, with the co-ordinator instead

being able to quickly and effectively diagnose issues and refer them to the appropriate support based on the accumulated knowledge and experience of engagement with the organisation.

> *"It's useful to have people who know the organisation and know what support is applicable."* (Chair)

> *"One of the main strengths of having HOS is that they have worked with the organisation throughout the journey of development and therefore have an in-depth understanding of the issues."* (Project manager)

However, there were concerns from a few organisations and stakeholders about whether the ratio of around fifty organisations to one co-ordinator was perhaps stretching the capacity of an single person.

> *"It's really valuable to have an individual named contact to co-ordinate the support… but is there a risk in the capacity of one person? Could they deal with a large number of organisations who are all in crisis at the same time?"* (Project manager)

The only reported difficulty in terms of service delivery was due to the IT sub-contractor for *Healthy Organisations* going out of business early on in the contract. This led to discontinuity of support and some organisations being left in limbo until a new contractor was sourced.

4. Key findings - impact of the support provided

4.1 Impact on organisations

Evaluation objectives: Identify if current support adds value to the recipients and assess the impact of the service on organisations and the wider community

Figure 10 presents the results from the scorecard surveys that took place in 2006 and 2007 in relation to the perceived impact of support received though *Healthy Organisations*.

Figure 10 Impact of support
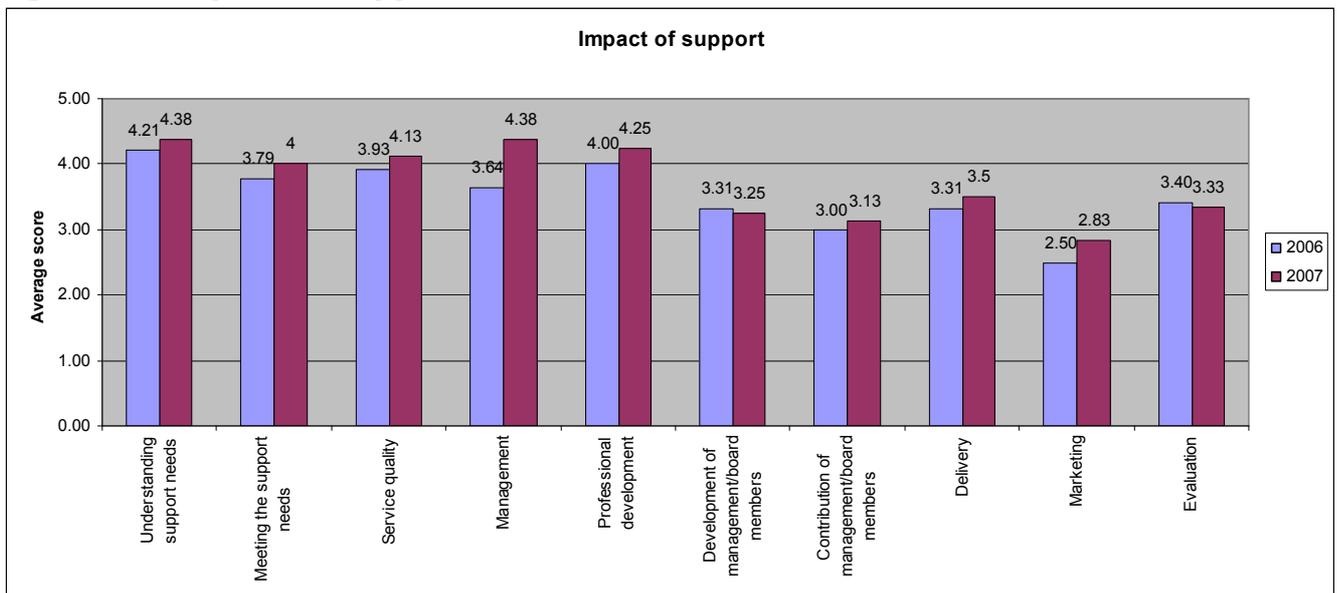
There are high scores in the areas of enhancing the effective and efficient management of projects and the professional development of project managers, indicating that there has been a significant impact on the overall management of projects. The perceived impact on the management of organisations has increased significantly between 2006 and 2007, perhaps as a reflection of some of the earlier support interventions beginning to have an effect on the organisations.

High scores also indicate that the Healthy Organisations Service has been effective in understanding and meeting the needs of the organisations it works with.

The areas concerned with the development and effectiveness of management committee/board members received comparatively low scores. It should be noted that all the scorecard respondents were project managers who may not be able to fully assess the impact of support on committee/board members. Additionally, as discussed earlier, evidence from interviews indicated that uptake of support from management committees/Boards varied across different organisations, although it was in the top 10 'most used interventions' (figure 3).

The provision of effective support concerned with marketing received the lowest score. There was little evidence from the evaluation that this was a need identified by organisations or a service that was specifically offered by *Healthy Organisations*[4].

The scorecard findings are highly congruent with the findings from interviews in that there has been a vast improvement in the management of supported organisations. Many organisations believed they had become more professional, planned and robust in their operation; having more confidence in their policies, procedures and accountability.

Impact on staff
Project managers and boards often reported having limited expertise and experience of dealing with the complexities of running an organisation – such as employment law, contracts, financial management etc. – and had a much greater desire to focus on service delivery. However, the lack of expertise and experience meant that when organisational difficulties did arise, this caused stress because of feelings of helplessness. Being able to access support through *Healthy Organisations* had helped to alleviate the stress because project managers and boards were able to access quality advice and support that helped them cope with organisational difficulties they did not know how to resolve themselves. Several people commented that the availability of support had helped to retain staff and board members.

> *"If we didn't have this support, you wouldn't be talking to me. The stress of the staffing issues would have been far too much for me and the Directors to cope with."* (Project manager)

> *"The impact of the support offered has been very significant for the Board and the organisation as a whole. The Board has learned a tremendous amount about how to be employers and the whole area of employment law… [this] means that we are less likely to run into difficulties in the future."* (Chair)

> *"Without the support… [myself and other Board members] probably would have been unable to cope with [the difficult situation they have faced] and may well have resigned from the organisation"* (Chair)

This external facilitation had also been useful in some instances for clarifying roles and responsibilities within the staff team, and for clarifying what the key priorities for service delivery were and how they would achieve their aims.

> *"I knew from my perspective things weren't good. Being able to access team development through Healthy Organisations meant I could move things on…. we're now working better as a team and more co-ordinated."* (Project manager)

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[4] Marketing' was included in the scorecard because it was a term used in one of the original objective statements for the service. However, during the evaluation it became apparent that marketing support was not a focus or commissioned service.

Many project managers had found the coaching and/or mentoring particularly useful. Being able to talk to an external person about the difficulties they faced had helped to reduce feelings of personal isolation, particularly in instances where the Board had the lacked experience to provide appropriate levels of support and supervision.

> *"When I came here, I had a feeling of total isolation and [Healthy Organisations] has been great… to have someone to go to for professional support."* (Project manager)

In small organisations, the support had also helped to manage transitions between staff, and the continuity of the support service had helped retain knowledge about the challenges facing the organisation.

> *"It has really helped me being new in post. I had a copy of the service action plan… I could see what was in place, what had been done and what needed to be done in the future."* (Project manager)

Impact on Boards

Many organisations noted that before involvement in *Healthy Organisations,* board members and staff did not have clarity about their respective roles and responsibilities. It was noted that some management committees and boards were primarily composed of community activists who had very little experience of running organisations. This lack of experience often resulted in poor governance, with many members not fully understanding what the role of a Board should be, what staff expected of them and what their legal responsibilities were. The support provided by *Healthy Organisations* often helped to clarify roles and responsibilities, and while these could sometimes be quite daunting for the inexperienced, the follow-up support helped guide organisations through the process of establishing good governance, putting in place proper polices, procedures and accountability. In some instances, this external facilitation role had helped to improve the relationship between staff and board members, as poor governance and a lack of clarity about expectations had previously led to tensions.

> *"It has helped me identify my role in the organisation and be clearer about my responsibilities. It has also taken the pressure off me as Chair, as I now know where to go for expert advice and support."* (Chair)

> *"The involvement… has given us a much clearer understanding of how a Board should operate. It has also helped to promote better relationships between staff and board members."* (Project manager)

In many cases, it was noted that the support provided had helped to reinvigorate board members, as they felt more confident as a result of having the assurance that they were doing things in the right way and had support for issues that they did not have expertise or experience to deal with themselves. This has helped to reduce the stress of managing an organisation that many local board members had been feeling.

