# **Opportunities ahead:** Health Anchors and the VCSE sector



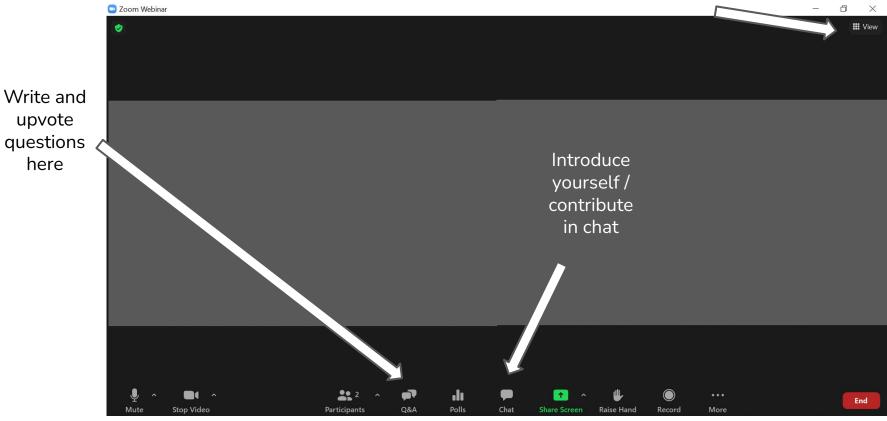
Creating impact Reducing inequalities Transforming systems



Join the discussion: @innovationunit #healthinequalities

### **Zoom Webinar**





Message Hannah Raffin in chat if you are having technical problems

# Today's speakers

Alison Robert [NHS Tower Hamlets] & Farah Dualeh [Women's Inclusive Team]

**Donna McLaughlin** [Northern Care Alliance NHS Group]

**Carrie McKenzie** [Voluntary Partnerships Manager NHS EI]

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Kevin Garrod [Mid and South Essex Anchors Programme] & Dr Hinnah Rafique [Generation Medics]

# Today's context

- VCSE sector fundamental to tackling local health inequalities
- Development of Integrated Care Systems offers some opportunity and challenge
- VCSE sector stepped up during pandemic
- Growing interest in the NHS of the role and value of Anchor organisations





#### Introducing Health Equality Partnerships Health Equality Development Grantees



Halton & St Helens Voluntary Community Action

Hyndburn Leisure

Social Enterprise Kent

 8 London: Tower Hamlets CVS
 9 Northamptonshire: Voluntary Impact



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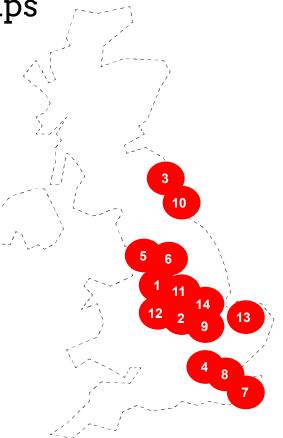
Scarborough: SeeChange charity

Voluntary Action Sheffield

Support Staffordshire

West Norfolk Partnership

Wolverhampton Equality and Diversity Partnership





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\*Alphabetic order by place

#### Introducing Health Equality Partnerships

#### **Sophy Proctor**

Senior Head of Funding (Strategic Programmes) at The National Lottery Community Fund





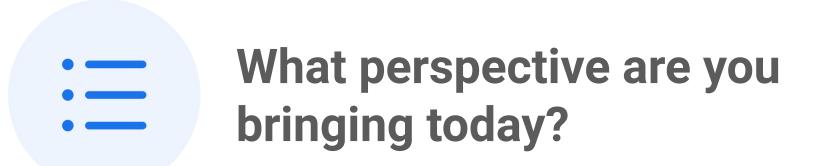


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## Presentation: HEDG Experience and PCN partnership

Alison Robert [NHS Tower Hamlets] & **Farah Dualeh** [Women's Inclusive Team]





# Flourishing Communities Kobcinta Jaaliyada







# Where we started...



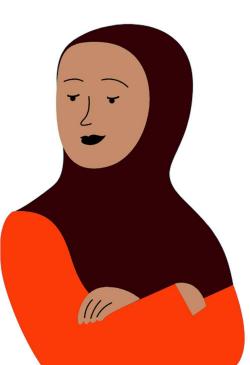
- Research with Somali women.
- Report circulated to key players at a Neighbourhood and Place level.
- Link the project into the structures to ensure the learning is shared and acted on.
- Continuous feedback to the community you said we did! To continuously build trust.
- Involvement of the community at all levels.

