

Thanks for joining us.

Please introduce yourself in the chat, sharing your role and why you are joining today.

Stronger Together
18 November



Stronger Together:

Building place-based partnerships to tackle health inequalities


Join the conversation

Share your thoughts in chat. Please do use the chat function for comments and questions throughout the session.

We are recording the session today - we will share slides and recordings after the session.

Please stay muted in the main room, we'll be heading into breakout rooms later in the session.

If you have any technical issues, Rose is on hand to help.

Captions can be enabled by clicking the show captions icon on the meeting control toolbar. 

About today

Sharing learning from place-based partnerships about:

- The conditions required to create and sustain effective partnerships.
- How local VCSE organisations can influence and work alongside statutory partners.
- Interventions and approaches that embed collaborative practice



Who is in the room?

What's one question you're grappling with in relation to building place-based partnerships?

Key themes from your responses

Community involvement

“What are some ways we can truly listen to and involve our local community, making sure their stories and needs shape initiatives”

Partnership

“How to develop a mutual relationship of learning around complexity, rather than a transactional relationship of 'performance'.”

Alignment

“How do we align views and objectives of various organisations to achieve a common goal in a particular area?”

Sustainability and lasting impact

“How to create sustainable partnerships and change that last after funding?”

Strategic impact

“As we develop place-based partnerships, how do we move from identifying gaps through analysis to taking collective action that works?”

Share more about your place
through the Zoom Poll.



The National Lottery Community Fund



Building place-based partnerships to tackle health inequalities

Lessons from across England



Minal Bakhai

Director of Primary Care and Community Transformation

National Lead for the Neighbourhood Health
Implementation Programme, NHS England



Russell Rolph

Connect Northamptonshire

About Connect Northamptonshire

Help to embed the VCSE into OUR
ICS.

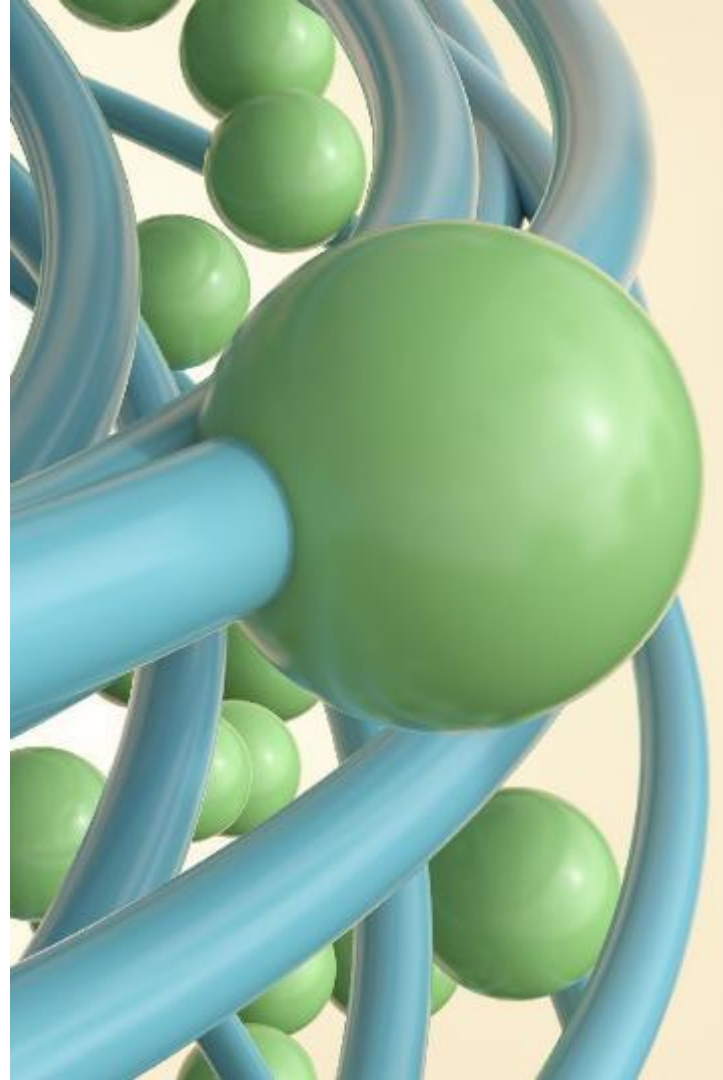
To promote a positive and
cohesive view of the VCSE
amongst System Partners.