> *"The involvement has helped to re-energise the Board."* (Chair)

> *"The support has also improved the effectiveness of the Board in that they are more able to govern the organisation and able to take strategic decisions. There is also much more clarity about individual roles and responsibilities."* (Project manager)

Improved planning

The support's impact of improving the planning, procedures and robustness of the organisation was also felt by many staff, who felt that the organisation was a much better place to work as a result.

> *"Staff issues have improved considerably over the past year – feedback is positive that the organisation is improving"* (Project manager)

> *"We're the longest serving staff this place has had – I think it's because of the help and the fact that we're much more focused."* (Project manager)

Improved governance and clarity about roles and responsibilities enabled organisations to work in a more planned and strategic way. Many organisations had previously been focused on short-term issues and practical problems, but the external support had helped staff and board members become much clearer about the direction of the organisations and expectations about the services they provide. The ability of the service to facilitate discussion amongst board members and staff was reported to be key in helping the organisations think more clearly about their priorities instead of getting caught up with minor issues and petty disagreements.

> *"The support they have received on strategic planning has really helped with enabling the local community to take ownership of the project through their membership of the committee. The committee are much more confident about their role and have developed a clear vision for the organisation. The committee are much more able to give direction to the staff team and also to take on elements of the work themselves. It has also helped staff to be much clearer about their roles and the programme planning has given them clear direction about service delivery."* (Project manager)

> *"[The development day] was very valuable… it helped turn our ideas into a workable strategic plan for the organisation and has given us a much clearer idea about where we want to take the organisation."* (Chair)

At a more practical level, the support was often reported to enable organisations to improve the effectiveness of their systems. This reduced the time wasted on administration issues and enabled the organisation to focus more on their service delivery.

> "The financial assistance was superb. Our accounting system has been simplified but it is now more effective and useful. This has made things much easier." (Project manager)

Overall, the most commonly articulated benefit of the support to organisations was having the reassurance and confidence that they are 'doing the right thing' in terms of the governance, management and operation of the organisation. This gave them confidence to plan and deliver their services.

> *"You're never quite sure [if you are doing the right thing]… its good knowing that there is someone at the other end of the line."* (Chair)

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4.2 Impact on stakeholders and funders

Evaluation objective: Assess the impact of the service on agencies and other key stakeholders and assess impact of the service on organisation funders

Figure 11 presents the results from the scorecard surveys which took place in 2006 and 2007 in relation to the wider role and implications of *Healthy Organisations*.

Figure 11 Wider role and implications
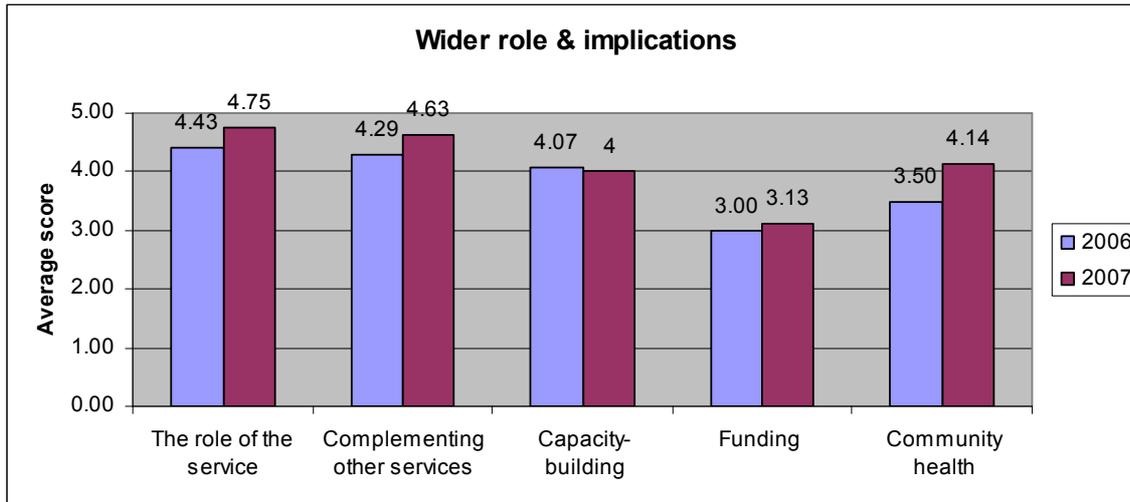
There are particularly high scores in the areas of the role of *Healthy Organisations* in supporting the voluntary health sector and how it complements other support services that are available. This would indicate that the service is seen as having an important role in supporting organisations and that it is not duplicating services that are provided elsewhere. Interviews with organisations and stakeholders also suggested that the service was unique and the level of organisational development support provided by *Healthy Organisations* was not previously available from any other sources. As has been noted previously, a valued aspect of the service was that it gave access to a range of support services through a single contact.

Funding of organisations
One of the key aims of the evaluation was to find out whether the support provided by *Healthy Organisations* has made organisations more sustainable and less reliant on individual funders. However, the impact of support on the funding of organisations appears to be relatively limited.

It is unlikely that the sustainability of the organisations is assured as a result of the support received, as the majority rely on funding from a few limited sources and these organisations will always rely on grant funding for the majority of their income. Organisations noted that their sustainability would depend on whether their service fitted in with the priorities of funders. It was also suggested that sustainability will be difficult for many organisations given the reduction in available funding.

"No, I don't think I'm more sustainable. Our service is very good and if the funders don't want to fund us then we won't get funded." (Project manager)

"With so many cuts, you can be brilliant but still go to the wall." (Project manager)

Having said this, many organisations generally do consider themselves to be more 'fundable', given the increased rigour in their processes, policies and procedures as a result of intervention from *Healthy Organisations.* Being better managed and more confident organisations was considered to make them more likely to secure funding in the future from a variety of sources.

"I think we are more sustainable, because we've began to think about other sources of funding" (Chair)

Some of the external stakeholders who provide funding for voluntary health organisations echoed this view. They felt that the support from the service had provided better organisational governance, improved financial projections and a clearer articulation of the purpose of the organisation. All of these aspects will stand them in good stead for future funding applications. It was noted that future funding decisions will increasingly look to examine the management and operation as criteria for making decisions, as well as the quality of the services.

"More funding in the future will go to organisations that are credible or sustainable." (Stakeholder)

"They are clearly more sustainable, like any organisation, if they are confident in their competence." (Stakeholder)

However, stakeholders also noted that organisations will need to be able to clearly demonstrate their impact on health outcomes for the community if they are to receive future funding. In a few instances, the support provided has made the organisations better managed, but they are yet unable to demonstrate their outcomes. This is unlikely to assist them to be funded in the future.

Impact on the workload of other organisations

The existence of *Healthy Organisations* has had a clear impact on the work of some agencies. Prior to the establishment of the service NHS Greater Glasgow and Clyde recognised the increased level of resource they were deploying to provide support to local health voluntary organisations. Many health promotion officers saw their role as helping these organisations in their health improvement activity and this could also mean assisting the organisation in its development; the intended effect being improved community health outcomes. This support role became more complex with organisations seeking advice on employment and legal issues. NHS staff tried to refer to other organisations that could help in this area but recognised that there were gaps. The development of *Healthy Organisations* provided a referral route for appropriate, skilled support.

"It's made them [voluntary organisations] more sustainable and less reliant on us. Our officers are not getting drawn in… they've been able to focus on their actual role.

People are out and want to help – but it can be messy and a distraction [to their own work]." (Stakeholder)

This has allowed other parts of NHS Greater Glasgow and Clyde to focus on support for health improvement and be clear on their role. Another stakeholder recognised this 'freeing up' of staff time for other tasks, instead of becoming embroiled in the organisational issues of voluntary organisations.

'Previously the CHCP manager worked with [the organisation] to help them think about sustainability. CHCP have withdrawn officer support because of [Healthy Organisation's] support. They are currently looking at the role and remit of officers in the health improvement team. There aren't a lot of people so they need to look at the most effective way to deploy staff' (Stakeholder)

This is an important benefit for NHS Greater Glasgow and Clyde. They have provided funding for *Healthy Organisations* in the hope that they provide skilled, accessible and appropriate support for voluntary organisations. This impact of this support is borne out by less reliance on local officers for organisational development support.

