**CONSULTATION QUESTIONNAIRE**

**DHSSPS INNOVATION SCHEME**

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The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

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**Section 1 – About You**

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Whilst not essential, it would assist the Departments in analysing responses if you could indicate whether you are responding as one or more of the following:

[ ] On behalf of an organisation or group involved in the voluntary, community or social enterprise;

\_\_\_\_\_Community Development and Health Network\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ] On behalf of another organisation / on behalf of a group of individuals;

(*Please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2 – Questions relating to the Innovation Scheme**

These questions should be read in conjunction with the proposals for the DHSSPS Innovation Scheme.

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| Q1: Do you agree with the thematic approach to funding and the three themes proposed (see pages 5-6)? | Yes |  |
| No | No |
| *If no, please indicate which theme(s) you disagree with:*A thematic approach can make it easier for applicants to assess if a funding scheme is appropriate for them. However, the proposed themes lack definition; wording could be clearer and crossovers between themes reduced. The crossover can be seen between theme one and two. One is concerned with addressing societal factors which impact health and two is about prevention and early intervention. Addressing societal factors is a form of prevention and early intervention. Added to the themes, the consultation outlines how changes may be phased and who/what the outcomes will be achieved for. These elements are quite disconnected. We suggest adapting M.Whitehead typologies of action. (Whitehead, 2007) While these typologies have been developed in relation to tackling health inequalities they can be related to all health interventions. The typologies would link the different elements and create a pathway from themes, to intervention, to beneficiaries, to outcomes.The four typologies are:1. Strengthening individuals – counselling, life skills, smoking cessation, empowerment strategies are all examples of these interventions.
2. Strengthening communities – interventions of this nature focus on building capacity and relationships. Capacity to engage and the building of relationships between community members and communities (horizontal) and capacity to engage and building of relationships between communities and decision makers/service providers (vertical).
3. Improving living and working conditions – “interventions in this category include of the classic public health measures to improve access to adequate housing, sanitation, uncontaminated food supplies, safer workplaces, and better access to health and social care” (Whitehead, 2007)
4. Promoting healthy macro policies –to relate this to the innovation fund and community sector interventions it is likely that this will have to be in conjunction with typology 1 and/or 2.

If an applicant can locate their proposal within a typology (who/what will be affected and how) linking this with what and how much change will take place is easier.The benefits of taking a typology approach is that “it asks: what is the underlying theory about the cause of the problem? What is the reasoning about how the proposed intervention will work to bring about change/improvement?” (Whitehead, 2007)As this is an innovation fund it is pertinent that as much information about cause, intervention and outcomes and the relationship between these is gathered and shared.Whitehead, M. 2007 **A typology of actions to tackle social inequalities in health** Journal of Epidemiology and Community Health. Jun; 61(6): 473–478 |

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| Q2: Do you agree with the use of the NESTA innovation framework to assist to define what is meant by innovation for the purposes of the Scheme (see page 7-9)? | Yes | Yes |
| No |  |
| *If no, please provide reasons below:*The NESTA framework provides excellent support for understanding what innovation is, however, as mentioned previously, elements of the consultation can seem disconnected. We would like to see greater linkages between the innovation model, themes and outcomes. |

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| Q3: Do you agree with the minimum evidence expected for applications at pages 9-11 of the consultation?  | Yes |  |
| No | No |
| *If no, please indicate which aspects you disagree with:*The document provides clear guidance on how evidence is linked with funding levels. CDHN supports linking evidence and funding, especially in an innovation fund but assert this should be a secondary consideration to resourcing the project to achieve it’s outcomes. CDHN would also question the thinking that all projects will have low costs in the early stages. Projects requiring specialist services will be more expensive even in the early stages.It is important that an evidence base of what does and does not work is developed however by linking funding to evidence there is an element of pushing organisations towards complex, expensive evaluation and research, which may not always be appropriate. It might be beneficial to have a percentage of funding to be allocated to evidence gathering and sharing and for this to be linked with level of evidence and inputs required to gather it. |

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| Q4: Do you agree with the proposed funding amounts for each stage of the innovation cycle (pages 10-11)? | Yes |  |
| No | No |
| *If no, please outline your reasons below:*As aboveCDHN are pleased to see that a percentage of funding can be allocated for computer hardware/software however having a set amount may mean that organisations which are basing their intervention around technology will be put off from applying.  |

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| Q5: Do you agree with the minimum amount of funding is set at £20k? | Yes |  |
| No | No |
| *If no, please outline your reasons below:*We would like to see the minimum amount reduced to 10k, as this will support the approach to innovation that ideas should “fail fast and cheap”. |

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| Q6: Do you agree that no maximum should be set for funding available, but that organisations would be required to justify their bids? | Yes |  |
| No | No |
| *If no, please outline your reasons below:*The problem with having no upper limit on funding is that the annual budget could feasibly disappear within a short time frame. Leaving applicants who apply later in the funding cycle out of the running, no matter how good the proposal. |