Lesson # 1

The System is huge and understanding and building relationships across sectors can be challenging.

The key is for a bespoke resource sitting somewhere that helps to develop these networks.



Lesson # 2

Test and Learn is important but
Commissioners are generally risk averse.

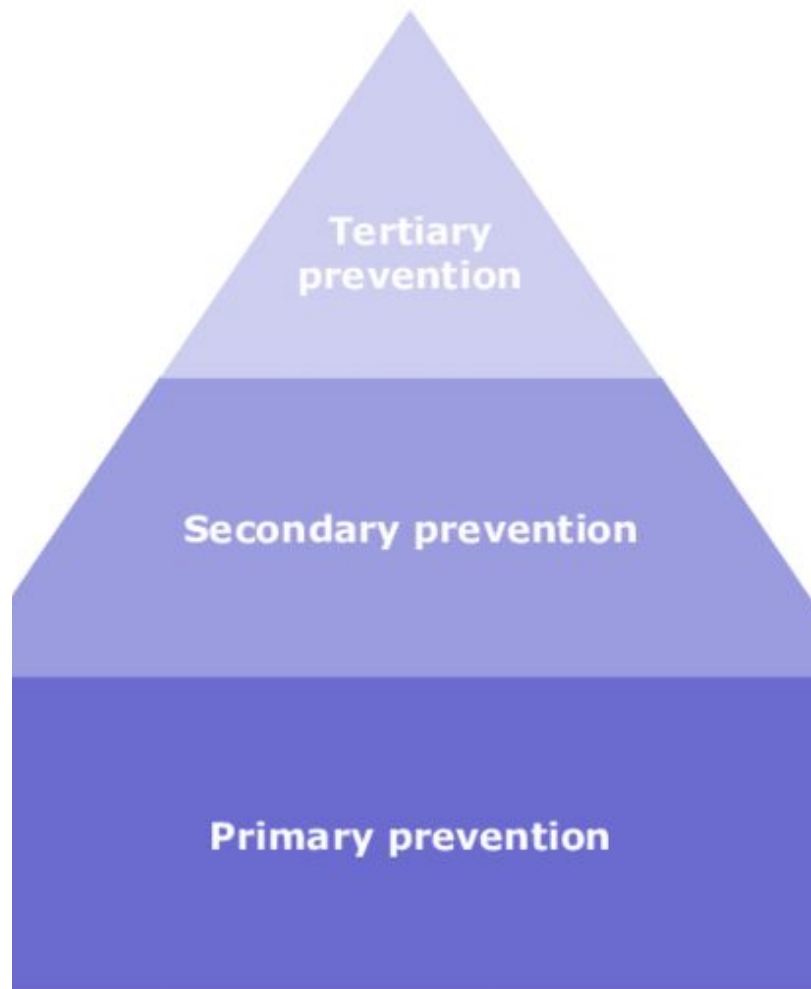
**Pilot Projects within Connect
Northamptonshire, led by the VCSE,
were important in shining a light on our
depth, skills and abilities.**



Lesson # 3

Understanding the Health Inequality and Prevention dynamic at Place.

The VCSE works in the 80%.



One piece of advice...

**IF YOU'RE NOT TALKING HEALTH INEQUALITY
THEN YOU'RE NOT TALKING.....**





Claire Shelton

Social Enterprise Kent



About East Kent



Lesson # 1

Change has to be built **with** communities



Lesson # 2

Small steps still move you forward

Diagram: Overview of Health Equalities Programme activity





Lesson # 3 The system is the system...

New national government

County council spending challenges

New County council

Local government reform/
Devolution

KCC adult and children services cuts

ICB restructures and cuts

NHS England abolished

NHS 10-year plan

Cost of Living crisis

Covid recovery

...it's what you do in it
that counts!

One piece of advice...





Trevor Mahon

SeeCHANGE Scarborough

What questions do you have?

Please add your reflections and questions in the chat.

A group of people, including an older woman in the foreground, are participating in an outdoor exercise class on a red track. They are wearing athletic wear and performing a synchronized movement with their fists raised. The background shows greenery and other participants. A large yellow text overlay is centered over the image.