4.3 Impact on the wider community

Evaluation objective: Establish the effectiveness of the service in terms of improving community health in a measurable way

Figure 11 above showed that the impact of support on community health outcomes has increased over the course of this evaluation. At the interim evaluation point organisations identified difficulty in linking the impact of support to improvements in community health outcomes. There has been marked improvement in this area over six months and the service is now perceived to have had a positive impact on community health in Glasgow. It is unclear whether this is related to *Healthy Organisations* assisting organisations to be explicitly aware of the impact or if the organisations have made tangible improvements in this area. Either way, it shows that organisations are more alert to the connection between well-functioning organisations and subsequent impact on service delivery.

At the second stage of the evaluation, organisations were more able to see the benefits of the support on their service delivery. Many suggested that because they were now clearer about their roles, better planned and had more efficient systems they were able to focus more on their health improvement work and deliver more services in an efficient way. Less time was taken up dealing with internal organisational issues. Few people were able to describe how their services had improved in a practical and quantitative way – although one organisation did note that because of better administration systems they were now able to see more clients. However, there was a general feeling that the quality of their services had improved as a result of the support.

> *"I think it adds to and enriches our capacity to deliver quality services. Because we know we are effective, we know we will have an impact on clients"* (Project manager)

> *"I don't think it has made our services better, but it has given us a much better foundation. It has removed the worry and stress about some of our employment issues… if I couldn't turn to someone I would be tearing my hair out."* (Project manager)

> *"I hope that it'd make a difference – if you've got the right support in place you should be better at doing what you are supposed to"* (Project manager)

> *"Everything we do has an impact on the community. The more we improve, the bigger impact it has on the community."* (Project manager)

> *"We're stronger which makes us better to deliver our programmes. It's helped us identify our weaknesses and where we need to be stronger."* (Project manager)

> *"They have taken the pressure off. We're not spending all the time worrying about things. We're no longer fire-fighting. We can put our time in to where we want to concentrate."* (Project manager)

> *"I'm not sure of the impact on our services. Organisational things take up a lot of time, and it would take up a lot longer without them [Healthy Organisations]. Having the support takes the strain off."* (Chair)

> *"Demand for their services has increased… because we are delivering more effective services. We are also better placed to identify and respond to the needs of the community."* (Project manager)

External stakeholders echoed this view; identifying the detrimental impact that poorly functioning organisations will have on community health.

> *"Once organisations know they've got the basics right, they can then deliver. You'll go to the wall regardless of how good your service is if your organisation is unstable. When we've made a decision to withdraw funding, part of the decision is about how sustainable they are, not just how good their service is."* (Stakeholder)

> *"There's definitely a link between being better supported and better delivery. I think the resources are better targeted and less resource is targeted on noise and battling crises. They can get on with their proper job."* (Stakeholder)

> *'When they are not functioning properly I felt many projects got caught up in internal issues. A lot of time and effort spent dealing with malfunction'* (Stakeholder)

5. Key findings - future of the model

5.1 Lessons learned

The evaluation has uncovered some key lessons about factors which have contributed to the success of the model, and have wider implications for the provision of support to the voluntary sector.

- ***The provision of a skilled, independent organisational support service is an efficient way for organisations to access support and for funders to provide it.***

Healthy Organisations has provided important back-up for many, often isolated, project managers. They were able to provide the organisations with access to a broad skill set from mentors and staff. Organisations have access to a flexible, tailored resource without having to recruit for it or expect project managers to possess all of these skills. They can draw on *Healthy Organisations'* skills for the range of necessary tasks.

> *"I wouldn't have the confidence to lead that [team building day]"* (Project manager)

> *"It's a success because it is bespoked – they can be offered a range of things to organisations to meet their needs. And it's free! You're not shoehorning people into capacity building training which may not always be totally relevant. It is empowering the organisations to take to control."* (Steering group)

NHS Greater Glasgow's recognition of the need to provide skilled organisational support, by funding *Healthy Organisations* has been viewed as a positive development. The move away from ad-hoc support to a more strategic approach has ensured more organisations' needs have been met. This has also resulted in NHS staff being able to focus on their core duties, instead of getting caught up with the issues facing individual organisations.

> *"From a health point of view we [NHS] should be funding it. We get the benefits of them operating well."* (Stakeholder)

- ***The model has been successful because it has provided bespoke consultancy support, provided in a flexible way to meet the needs of the organisations it supports. It has also evolved over time to meet changing needs.***

Building and maintaining relationships with organisations has been a key reason the model has been successful, as it has allowed support needs to be identified and provision planned for. For example, if facing a complex HR issue many organisations do not know where to start and would find it difficult to explain their needs to an external organisation, e.g. an HR advice line. The on-going support provided by *Healthy Organisations* has empowered organisations and individuals to tackle the issues rather than interpreting actions needed as an extent of 'flat' advice given from an arms-length source.

Flexibility in the types support it has been able to provide has also been one of the keys to the success of *Healthy Organisations*. For example, the service has responded to the identified lack of capacity amongst Boards in a variety of innovative ways. It has broadened its mentoring service out from project managers to the Chairs of organisations, supported Board members to work on placements with organisation staff and started a recruitment campaign for new Board members for various organisations.

- ***The support has been well used and valued, and there has been an increasing recognition of the importance of organisational development support.***

The up-take of the service amongst organisations has been strong. With organisations using on average 5 days of support per year, it is clear that there is a strong demand for this type of support. Organisations have also began to recognise the importance of investing in organisational development and see the impact it has had on improving the organisation and the services it has delivered.

> *"It's been really, really wonderful"* (Project manager)

> *"If we are serious about building the capacity of communities to participate then they need to have expert back up."* (Project manager)

Stakeholders have also recognised the importance of investing in support to ensure that organisations are well managed and run.

> *"It's critically important for organisations and funders to recognise the importance of investing in organisational development. Why would any other organisation have to justify learning? No one would disagree that the organisational development is a bad thing."* (Stakeholder)

> *"We expect a lot from these projects. There is a vast amount of money going in and if they are not set up to deliver it is money down the drain"* (Stakeholder)

- ***Independence has been key to ensuring that organisations fully engage and are comfortable in revealing their weaknesses (and in seeking support for these).***

The fact that *Healthy Organisations* is independent of funders has been identified as a key strength. It initially took a while to get voluntary organisations on board as they did not trust that NHS funded activity was not part of grant monitoring.

> *"The long-term relationship is excellent and works really well."* (Stakeholder)

Healthy Organisations worked hard to develop relationships with voluntary organisations and the guarantee of anonymity is valued. A key facet of the model is that *Healthy Organisations* is not required to report on the progress of organisations to the NHS. This is critical if organisations are expected to identify their true areas of need, i.e. those who are struggling with financial monitoring are unlikely to want their funders to know about it but lack of support to fix this could be even more detrimental.

> *"It's unique – independent, confidential, no hidden agendas, it's safe place for us to go to. We can talk about things you couldn't talk about with the Health Board."* (Project manager)

- ***The brokerage role played by the co-ordinator has been key to building relationship, maintaining continuity of support and ensuring the most appropriate support is provided.***

As well as the efficiency gained by one organisation sourcing and managing the support, the model is considered to have implications for the way in which other support should be provided to the voluntary sector.

> *"Organisational development is time consuming: it's difficult to find and commission work… Should consultants work more closely with CVSs? Should CVSs play more of a brokerage role?"* (Stakeholder)

- ***Role of the funder in Healthy Organisations has been unique.***

Organisations and stakeholders complemented NHS Greater Glasgow and Clyde for being innovative in creating such a unique model for supporting voluntary organisations. The NHS has tangibly gained from the existence of this project: freeing up of staff time and also the improved functioning of organisations with the knock on effect of impact on community health outcomes.

> *"Glasgow has a history of community involvement and development, but never really learned the lessons about support for management committees and staff. It took the Health Board to turn it around. I think it was because they were concerned about their money!"* (Steering group)

> *"The health board should be commended for recognising the issue"* (Steering group)

- ***The model is considered to be universally applicable across the voluntary sector.***

Community health organisations used *Healthy Organisations* for their organisational development needs, and these were considered to be common across all voluntary organisations. However, providing the support to a specific sub-sector has had its advantages for the service being able to fully understand the context in which organisations work.

