

Appendix 1

Funding Arrangements with Belfast Healthy Cities for Phase VI (2014-18) of the WHO European Healthy Cities Network: A Value for Money Review conducted by Copius Consulting

Extract - Chapter 5: Summary, Conclusions and Recommendations

5.1 Key Findings

The consideration of evaluation practice (section 1) highlights the challenge in carrying out this review. There is no counterfactual or comparator that would allow for an easy benchmarking. There is also not the budget for a full-scale evaluation.

The general picture is unarguably positive with high, often very high, praise being directed against BHC and its staff and operations. Many areas are singled out as exceptional, including working with communities, hosting events, networking and partnering.

This section is presented in three clear sub sections – where we are now (summary); where we want to be (conclusions); and how we will get there (recommendations).

These recommendations are informed by all relevant evaluation findings, analysis and information gleaned from the process.

5.2 Where We Are Now?

Analysis of the evaluation findings indicates a number of key considerations reflecting the current position, including:

Positives	Considerations
<ul style="list-style-type: none">• BHC support represents a value for money investment for each of the supporters.• BHC is viewed as an exemplar within the Healthy Cities Network.• BHC has very strong community connections in some areas of Belfast.• Good level of flexibility to funding arrangement and outcomes.• BHC has been seen as very effective in introducing health promotion tools from elsewhere and / or in stimulating their take-up.• There is strong evidence of mature relationships across a range of sectors and personal connections.	<ul style="list-style-type: none">• The core governance concern – that a funder may also be represented on the Board – has not been properly addressed, and this needs to be clarified for the future.• There is a wide recognition of an inherent tension between level of control placed on BHC by funders versus the level of flexibility permitted to respond to changing needs and varying circumstances and the need to strike a balance between each to maximise delivery.• Similarly, there appears to be potential duplication within the funding / funder process, planning and reporting for BHC.

<ul style="list-style-type: none"> • Extensive range of services provided by BHC for a relatively low resource investment. • BHC achievements are recognised nationally and internationally, and this confers benefits to Belfast. • There is a value in the European and global connection and indeed branding, helping to attract interest and support. 	<ul style="list-style-type: none"> • There are some opportunities that are not yet being pursued, perhaps working with the development sector or more generally involving other groups, notably the private sector. • The introduction of community planning has transformed the context for BHC and accordingly change is necessary (in terms of positioning within this structure as well as clarity of role and function), and that therefore this is a good time to be discussing change. • There needs to be agreement around core principles, even definitions to permit co-working which is seen as essential to maximise impact. • There is a need to place greater emphasis on using outcomes as a source of performance measurement, whilst recognising this can be difficult to implement. • There is also an issue around geographical reach, particularly as the funders have differing territories (citywide versus area focus).
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5.3 Where we want to be?

Emerging from the summary position are a number of logical work areas which represent ambitions for the further development of the relationship and funding arrangements between the current funders, Belfast Healthy Cities and importantly its delivery. This includes:

1. Ensuring BHC investment is strategically aligned to policy drivers including the Programme for Government, MLB and the Belfast Agenda
2. Moving performance analysis to an outcomes focused / based approach (away from output measures).
3. Establishing a clearly defined role for Belfast Healthy Cities with consistency of service across Belfast.
4. The removal of duplication in planning and reporting between Belfast Healthy Cities and the various funders involve in this process.

5.4 How we will get there?

Central to the achievement of these ambitions is the development and successful implementation of a series of actions and timelines which act, for the purposes of this report, as recommendations for consideration by the funding partners:

Thematic Area	Action	Timeframe
Process / planning	Funders to collectively agree an integrated annual focus for BHC within the context of Phase VII priorities encapsulating all areas of the City.	By January 2022
	Review governance arrangements to ensure there is an appropriate role for funders to be represented on the BHC Board.	By March 2022
	Identify areas for joint working and set out a framework that defines the work delivered as part of the anticipated future funding arrangements, which also importantly outlines each partner's roles and responsibilities.	By January 2022 and reviewed annually
Service	A collective specification of services to be agreed and delivered ensuring geographical spread across Belfast.	By January 2022 and reviewed annually
	Agree oversight service mechanism for funders which includes individual officers and potential funders group.	By March 2022 and reviewed annually
Monitoring	Amend the funding monitoring template to allow for outcomes based measurements.	By January 2022 and reviewed annually
	Agree data collection and reporting process to monitor and report on all funding related delivery.	By January 2022 and reviewed annually

5.5 Dissemination: Audience and Core Message

This review is intended solely to meet the purposes for which it was commissioned. The unique situation in Belfast, notably the introduction of community planning, makes it unlikely that it will provide a guide to others.

Accordingly, this report should be considered in full by the current funders prior to being more widely disseminated to others (i.e. summarised version to the BHC Board).