What activities and interventions helped to enable partnership working?

Join a breakout room

Room 1: Community Engagement

Building trust and relationships with communities.

Room 2: Co-production

Shaping services and improving outcomes with communities

Room 3: Voice, Influence and Representation

Strengthening the role of the VCSE sector.

Room 4: Micro-funding

Supporting grassroots community activity

How to join

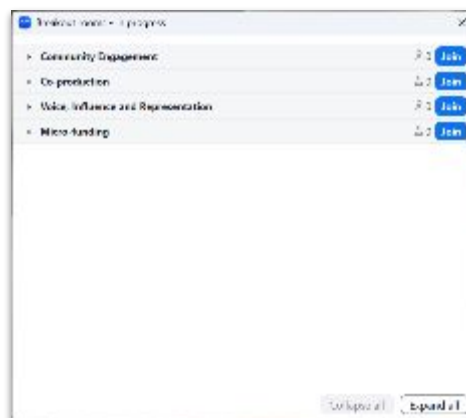
1. Navigate to the meeting control bar at the bottom of the screen



2. Click 'Join breakout room'



3. Click 'Join' next to the breakout room you'd like to join





Room 1

Community engagement

Healthy Communities Southeast Staffordshire

The Healthy Communities Project aimed to build a better understanding between health and the voluntary sector. The project aimed to create new, innovative ways of working which would be collaborative, outcomes focussed and create some lasting partnerships.

It would become an alliance of information sharing; where we'd endeavour to tackle health inequalities through community led partnerships and action.

We also hoped that by doing the above we would fully integrate the VCSE into the health system, but we were a little naïve!

Why Community Engagement?

ASPECT	TRADITIONAL ENGAGEMENT	AUTHENTIC ENGAGEMENT
Approach	Tick-box exercise	Genuine connection
Focus	Organised groups	All community members
Method	Formal meetings	Direct conversations
Outcome	Limited understanding	Empathetic insights



What we did

ACTIVITY	DESCRIPTION
Towpath Conversations	Engaged with narrowboat owners to understand mobile community health issues
Women's Collective	Supported grassroots empowerment and cohesion
Funding Distribution	Provided resources to local groups achieving impact with limited means
Relationship Building	Maintained regular contact with community members



The impact

THEME	DESCRIPTION
Stronger Trust and Relationships	Communities feel heard and valued, leading to trust in health services and local initiatives.
Better Health Outcomes	Early identification of issues and improved access to services reduce health inequalities.
Empowered Communities	People gain confidence to take ownership of health challenges and create local solutions.
Inclusive Support	Overlooked groups (e.g., mobile communities, women's collectives) receive tailored help.
Collaborative Partnerships	Health, voluntary, and community sectors work together, sharing resources and expertise.
Efficient Use of Resources	Funding and support go where they make the most difference, amplifying community impact.

What we learned

ACTIVITY	DESCRIPTION
Relationships take time	Requires consistent presence and trust-building
Staff turnover disrupts continuity	Challenges in maintaining engagement
Simple expectations	Doctor when ill, ambulance in emergencies, community support
Need for practical health education	Clear guidance on accessing appropriate services





Group discussion

Group discussion

- What questions do you have?
- Have you taken a similar approach?
- What resonates with your experience?



Room 2

Co-production

Flourishing Communities Project

*Building trust and improving women's health
access in Tower Hamlets*



LIMEHOUSE PROJECT



About us

- Collaboration between **WIT, Limehouse Project, Praxis & THCVS**
- Born from conversations with women at WIT identifying a **gap in access and trust**
- Focus on **Somali, Bangladeshi, and newly migrant women** in Tower Hamlets
- Co-production at the heart — women shaping the solutions
- **Shared barriers across all communities** strengthened the partnership and created a **unified approach**



Why this focus

- Limited access to **interpreters** and culturally aware staff
- Lack of representation in healthcare roles and materials
- **Digital exclusion** prevents many from booking or attending appointments
- **Discrimination and lack of trust** in services make engagement difficult
- Women felt health services were *“not for them”*



Why this focus

- Women's health and SRH surrounded by **stigma**
- **Barriers:** interpreters, representation, digital exclusion, discrimination
- Women felt unseen and unwelcome in a **system not designed for them**
- Co-production chosen to **empower** women and **humanise healthcare**