> *"It's not too much the cluster that brings them together. It's just organisational development. Like any good consultant: you learn the field and the phrases…but I think it's important to cluster though to reduce the isolation organisations feel; so that they don't feel in competition for funding."* (Stakeholder)

While the service has made links between organisations on a very practical level (e.g. sharing information on solutions when another organisation has experienced similar problems), there has not been a focus on creating a stronger network of health improvement projects. This role was not considered an important one for *Healthy*

Organisations, as many organisations were happy with their level of connectedness to other networks.

5.2 Thoughts on the future of the service

Evaluation objectives: Establish the sustainability of the service's present model.

Organisations and stakeholders were asked to comment on the potential effect of losing *Healthy Organisations*.

All organisations interviewed commented that the service had been highly valuable and the loss of the service would be highly detrimental.

"It'd be terrible to lose the service" (Project manager)

"I think the service is invaluable" (Project manager)

Stakeholders believed that there would be a loss of momentum if the service was to disappear. It was felt that many of the organisations have been supported to become more professional, but without continued support, organisational development would not continue and organisations may slowly find themselves facing the challenges they did before *Healthy Organisations* came into existence. NHS staff did not want to return to a situation where they may be asked to provide support, as they did not feel they could provide it appropriately.

"If stops – there would be a return to issues of the past: employment tribunals etc. More crisis over time." (Stakeholder)

"Don't think we could give the level of support they need" (Stakeholder)

*"Back to ad hoc arrangement. We'd need to try and use other partners if they have the right skills. We may need to spend more money on advisors" (*Stakeholder*)*

There was a real desire from all those interviewed for more funding bodies to buy into this model, continuing the service and allowing more organisations to have access to a similar level of support.

"I really hope all the different funding agencies buy into this model." (Project manager)

"I would see a role for other people to contribute to this: it should be linked to community planning. Perhaps it should be top-sliced at a city level." (Stakeholder)

"If we say the voluntary sector is important we need to make sure that they are sustained." (Stakeholder)

"If the Health Board and Community Planning are spending lots of money [on voluntary organisations], then they've got a job to ensure that they are competent organisations." (Project manager)

"Their relationship with organisations is good – it should be a model for other public service providers to adopt in their engagements with voluntary organisations. SCVO should engage with other health boards with this model and encourage them to adopt it." (Steering group)

However, it was not clear the extent to which other funders would buy into this model at this stage. The future Community Planning arrangements for supporting voluntary organisations were not clear during the evaluation. Additionally, if the local authority were to support a model like *Healthy Organisations,* they would need to consider existing staff roles and involvement in voluntary organisations.

"If there are Council staff on boards there may be a conflict: what's their role if they are already supposed to be providing support?" (Steering group)

One stakeholder believed that because the project has demonstrated the difference made by organisational development, if the project was to cease, organisations who have been involved will build in time and money in their funding bids for support in this area. However, it was acknowledged that new organisations and new staff will struggle to understand how to access organisational development support without the guidance and advice provided by *Healthy Organisations.*

"Those organisations who have used it well and recognise the value will recognise the need to set aside budgets for organisational development. There are some organisations who would have done it before. The younger ones will really struggle because they won't have the resources and won't know who to come to." (Stakeholder)

Issues regarding the future sustainability of the service will be discussed in more detail in the conclusions and recommendations section, based on the findings across the evaluation.

6. Conclusions and implications

Use of the service

Healthy Organisations has been very well received and used by voluntary organisations eligible to access it. While the use of the service by individual organisations varies widely - from a few organisations only accessing a few hours of support to another accessing over 45 days - uptake has been fairly consistent with over half of all organisations accessing more than 10 days support over the two and a half years of the projects existence. On average, organisations have used 12 days of support in total, equating to around 5 days per year.

Out of the ten broad areas of support (see appendix 4 for the full list) the most time-intensive area has been reviewing and planning for support. This is an indication of how important the service's role has been in identifying the development needs of organisations and working to create a comprehensive package of support. Organisations clearly find it difficult to look introspectively to identify their own needs. This has implications for the provision of support services in the future: reviewing and identifying weaknesses is key to encouraging organisations to access support, as they are unlikely to proactively seek out support themselves, even if it is available.

This is not to suggest that organisations had to be forced to identify areas for support or underestimate the value of the support itself. Strategic and financial planning, mentoring, monitoring and evaluation support, guidance around employment issues and team building sessions have all been well used and highly valued.

Helping organisations to think strategically and plan has been one of the most used services, and was reported to have had a large impact on the way organisations operate. Management boards and staff have become increasingly strategically focused and are contributing more actively to planning for the future of their organisation, rather than focusing on minor operational issues.

While support for employment issues was not one of the most time-intensive areas of support, it was certainly one of the areas that was reported to make the most difference to organisations who lacked the knowledge, skills and experience as employers and managers. Some organisations found themselves in very difficult situations regarding employment issues because of their lack of internal capacity, and the support from *Healthy Organisations* helped them to manage these crises successfully. Additionally, the forward planning and support given around these issues assisted them to develop policies and procedures to avert futures difficulties.

Project managers have generally used the support more than management boards / committees. This may be due to weaknesses in many governance structures, with boards having few committed members, individual availability of time and/or operating in a dysfunctional manner. The difficulties with management boards for voluntary organisations have been well documented in research, and the limited engagement is not a reflection on these particular organisations or the support given by *Healthy Organisations.* The service has taken steps to increase involvement in boards and identify

people with the requisite skills and experience, but for this to be a success there needs to be an appetite for change and a greater availability of skilled people willing to become involved. The reality may be that the staff often hold voluntary organisations together. Project managers have found the support particularly useful where they have lacked a supportive and committed board. Where boards have taken up support, there has been evidence of significant improvement on the governance of the organisation.

Independence

As has been noted throughout the report, the independent and confidential nature of the support has been essential to secure engagement. *Healthy Organisations* quickly established trust amongst organisations, despite some initial concerns about the project. Organisations are very clear that the service is available to support them and not to report to funders.

The motivations of NHS Greater Glasgow and Clyde were commended. The model was considered to be unique and a great investment in the voluntary sector, providing a crucial source of support. However, as use of the service is voluntary, it in no way guarantees to the funder that the organisation is performing adequately. *Healthy Organisations* has supported under-performing organisations and has not reported to funders when organisations may be failing to deliver on funded outputs and outcomes.

However, it is clear that the support service could not work effectively if it had any performance management role. If NHS Greater Glasgow and Clyde wanted to be completely sure of the security of its investment in the voluntary sector, it would need to create stronger, separate audit/performance management procedures. This may act as a driver to access support, but may also create some resentment.

Role of the broker

The role of the *Healthy Organisations* co-ordinator acting as a broker for support has been a particularly effective way of delivering support. It has allowed organisations to have a single-point of contact with knowledge of individual situations; providing access to a much wider range of support providers. This has been an efficient way to access resources and ensure that support provided is appropriate.

There are clear lessons to be learned for other support providers from this approach, as it has enabled easy access to support, and has placed minimal burden on voluntary organisations to identify quality support providers. Rocket Science review of support services to the voluntary sector in Scotland clearly identified that voluntary organisations wanted a single access point to a range of support providers, via an intermediary who would refer to the most appropriate source of quality and relevant support. The review found that support needs were now so complicated (e.g. employment law) that it was unlikely that a single organisation would have internal capacity to provide all the facets of required support. Tailored, flexible expertise available 'as you need it' was considered to be a more valuable approach.

This model was also considered valuable in the recent report by the Community-Led Supporting and Developing Healthy Communities Task Group, which promoted the 'portal' approach, in which a single organisation acts as a conduit to other services.

Healthy Organisations has been a working model of both these recommendations.

Organisational development is important

Healthy Organisations was reported to be the first service that gave voluntary organisations a free and comprehensive package of organisational development support. Individual organisations have clearly come to value organisational development when they have evidenced the impact. Previously many organisations may not have considered it to any great degree, and therefore not considered budgeting or planning for it.

The nature of staff and board turnover in the voluntary sector means there will always be a role for organisational development support of the type provided by *Healthy Organisations.* Increasing the understanding of the importance of organisational development and investing in support will be key to ensuring organisations remain well managed, and consequently are able to deliver effective services that have positive impacts on intended beneficiaries.

Sustainability of organisations

Healthy Organisations has had minimal impact in ensuring the sustainability of organisations. Due to the nature of the sector and the competition for funding from a small number of funders it would be difficult for a support service to impact on the amount of funding available. The service has helped organisations become more credible and confident, and this is likely to improve their chances of securing funding, but it cannot guarantee it.