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| Q7: Do you agree that organisations should be required to set their own outcomes for the project, and how these will be measured?  | Yes |  |
| No |   |
| *If no, please outline your reasons below:*Organisations should be able to set their own outcomes but these MUST have clear links to high level/long terms outcomes set by the Department.It would be beneficial if the Department developed an overall theory of change and one for innovation scheme illustrating how the scheme contributes to achieving the Departments overall aims. It is also important that any outcomes are easily relatable to other elements in the scheme such as themes and the innovation model. |
| Q8: Do you agree with approach to sustainability proposed at pages 15 of the consultation? | Yes |  |
| No | No |
| *If no, please outline your reasons below:*What the Departments means by sustainability needs to be defined; does this refer to sustainability of funding, the project, outcomes or a combination of all of these.Joined up thinking and action needs to take place in order to deliver both outcomes and sustainability; so that we don’t lurch from project to project and fail to deliver real sustained impact. It is because of this need for a joined up approach that CDHN was disappointed that the community and voluntary sector are being asked to comment on a major policy shift, from core funding to the innovation grant, while clear information about what will be happening commissioning is not yet available. How these will work together will have a significant impact what the sector can deliver and the relationship between the Department and community & voluntary sector.We need to have an open and honest conversation regarding intellectual property rights. There will be times where organisations do not want to scale up a project and the Department may be in a position to step in and support other organisations to achieve this. This should be in clear agreement with the originator of the idea. In situations and when a project is put out to tender the role of the original organisation must be discussed and clarified. Without clarity about where funder and recipient stands in relation to ownership and rights it is likely that damage to relationship will occur. It is important that we work to nurture and respect relationships between all sectors, as none alone can achieve the outcomes of improved health and reduced inequality across and within Northern Ireland. |

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| Q9: Do you agree with the two-stage assessment process proposed on page 16-18 of the consultation? | Yes | Yes |
| No |  |
| *If no, please outline your reasons below:*This approach makes sense for both the Department and applicants. |

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| Q10: Do you agree with the core criteria for the first stage assessment proposed on page 16-17? | Yes |  |
| No | No |
| CDHN agree with the first two assessment criteria. We would like the third to take a broader perspective of impact practice.Measuring outcomes should be embedded in all projects; as mentioned previously we should not be pushing organisations to prioritise measurement. Successful impact practice follows the cycle of; plan, do, assess, review and as an Inspiring Impact organisation CDHN has been working with our members to incorporate and value all stages of the impact cycle. We would be disappointed if funders were encouraging them to focus on one element of impact practice, albeit a very important one. |

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| Q11: Do you agree with the skills required by the decision panel listed on pages 18? | Yes |  |
| No | No |
| *If no, please outline your reasons below:*It would be better to have a panel which has experience of the wide range of impact practice methods and tools rather than focus on one tool: outcomes based accountability. Having a panel member which has experience of grant making for innovation would be of benefit. |

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| Q12: Do you agree with the assessment criteria to be used by the decision panel proposed on page 18-19? | Yes |  |
| No |  |
| *If no, please outline your reasons below:*CDHN feel criteria and weighting should be clear as this will help ensure applications submit are focused and relevant and will support applicants to judge the strength of their applicant. From what is proposed we suggest that the criteria is divided into three main categories, with sub categories and weighting for each stipulated. For example:1. Proposal
* Strength of need
* Outcomes and impact
* Evidence base (existing and gathering of new evidence)
* Cost
1. Organisational
* Eligibility
* Governance and management structures (including that of partnerships, as opposed to partner organisations detailing own structures)
* Risk management
1. Innovation
* Level of innovation
* Sustainability
* Scalability
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| Q13: Do you agree with the action and learning approach proposed on pages 19 of the consultation? | Yes |  |
| No |  |
| *If no, please outline your reasons below:*What is proposed is strong but could be built using online software. Attending sessions is beneficial for building relationships, and to added to this CDHN would like to see mechanisms such as forums/platforms developed and managed by Department to support the development of these relationships and encourage peer learning and sharing. Together, sessions and forums/platforms, could help indentify organisations who are facing similar issues and enable them to peer support each other, either face to face or online. |

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| Q14: Do you agree with the maximum funding period proposed as three years? | Yes | Yes |
| No |  |
| *If no, please outline your reasons below:* |

**Section 3 – Equality Impact Assessment Questions**

In this section of the questionnaire we are asking you to tell us if you think the draft Adult Safeguarding Policy has promoted equality of opportunity in the Section 75 groups between persons of:

(1) Different religious belief,

(2) Different political opinion,

(3) Different racial group,

(4) Different age,

(5) Different marital status,

(6) Different sexual orientation;

(7) Different gender

(8) With a disability and persons without; and

(9) With dependants and persons without.

You may wish to refer to theEquality Screening, Disability Duties and Human Rights Assessment Template at Annex C.

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| Q15: Are the actions / proposals set out in the draft consultation likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the NI Act 1998?  | Yes |  |
| No |  |
| *If yes, please state the group or groups and provide comment on how these adverse impacts could be reduced or alleviated in the proposals.* |

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| Q16: Are you aware of any indication or evidence – qualitative or quantitative - that the actions / proposals set out in the consultation may have an adverse impact on equality of opportunity or on good relations? | Yes |  |
| No |  |
| *If yes, please give details and comment on what you think should be added or removed to alleviate the adverse impact.* |

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| Q17: Is there an opportunity to better promote equality of opportunity or good relations? | Yes |  |
| No |  |
| *If yes, please give details as to how.* |

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| Q18: Are there any aspects of the actions/ proposals in the consultation where potential human rights violations may occur? | Yes |  |
| No |  |
| *If yes, please give details as to how.* |