Our approach

- Listened to women's **priorities** and **experiences**
- **Co-designed** Health Champions training
- Delivered sessions in Somali, Bengali, and other **community languages**
- Invited health professionals to **community** settings
- Built shared **understanding** and confidence
- **Strengthened collaboration** across all partners
- **Created channels** for women to **influence** **providers**



The impact

- Women gained **confidence** and **voiced their needs**
- More **open conversations** on women's health
- **Increased attendance** at screenings and clinics
- Stronger **relationships** between communities and services
- Health professionals gained **cultural insight**
- **Stronger, lasting relationships** between communities and services
- **Statutory services** showed a real commitment to **embedding resident voice** in planning and delivery



Our learning

- Co-production builds **ownership** and **sustainability**
- Trust grows through **consistency** and **presence**
- **Cultural humility** is key — listen before acting
- Health literacy empowers women to **self-advocate**
- **Long-term funding** for VCS partnerships is essential



The bigger picture

- Women's leadership transforms access - this **model** can be **replicated** in other health inequalities contexts e.g. disabilities
- **Statutory partners** now recognise the value of **resident-led design**
- Co-production **humanises** health systems
- When women lead, **communities thrive**



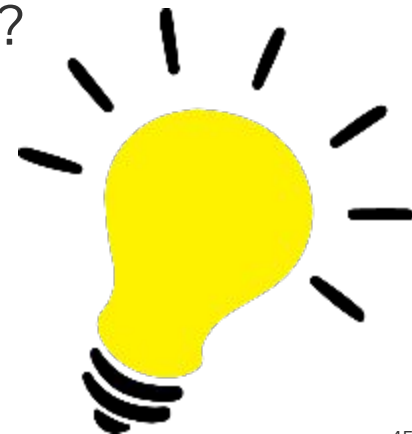


Group discussion



Group discussion

- What questions do you have about the methodology of FC?
- Have you taken a similar approach in your project?
- What resonates with your experience of co-production?
- What would you suggest we implement going forward?





Room 3

Voice, Influence and Representation

Voice, Influence, and Representation

Andrew Kerr
Head of Place and Partnerships

Greenwich Hub for Influence, Voice and Engagement (G-HIVE)

Improve the joint working between
the Statutory and Voluntary
Sectors within the Royal Borough
of Greenwich

Redress deep-rooted health
inequalities in the borough



Greenwich Hub for Influence, Voice and Engagement (G-HIVE)

Change the way in which projects,
programme, services, and
activities engaged with local
communities and Voluntary
Sector groups and organisations



Why Voice, Influence, and Representation

- Feedback from the Voluntary Sector in February 2020 around lack of representation and influence
- Demonstrated need for improved collaboration and integration following the COVID-19 pandemic
- Co-developed priorities and methodologies by the Statutory and Voluntary Sectors between July 2021 and July 2022

Our approach

- Bi-annual networking events and annual Voice and Influence Conferences
- Learning, development, and training support package
- Specific information, advice, and guidance offers for the Statutory and Voluntary Sectors
- Digital infrastructures and resources



The impact

- Supported fifty-two initiatives around consultation, collaboration, engagement, voice, influence, and representation
- Provided intensive support in five areas of health inequality
- Facilitated borough-wide consultations on social isolation, malaria prevention, and the new models of healthcare
- Fostered trust and shared accountability between Statutory and Voluntary Sectors
- Increased co-production and co-design practices across the Royal Borough of Greenwich

Our learning

- Importance of expectation management with a commitment to being focused on delivery but flexible and adaptable to changes in demand, aspirations, and need
- Importance of reflecting on the progress being made whilst landscapes are in a process of flux

Further information

- Building Influence, Strengthening Voice: G-HIVE's Journey of Collaboration, Representation, and Impact (2021 – 2025)
- METRO GAVS Website
 - G-HIVE
 - Directories
 - E: Andrew.Kerr@metrocharity.org.uk



Group discussion

Group discussion

- What questions do you have?
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Room 4

Micro-funding

About East Kent's Health Equalities Programme



Our approach

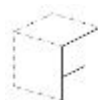
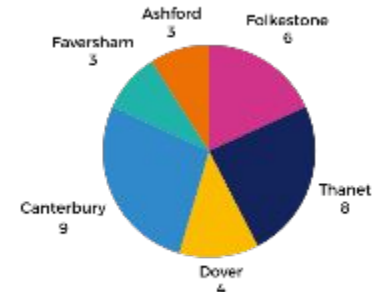
The Community Fund specifically targeted grassroots organisations with innovative proposals aimed at enhancing the quality of life for local people from marginalised groups. It was set up in response to a familiar tension – that grassroots organisations are often best placed to identify and support local people to tackle issues while at the same time can lack the capacity to apply or access the funding required to deliver their services.