Organisations must recognise that well managed and efficient organisations are more likely to deliver services which result in good outcomes. This, in turn, will have a positive impact on their chances of sustainability if they are continuing to meet an identified need.

Generic and not health-specific

Healthy Organisations has provided an organisational development support service to voluntary health organisations in Glasgow. Much of the service provision is generic and not health specific. In fact, voluntary health organisations reported that they did not require *Healthy Organisations* to assist with topic-specific support as they had other networks available for this. Voluntary health organisations do not have significantly different needs to other types of voluntary organisations. This suggests that the model adopted is replicable for other voluntary organisations. The clustering of health organisations for *Healthy Organisations* was more connected with the funder of the service (NHS) than the needs of organisations. However, focusing on a sub-sector has had particular advantages in terms of understanding the context in which organisations work and identifying common issues and solutions.

Value for money

This evaluation was not specifically charged with assessing value for money but considerations of cost are relevant to discussions about the future. If, as highlighted above, support were to be provided to the entire voluntary sector, there would need to be

a massive up-scaling as there are very few economies of scale due to the bespoke nature of the service.

Given that *Healthy Organisations* receives total funding of around £132,000 per year; this translates into a cost of £2,640 per organisation per year to support 50 organisations. There are around 850 voluntary organisations in Glasgow employing paid staff, with a combined income of around £306m. Therefore, to provide the same level of support to the whole voluntary sector would cost £2.2m. This represents 0.7% of the funding for the whole sector. The effectiveness of this service has been shown in this evaluation and potential funders need to consider if the outlined benefits represent value for money on this scale.

Return on investment

In summary, *Healthy Organisations* has provided NHS Greater Glasgow and Clyde with the following in return for their investment in support:

- The effectiveness of many organisations' systems and processes has been improved – which has reduced the time wasted on unnecessary administrative issues and enabled them to concentrate more effectively on the delivery of their service(s);

- The majority of organisations supported are now operating in a more professional manner – with more robust policies, procedures and accountability in place;

- As organisations are more professional as a result of the support they have received, they have become more fundable, and potentially more able to attract a mixed economy of funding, thereby complementing the investment of NHS Greater Glasgow and Clyde in the organisation;

- In a few instances, the service has helped to turn failing organisations around and support their management and board to become more effective and therefore make better use of the funding they have received;

- Improved governance and clarity about roles and responsibilities has enabled many voluntary organisations to work in a more planned and strategic way;

- Through the delivery of strategic planning, and as a result of the support provided to board members, many organisations have become more owned and driven by the local community;

- The availability of support has helped to alleviate the stress caused by having cope with organisational issues that board members and project staff lacked the knowledge, skills or capacity to resolve themselves – in many cases, this has helped to 'reinvigorate' staff and board members and secure their continued involvement;

- The availability of external support has allowed staff from NHS Greater Glasgow and Clyde to have a clearer role in relation to supporting voluntary organisations, 'freeing up' their time to concentrate on their core work on health improvement.

While there was little evidence on how health outcomes had been improved as a result of support in a practical or quantitative way, it is clear that many organisations felt that the quality of their services had improved as a direct or indirect result of the support received, and this was in turn likely to have a impact on the communities they serve.

Sustainability of the service

Currently *Healthy Organisations* is contracted to run until mid-2008. It is unclear where responsibility lies for decisions on sustainability of the service, i.e. is it just NHS Greater Glasgow and Clyde's decision or should it involve broader partners. This evaluation has outlined the positive impact of the service on supported organisations and other stakeholders. It is clear that the service is valuable and can continue to provide quality support to voluntary organisations.

Since the start of the service in 2004, there have been major changes in the way NHS Greater Glasgow and Clyde operates. Health improvement budgets (from which the service is funded) are less centralised, being devolved to local CHCPs. It is clear that the service has worked well operating at a city-wide level, and it would add additional administration costs and would have knowledge loss if the support service operated on a separate, local level. If NHS Greater Glasgow and Clyde decide to continue funding the service it must decide how the service should be funded; either through top-slicing or through contributions from each CHCP budget; although the latter may lead to conflict in the level of contribution from each area as some areas will have more/less voluntary health organisations.

Broader strategic links

Regardless of local decisions on continuation of funding, the lessons from *Healthy Organisations* have implications for other localities and Scotland as a whole.

It was noted earlier that the brokerage role played by *Healthy Organisations* has been a working model of the 'portal' approach to support advocated in the final report of the Community-Led Supporting and Developing Healthy Communities Task Group[5], but there exist many other linkages between the way in which *Healthy Organisations* has been delivered and lessons identified in the report. The report highlighted:

- The importance of capacity-building and support for the voluntary and community health sectors;

- The importance of support provision both for the short term success of the organisation and its long term sustainability;

- That volunteer support on an individual level is crucial to the delivery and success of most community-based work, particularly in providing support and training to enable

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[5] *Healthy Communities: A Shared Challenge (2007)*
http://www.healthscotland.com/documents/1403.aspx

individuals to take active roles of responsibility in the running of their projects. In addition to the benefits to the organisation of volunteer support, the report noted the personal benefits to the individual of taking on roles of responsibility; and

- A strong need for voluntary organisations to receive focused, accessible support covering legal issues and professional specialisms, evaluation and the provision of up-to-date health information and evidence.

The report of the Task Group also identified the three main problem areas regarding capacity building for voluntary organisations as time, funding and a lack of service providers sufficiently qualified to provide support. Additionally, the recent national review of support services provided to voluntary organisations[6], carried out by Rocket Science for the Scottish Executive, found that:

- There was a strong need for increased support to be provided to boards and management committees, particularly in relation to understanding their management responsibilities;

- The majority of voluntary organisations tend to access support for 'fire fighting' as opposed to being informed by a systematic identification of support needs to support their development;

- The cost of accessing individual consultancy support tailored to the needs of the organisation was often prohibitive;

- Variability in the quality of support available was a key issue and there was a desire for greater quality control; and

- The characteristics of good support provision include:
  - *"Being timely;*
  - *Being affordable;*
  - *Having confidence in the provision (usually in the individual providing support);*
  - *Being individually tailored;*
  - *Delivering value for money;*
  - *Having a clear understanding of the organisation;*
  - *Being personal one-to-one support;*
  - *Helping to build relationships;*
  - *Having good links between local and national networks; and*
  - *Being objective / neutral."*

This evaluation has shown that *Healthy Organisations* has clearly demonstrated these characteristics and has been an effective way to remove some of the most commonly identified barriers to accessing support described by voluntary organisations across the

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[6] *Review of Support Service Needs of Voluntary Organisations (2007)*
http://www.scotland.gov.uk/Publications/2007/02/19105954/0

country. The model therefore provides a good example of how capacity building support can be delivered.

Community-Led Task Group members have stated that the lessons learned from *Healthy Organisations* have already begun to inform the implementation phase of their work. One of the aims of this evaluation was to consider how lessons could be learned across Scotland. The differing contexts across Scotland make it difficult for this evaluation to make specific recommendations about how lessons can be adopted more widely. For example, *Healthy Organisations,* operating in Glasgow*,* relied on consultants for specialist support and advice to organisations. Do other geographical areas have access to such a skilled pool? More work needs to take place to explore the feasibility of making this model of support available more widely. This work should include exploration of:

- o The transferability of the model to more rural contexts;
- o Funders' perceptions of this type of support and whether funding is available for it to be provided;
- o The current national deliberations related to the future role and development of the CVS network in Scotland; is the *Healthy Organisations* model currently being considered as something to replicate?; and
- o Broader political aspirations for the role of the voluntary sector.

Given that the *Healthy Organisations* advisory group is made up of a range of local and national partners, it would be an opportunity missed if they did not maximise their role to disseminate the lessons from this work for application in other geographic areas. Some potential routes include:

- The *Healthy Organisations* conference (to be held on 11 September 2007) is a critical dissemination route but consideration should be given to targeted dissemination of findings to the Community Led Task Group and to the Scotland Funders' Forum[7] to inform their work.

- CVS network – GCVS are part of a broader network of Scottish CVSs who provide support to voluntary organisations. As well as practical lessons from Healthy Organisations, GCVS should provide details of this model to discussions around development of the CVS network (linked with Big Lottery Dynamic Inclusive Communities).

- These findings should also be disseminated to other local support organisations such as social economy teams within Communities Scotland and the LECs. However, given the current political context and lack of clarity over the future of these organisations, it is unclear how to relate the findings. However, the lessons will still be applicable for deliberations over the future of these services and any subsequent set up.

- This has implications for NHS Greater Glasgow and Clyde and GCVS in relation to working with other organisations who have an interest in the effectiveness of

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[7] Group of public and independent nent funders who are working together to try to make funding better in Scotland. Big Lottery chairs the forum and supports its development.

voluntary organisations, such as the Community Planning Partnership, to promote the lessons learned through *Healthy Organisations* and explore whether other funders could be signed up to the model, with a view to rolling it out to other non-health voluntary organisations.

Appendix

A1 – Interviewees

Name	Organisation	Role	Interviewed at stage 1	Interviewed at stage 2
Duncan Wallace	Healthy Organisations Co-ordinator	Project co-ordinator	■	■
Sharon Andrew	Bridgeton Community Learning Campus	Project manager	■	■
Janine Lamont	Castlemilk Stress Centre	Project manager	■	
Clare Morris	C-Level	Project manager	■	
Louise Chishold	C-Level	Project manager		■
Will Scott	C-Level	Board member		■
Irene McPhail	Community Health Shop	Project manager	■	
Rachael McCann	Community Health Shop	Board member	■	
Kenny McDonald	Drumchapel LIFE	Project manager	■	
Billy Fox	Glasgow Association of Family Support Groups	Project manager	■	■
Jim Harrigan	Glasgow Association of Family Support Groups	Board member	■	■
Joanne Winterbottom	Glasgow Council on Alcohol	Project manager	■	
Lisa Hird	Glasgow Council on Alcohol	Project manager		■
Bob Purdon	Gorbals Healthy Living Network	Project manager	■	■
Martin Coyle	Kingsway Health & Wellbeing Centre	Project manager	■	■
Arlene Cooke	North Glasgow Healthy Living Community	Project manager	■	■
Isobel Rusk	Possil Stress Centre	Project manager	■	■

Frank Miller	Possil Stress Centre	Board member		
Brenda Sowney	SEAL Community Health Project	Project manager		
Isabel McCue	Theatre Nemo	Board member		
Claire MacManus	Theatre Nemo	Project manager		
Eric Samuel	Big Lottery Fund	Stakeholder		
Janet Muir	CHEX	Stakeholder		
Helen MacNeil	GCVS	Stakeholder		
Catherine Campbell	Glasgow City Council, Development & Regeneration Services	Stakeholder		
Evelyn Borland	North Glasgow CHCP	Stakeholder		
Archie Graham	SCVO	Stakeholder		
Fiona Moss	South West CHCP	Stakeholder		
Liz Tuach	West Dunbartonshire Partnership	Stakeholder		
Tom Scott	NHS Greater Glasgow and Clyde	Stakeholder		

A2 – Aide memoires

Aide memoire – Health organisations

1.   Background info
- Name of interviewee:
- Organisation:

Tell me a little bit about what your organisation does (just quick recap of these areas)
→   Who are the main beneficiaries?
→   Geographical area covered
→   Annual turnover

3b.   How they became aware of HOS?

3c.   Why did they want to access HOS?

3d.   Was it easy to access HOS?

3e.   How/when they became involved with HOS?

3f.   General impressions of using HOS

2.   Organisational Support Needs
a)   Were they clear of their support needs before involvement with HOS? (If yes, how did they know these?)
b)   Did HOS work to clearly identify their specific support needs?
c)   Did HOS identify any support needs which they had not recognised themselves?

3.   Experience of the Healthy Organisations service
3a.   What services have you used from HOS? (looking for general description in their words. Then go through the list below to confirm the areas, including those areas they didn't need support)
(tick all that apply below but also ask them to identify the level of use, i.e. some areas will be accessed more than others)
- o   Employment Issues
- o   Financial Record Keeping
- o   Governance Development
- o   IT Technical Support
- o   Legal Support
- o   Mentoring
- o   Monitoring & Evaluation
- o   Review & Action Planning for Support
- o   Strategic & Financial Planning
- o   Training Needs Analysis

(check how these link to identification of support needs in 2. above, e.g. want to identify how 'needs led' the organisation is)

4.   Impact of HOS on your organisation

(If low contact or opportunity to impact yet – explore what kind of impact they would like)

4a.   Was the service able to meet your needs in a satisfactory way?

4b.   How much effort did you have to give to make it work?

4c.   Has there been an impact in any of the following areas? (if so, ask about evidence of impact):
→ Management
→ Governance
→ Organisational development
→ Staffing quality and retention and their interaction
→ Funding
→ Self evaluation and monitoring

4d.   How do you know there has been an impact in these area? How do you monitor and evaluate this impact?

4e.   Support from HOS had an effect on quality and breadth of health improvement work being delivered? In what way? If not, why not?

4f.   Has your capacity to tackle existing issues or problems been improved? In future, would you be able to cope better with these problems?

4g.   Before HOS was established, where did you get support for these issues?
• How does HOS compare with the pre-existing support mechanisms?

4h.   If you had to pay for HOS, would you?

4i.   Is your organisation now more sustainable?

5.   Broader impact

5a.   Funders - *Need to remind people that this project is funded by NHS Greater Glasgow and Clyde. They directly fund GCVS who provide HOS which supports individual voluntary organisations with the aim of providing more effective services to improve health for their target populations. (so…it is not direct funder – grant recipient relationship).*

• Are you aware of objectives of NHS GG&C in funding this project?
• How are links made between the health board, the project and your organisation? What is positive or could be better about this? (want to understand if the project playing an intermediary role in support, confidential from funders, is particularly valued)
• How does HOS support you in meeting priorities set by funders? (i.e. does it help and in what ways?)

5b.   City-wide perspectives
• Do you feel well-informed about the work of other health projects across the city? Has the Healthy Organisations service helped to you find out more about these?

• Have different projects been able to link up to create a stronger network? Was this because of the Healthy Organisations service or would you have linked up anyway or were already working together?

- Do you see an improvement in the quality and breadth of health improvement work being delivered by the voluntary sector? (evidence?)
- What is the added value that this type of support project can provide?

6. Lessons

6a.   Is there anything unique about HOS support? (want to see if they mention aspects like delivery by a team, quality of the individual provider, focus on health organisations rather than generic vol sector support, independent support, etc.)

6b.   Could we replicate this model for support to all voluntary organisations or just certain types?

6c.   What have you learned from your experience with HOS (explore learning from what worked and what didn't work)?
- Are there any particular lessons for decision-makers? Practitioners?

6d.   If you could change one thing about the project what would it be?

7. Next 9 months (this is a key section)

We will come back to interview same people/organisations in Feb/Mar 2007

- How will you use HOS this year?
- What do you hope this support will assist you to do?
- How will you know if the support has been effective?

Specific Questions for Board members (they will be interviewed separately for 15 minutes):
- How have you benefited from HOS? Can you identify ways in which you have developed as a result of their involvement in your organisation?
- Is your management committee/Board functioning more effectively since HOS involved? In what ways? How do you know you are more/less effective?
- How has the project assisted you with people management responsibilities?
- What effect has this had on the communities you serve?
- What else would you like to see happen as a result of their involvement?

Specific Questions for Project Managers (they will be interviewed separately for 15 minutes):
- How have you benefited from HOS? Have you accessed professional development and mentoring support particularly for project managers? Can you identify ways in which you have developed as a result of their involvement in your organisation?
- Is your management committee/Board functioning more effectively since HOS involved? In what ways?
- What effect has this had on the communities you serve?

Aide memoire – Steering group

1.   Background info
- Name of interviewee:
- Organisation:
- Length of time on steering group and particular role held (if relevant):

How did you get involved with HOS in the first place?

2.   Organisational Support Needs
a)   General – what is the project set up to do?
b)   How do you know what the support needs are for health voluntary organisations?
c)   Are the organisations receiving support they find useful? How do you know?

3.   Impact of HOS on organisations

3a.   Has there been an impact on organisations in any of the following areas? (if so, ask about evidence of impact):
→   Management
→   Governance
→   Organisational development
→   Staffing quality and retention and their interaction
→   Funding
→   Self evaluation and monitoring

3b.   How do you know there has been an impact in these area? How do you monitor and evaluate this impact?

3c.   Support from HOS had an effect on quality and breadth of health improvement work being delivered? In what way? If not, why not?