Community organisations were encouraged to apply for funding to tackle ‘health inequalities’ in the widest, holistic sense. Funding was divided into two potential pots, described below:

- Peer support groups for those with long-term health conditions through grants worth £2,000
- Projects to reduce barriers and improve access to healthcare/help manage conditions better outside of a clinical setting through grants worth £10,000.

We used a third-party panel, consisting of partners from both the VCSE sector and health/statutory services. There were no SEK staff on the panels – both for impartiality and so that we could offer hands-on support with the application process.

The impact- Community Power



FOURTH WALL FOLKESTONE



The impact

- **Tackled gaps in provision for marginalised groups** by delivering services across East Kent and to a wide range of local people
- **Tackled individual health and wellbeing concerns** by tailoring support to individuals enabled people to manage their health conditions through peer-support groups
- **Increased participants' wellbeing and resilience and social connections**
- **Contributed to the community organisation's wider sustainability** by enabling them to trial and test new services
- **Increased community organisations' capacity to support marginalised groups** and filled gaps in provision in a sustainable and consistent way
- **Increased community organisations' focus on health inequalities** by encouraging them to target and learn more about a local health concern
- **Raised the profile of community organisations in tackling health inequalities** by making links with statutory and health partners as a result of receiving funding.

The impact- ripple effect

- Provided people with the information they needed at an earlier stage to manage their health
- Facilitated peer support groups so that people have other people with lived experience to share immediate concerns and tips to manage their conditions
- Better supported carers to manage their own health, which enabled them to support the people they cared for more effectively
- Built friendships and social connections to tackle loneliness and isolation
- Signposted to other services that can support people across a wider range of issues such as housing, transport, etc.

Our learning

- Independent evaluation activities included a review of all Community Fund monitoring reports plus in depth interviews with 10 people from seven organisations that received Community Fund grants.
- The value of working through community organisations and peer support groups to tackle local health inequalities in generating ‘greater bang for your buck’; the value of SEK - as a trusted VCSE organisation - in holding the funding process; and the challenges of evidencing the impact of VCSE delivering preventative services, both individually and at place level, and therefore showcase the collective value of their work in a format that would influence health and statutory partners in future.

The funding meant we were able to reach a different audience which we hadn't encountered before because of the stigma of having 'mental health' difficulties. We had people who wouldn't say they have a 'mental health problem', but their pain does impact their mental health. We had some new referrals that we wouldn't have reached otherwise."

Community Fund recipient

Our learning- what's next?

Social Impact Gateway (SIG)

- A portal to support collaboration for organisations, funding opportunities for different levels of organisations, different way of advertising opportunities for engagement etc in one centralised place.
- Enables social value money to be invested into the sector.
- Allow to integrate data more on size of the sector in Kent, such as number of organisations and the fields they work in.
- Provides further opportunity for support with infrastructure, opportunities for similar organisations to connect and put in touch in more efficient/streamlined way.
- Pushes opportunities to organisations rather than having to look at multiple sources.



Group discussion

Group discussion

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Welcome back!

Thanks for joining us!

Please share your feedback
through the poll on screen.

What's next?

The National Lottery
Community Fund

**Health Inequities: Structural
Racism and Discrimination
Partnership**

[Find out more](#)

Online event

**From bureaucratic to human:
What real change looks like
in practice**

Wed, 26 Nov | 9-10:30am

[Find out more](#)



Who we are

Our mission is to reduce inequalities and transform systems by growing people-powered innovations.

Innovation Unit is a not-for-profit social enterprise. We've been designing and scaling innovative solutions to social challenges for 20 years, alongside partners who share our values and ambition for change.