3d.   In terms of the support infrastructure for voluntary health organisations, how does HOS compare with pre-existing support mechanisms?

3e.   Are organisations now more sustainable?

4.   Broader impact

4a.   *Funders*
- Have funders perceptions of recipient organisations changed as a result of HOS?
- How are links made between the health board, the project and your organisation? What is positive or could be better about this? (want to understand if the project playing an intermediary role in support, confidential from funders, is particularly valued)

4b.   City-wide perspectives
- What impact does the support service have on the effectiveness of the voluntary sector across the City? Has the clustering effect created a stronger sub-sector across the city? Greater recognition of Glasgow Voluntary Health Sector?

- Have different projects been able to link up to create a stronger network? Was this because of the Healthy Organisations service or would you have linked up anyway or were already working together?

- Do you see an improvement in the quality and breadth of health improvement work being delivered by the voluntary sector? (evidence?)

- What is the added value that this type of support project can provide?

5. Lessons

5a. Is there anything unique about HOS support? (want to see if they mention aspects like delivery by a team, quality of the individual provider, focus on health organisations rather than generic vol sector support, independent support, etc.)

5b. Could we replicate this model for support to all voluntary organisations or just certain types?

5c. To date, what are the most important lessons from HOS (explore learning from what worked and what didn't work)?
- Are there any particular lessons for decision-makers? Practitioners?

5d. What do you think of the process by which the service was set up?

5e. What role have the steering group had? Has this been effective? Should the process change in the future?

5f. If you could change one thing about the project what would it be?

6. Next 9 months
We will come back to interview same people/organisations in Feb/Mar 2007

- How will HOS be delivered this year?
- What role will the Steering group take this year?
- What do you hope this support will assist organisations to do?
- How will you know if the support has been effective?

Aide memoire – Stakeholders

Explain the stage in this evaluation, first round completed, focused mainly on supported community organisations and steering group members. Now want to understand some of the broader aims of the evaluation:

- Assess the impact of the service on agencies and other key stakeholders;
- Establish the effectiveness of the service in terms of improving community health in a measurable way;
- Assess impact of the service on organisation funders; and
- Establish the sustainability of the service's present model.

People are being interviewed for different reasons:

4. People who will be aware of the work of some of the supported organisations at a local level - to explore perceptions of if and how they have changed or improved over the past two years;

5. Senior stakeholders in NHS Greater Glasgow and Clyde - to explore issues around the sustainability of future funding for the service, and enthusiasm and commitment for its continued operation; and

6. Other funders and potential funders - to explore how important or valuable they feel the *Healthy Organisations* service is, and the extent to which it may affect funding decisions.

We may need to talk people through what Healthy Organisations does if they are not familiar, and questions will need to be more general.

Background

What health improvement voluntary organisations in Greater Glasgow are you currently working with (or are aware of)?
- what is the relationship between you and this organisation (funder, partner, etc)?

How would you describe their role and how does their work complement yours?
- where is the organisation not fully complementing your role, what role have you expected them to perform?

Are you aware of the support that Healthy Organisations provides to these organisations?

Prior to HOS, where did these organisations receive support from?

Impact of supported organisations

Over the two years of support being provided to these organisations, has there been any impact in the following areas:
- management
- governance
- organisational development

o staffing quality and retention and their interaction
o funding
o self-evaluation and monitoring

What would you attribute any change to (want to understand if it is HOS or if there have been other interventions that have played a part)?

Have they become more sustainable as organisations? Do you think this is anything to do with the support received or are their other factors?

Following questions to be used connected to the individual we are interviewing:
Funders
- Have funders perceptions of recipient organisations changed as a result of support provided by HOS?
- How are links made between the health board, the project and your organisation? (want to understand if the project playing an intermediary role in support, confidential from funders, is particularly valued)

City-wide (or Greater Glasgow wide) perspectives
- What impact does the support service have on the effectiveness of the voluntary sector across the area? Has the clustering effect created a stronger sub-sector across the city (i.e. rather than just the generic voluntary sector)?
- Has this linking created a stronger network – shared learning across the sector? (what is as a result of HOS and what would have happened anyway?)

Improving community health

- Generally, how do you feel health improvement voluntary organisations are having an impact on improving community health in a measurable way?

- One of our early findings, from the organisations themselves, is that they could not link improvements in organisational development with improvements in community health? Do you see links with these two aspects and improvements from this organisation?

- Do you think support from HOS had an effect on quality and breadth of health improvement work being delivered? In what way? If not, why not?

- What are the common strengths of these voluntary organisations?

- What are the common weaknesses of these voluntary organisations?
(they may only know of one organisation so we just want the key strengths and how HOS support has contributed to maximising the strength and minimising the weakness)

- What do you think their main future support needs are as organisations / how can they be supported to improve their performance in terms of improving community health (need to be clear what suggestions are recommendations for HOS and which are broader)?

Sustainability of the service

- If funding for this organisation disappears – what will be the effect?

- In terms of the support infrastructure for voluntary health organisations, how does Healthy Organisations compare with pre-existing support mechanisms?

- Do you think an independent organisational support service is valuable?

- Do you think it is important that this type of service is sector-specific (e.g. health)?

- What would a service like this need to look like to generate financial interest from different agencies? Would this be something your organisation might consider supporting financially (need to understand why they would/not)?

- Who do you think should be funding a service like this?

Lessons for the future
- Is there anything unique about HOS support?
- Could we replicate this model for support to all voluntary sector organisations or just certain types?
- What lessons do you think there are to learn / what would you like to learn from this approach?

A3 – Scorecard

TOPIC	1	2	3	4	5
1. Awareness and relevance of services					
Awareness	• I am not aware of the Healthy Organisations Service	• I am vaguely aware of the Healthy Organisations Service, but don't really know what it does	• I am aware of the Healthy Organisations Service, and of some of the support services it offers	• I am aware of the Healthy Organisations Service, and of most of the support services it offers	• I am fully aware of the Healthy Organisations Service, and of the full range of support services it offers
Approachability	• The Healthy Organisations Service is not approachable and support is inaccessible	• The Healthy Organisations Service sometimes approachable and support sometimes accessible	• The Healthy Organisations Service is often approachable and support is accessible, eventually	• The Healthy Organisations Service is approachable and support is reasonably accessible	• The Healthy Organisations Service is very approachable and support is easily accessible
Range of services	• There are no relevant support services on offer	• There is a very limited range of support on offer	• There is a reasonable range of support on offer	• There is a good range of relevant support available	• There is a full and comprehensive range of support always on offer
Delivery approach	• The Healthy Organisations Service has never used an effective approach or methods to deliver support	• The approach and methods used by the Healthy Organisations Service to deliver support have rarely been effective	• The approach and methods used by the Healthy Organisations Service to deliver support have sometimes been effective	• The approach and methods used by the Healthy Organisations Service to deliver support have mostly been effective	• The approach and methods used by the Healthy Organisations Service to deliver support have always been effective

TOPIC	1	2	3	4	5
2. Impact of support					
Understanding support needs	• The Healthy Organisations Service does not understand the types of support needed	• The Healthy Organisations Service has limited understanding of the types of support needed	• The Healthy Organisations Service has identified and understood some of the types of support needed	• The Healthy Organisations Service has identified and understood most of the types of support needed	• The Healthy Organisations Service has fully identified and understood the types of support needed
Meeting the support needs	• The support provided has never met the identified need	• The support provided has occasionally met the identified need	• The support provided has usually met the identified need	• The support provided has almost always met the identified need	• The support provided has always met the identified need
Service quality	• The support provided is poor quality and delivered in an ineffective manner	• The support provided is of adequate quality and sometimes delivered in an effective manner	• The support provided is sometimes of high quality and often delivered in a timely and effective manner	• The support provided has usually been high quality and usually delivered in a timely and effective manner	• The support provided has always been of the highest quality and delivered in a timely and effective manner
Management	• The support provided has never enhanced the management of projects	• The support provided has rarely enhanced the management of projects	• The support provided has sometimes enhanced the management of projects	• The support provided has usually enhanced the effective and efficient management of projects	• The support provided has always enhanced the effective and efficient management of projects
Professional development	• The Healthy Organisations Service does not provide professional development opportunities for project mangers	• The Healthy Organisations Service provides limited professional development opportunities for project mangers, and they are of variable quality	• The Healthy Organisations Service provides some professional development opportunities for project mangers, which are sometimes good quality	• The Healthy Organisations Service provides many appropriate and quality professional development opportunities for project mangers	• The Healthy Organisations Service provides a full range of appropriate and high quality professional development opportunities for project mangers

Development of management/board members	• The support provided has not made a contribution to the development of Management Committee/Board members	• The support provided has made a limited contribution to the development of Management Committee/Board members	• The support provided has made some contribution to the development of Management Committee/Board members	• The support provided has made a reasonable contribution to the development of Management Committee/Board members	• The support provided has made a significant contribution to the development of Management Committee/Board members
Contribution of management/board members	• Management Committee/Board members are now worse at running the organisation	• Management Committee/Board members run the organisation neither better nor worse than before	• Management Committee/Board members are now slightly more effective at running the organisation	• Management Committee/Board members are now more effective at running the organisation	• Management Committee/Board members are now much more effective at running the organisation
Delivery	• The Healthy Organisations Service never provides project delivery help	• The Healthy Organisations Service provides some project delivery help, but it is often inappropriate	• The Healthy Organisations Service provides a fair amount of appropriate project delivery help	• The Healthy Organisations Service often provides appropriate help to enhance the effective and efficient delivery of projects	• The Healthy Organisations Service always provides appropriate help to enhance the effective and efficient delivery of projects
Marketing	• The Healthy Organisations Service never provides project marketing help	• The Healthy Organisations Service provides some project marketing help, but it is often inappropriate	• The Healthy Organisations Service provides a fair amount of appropriate project marketing help	• The Healthy Organisations Service often provides appropriate help to enhance the effective and efficient marketing of projects	• The Healthy Organisations Service always provides appropriate help to enhance the effective and efficient marketing of projects
Evaluation	• The Healthy Organisations Service never provides project evaluation help	• The Healthy Organisations Service provides some project evaluation help, but it is often inappropriate	• The Healthy Organisations Service provides a fair amount of appropriate project evaluation help	• The Healthy Organisations Service often provides appropriate help to enhance the effective and efficient evaluation of projects	• The Healthy Organisations Service always provides appropriate help to enhance the effective and efficient evaluation of projects

TOPIC	1	2	3	4	5
3. Process of delivering Healthy Organisations Service					
Clarity of aims and objectives	• I don't know what the Healthy Organisations Service is trying to achieve	• I have a vague idea about what the Healthy Organisations Service is trying to achieve	• I have some knowledge about what the Healthy Organisations Service is trying to achieve	• I have a reasonable understanding about what the Healthy Organisations Service is trying to achieve	• I am very clear about what the Healthy Organisations Service is trying to achieve
Involving key agencies	• The Healthy Organisations Service is not connected to key organisations or agencies	• The Healthy Organisations Service is connected to some key organisations and agencies but doesn't involve them in a meaningful way	• The Healthy Organisations Service is connected to many key organisations and agencies and sometimes involves them	• The Healthy Organisations Service is connected to almost all key organisations and agencies and often involves them	• The Healthy Organisations Service is fully connected to key organisations and agencies and ensures their involvement
Use of resources	• The Healthy Organisations Service is not at all efficient or effective given its level of resourcing	• The Healthy Organisations Service is rarely efficient and effective given its level of resourcing	• The Healthy Organisations Service is sometimes efficient and effective given its level of resourcing	• The Healthy Organisations Service is reasonably efficient and effective given its level of resourcing	• The Healthy Organisations Service is highly efficient and effective given its level of resourcing
Value for money	• The Healthy Organisations Service has been a waste of money	• The Healthy Organisations Service has provided limited value for money	• The Healthy Organisations Service has been reasonably good value for money	• The Healthy Organisations Service has provided good value for money	• The Healthy Organisations Service has provided excellent value for money
Overcoming Barriers – organisations	• The Healthy Organisations Service has never helped individual organisations to overcome barriers they have faced	• The Healthy Organisations Service has occasionally helped individual organisations to overcome barriers they have faced	• The Healthy Organisations Service has often helped individual organisations to overcome barriers they have faced	• The Healthy Organisations Service has almost always helped individual organisations to overcome barriers they have faced	• The Healthy Organisations Service has always helped individual organisations to overcome barriers they have faced

TOPIC	1	2	3	4	5
4. Wider role and implications					
The role of the service	• The Healthy Organisations Service does not have a role to play in supporting the voluntary health sector in Glasgow	• The Healthy Organisations Service has a limited role to play in supporting the voluntary health sector in Glasgow	• The Healthy Organisations Service has a definite role to play in supporting the voluntary health sector in Glasgow, but it is quite superficial	• The Healthy Organisations Service has an important role to play in supporting the voluntary health sector in Glasgow, but it is not essential	• The Healthy Organisations Service has a vital and unique role to play in supporting the voluntary health sector in Glasgow
Complementing other services	• Healthy Organisations Service is detrimental to other support services available to the voluntary sector	• Healthy Organisations Service complements some other support services available to the voluntary sector, but there are many areas of overlap and many gaps in provision	• Healthy Organisations Service complements some other support services available to the voluntary sector, but there are some areas of overlap and some gaps in provision	• Healthy Organisations Service mostly complements other support services available to the voluntary sector	• Healthy Organisations Service complements other support services available to the voluntary sector
Capacity-building	• The Healthy Organisations Service does not build the capacity of organisations to deliver effective services	• The Healthy Organisations Service is of limited use for building the capacity of organisations to deliver effective services	• The Healthy Organisations Service is sometimes effective at building the capacity of organisations to deliver effective services	• The Healthy Organisations Service is mostly effective at building the capacity of organisations to deliver effective services	• The Healthy Organisations Service is highly effective at building the capacity of organisations to deliver effective services
Funding	• The Healthy Organisations Service has had no impact on the funding of the organisations it supports	• The Healthy Organisations Service has had a limited positive impact on the funding of the organisations it supports	• The Healthy Organisations Service has had some positive impact on the funding of the organisations it supports	• The Healthy Organisations Service has had a positive impact on the funding of the organisations it supports	• The Healthy Organisations Service has had a very strong positive impact on the funding of the organisations it supports

Community health	• The support provided to organisations has resulted in no impact on community health in Glasgow	• The support provided to organisations has resulted in a limited positive impact on community health in Glasgow	• The support provided to organisations has resulted in some positive impact on community health in Glasgow	• The support provided to organisations has resulted in a positive impact on community health in Glasgow	• The support provided to organisations has resulted in a very strong positive impact on community health in Glasgow

A4 – Types of support provided

The services provided by Healthy Organisations were categorised into ten broad areas of support, and broken down into 56 more specific interventions. These are presented in full in the table below.

Area of Support	Intervention Type
1. Employment Issues	Advice on Employment Legal responsibilities
	Employers Audit
	Consultancy on Employment Issues
	Employment Advice
2. Financial Management	Consultancy on Financial management
	Costing Services
3. Governance Development	Advice on Constitutional documents
	Advice on Charitable status
	Consultancy on Governance Development
	Referral to Governance Development
	Training/ facilitation on Governance Development
	Constitutions/M&A
	Trustee Director Advice
	Contracts
4. IT Support	ICT Technical Check
	|CT Presentation to Board
	ICT Support Visit
	ICT management
	ICT Administration
	Database consultancy
5. Legal Support	Legal Advice from TCY on Empl
	Legal Advice from TCY on Governance & M &Art
6. Mentoring	Mentoring Appointment
	Mentoring Appointment for chair
7. Monitoring & Evaluation	Consultancy on Monitoring & Evaluation
	Training/ Facilitation on Monitoring & Evaluation
	Database Consultancy
8. Review and Action Planning	Review of Service
	Initial contact
	Referral to Training needs Analysis
	Referral to Legal Advice
	Action Plan Formed 2005
	Referral to Financial Management Support
	Initial Visit
	Referral to Employment Issues
	Referral to Mentoring
	Referral to M & E development
	Referral to ICT Support
	Referral to Strategy Development
	Other
	Catch Up
	Refer to Mentoring for Chairs

	Action Plan Formed 2006
	Referral to Database Support
	Action Plan Formed 2007
	Organisation Development
9. Strategic & Financial Planning	Advice on Funding
	Advice on Strategy development
	Consultancy on Strategic Planning
	Training/ Facilitation on Business planning
	Facilitation on Team Building
	Facilitation on Strategic Development
	Organisational Review
10. Training Needs Analysis/Team Building	Advice on Training
	Consultancy on Training Needs Analysis