# What the women said... Bias diagnosis

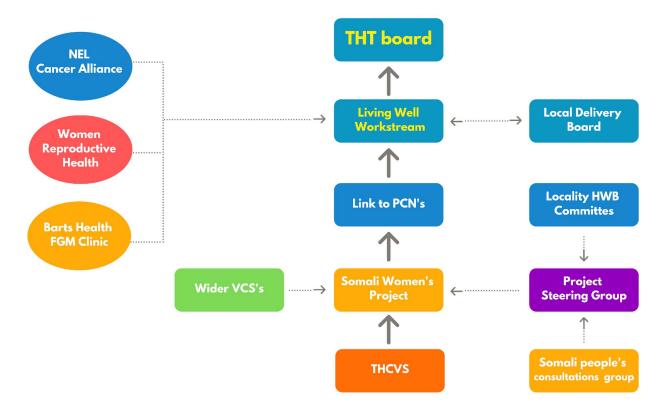
- Pregnancy, maternity health care and FGM
- Sexual Health
- Cancer screening
- Menopause
- Diabetes
- Mental health

# Flourishing communities focusing on:

- Pregnancy
- Sexual health
- Cancer screeningcervical screening



# Where the project fits..



# The Partnership:THCVS/WIT

#### THCVS

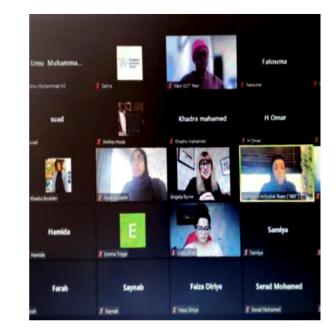
Infrastructure organisation supporting VCSE in Tower Hamlets

#### Work with Healthcare system to connect

- Health wellbeing forum
- Mental health transformation
- Social prescribing programme
- Engagement work

#### Women's Inclusion Team

- History of the community
- WIT's work in the community
- <u>www.womensinclusiveteam.com</u>





If you live in Tower Hamlets, aged 18+ and are registered with any of the following GPs, please come and join the Patient Participant Group:

> Bethnal Green Health Centre, E2 6LL The Mission Practice, E2 9LS Globe Town Practice, E2 0PJ Strouts Place Medical Centre, E2 7QU

We need to hear your experiences as the project wants to improve your experiences in accessing your GP. We want to know, what's not working and where changes need to happen.



# Delivery

- Trust and bridging the gap
- Flourishing Communities LED by steering group and the PPG
- Solution focused (language, representation and practical knowledge)
- Co-production between THCVS and WIT, Queen Mary & others

# Involving the Voluntary sector and Healthcare system in affecting change

- Workshops with women
- Evaluation of the programme
- Feedback to LHWBC, PCNs and workstream
- Reproductive health working group
- Maternity services/maternity mates
- FGM clinic
- Social Action for health/health advocates
- Engagement lead
- PCNs
- ICS networks
- MLAP



# Interactive Workshop Tools





# **Evaluation**

- Capturing their experiences, concerns and suggestions
- Written in collaboration
- Questionnaires, interviews, case studies and workshops



# **Next Steps**

- Evaluate the programme so far
- Cultural competency collaborate with mental health transformation programme
- VCSE Leadership programme
- Involving the community
- Apply for further funding to expand the model with different communities



# Shared Challenges:

Navigating the complex NHS system

despite evolving structures

Maintaining a shared vision

despite changing job roles

and acute challenges

What are the common barriers experienced by Grantees?

Stretched capacity and time management: avoiding 'talking shops'

Innovation Unit Creating impact Reducing inequalities

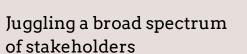
Transforming systems

Demonstrating the VCSE sector's value

Data collection and amongst specific population groups

Not having a seat at the NHS 'table' - being consulted once structures have been established

Making and measuring tangible change - and showcasing this



898 



Navigating the NHS system

Establish a VCSE Assembly to formalise VCSE insight

Share the load: encourage voluntary/community groups to engage the system through their own workstreams

#### Maintaining a shared vision

Make your vision explicit and agree guiding principles **Appoint Mission Guardians** 



messaging to strengthen VCSE voice

Connecting the system



# Write three words to describe successful VCSE/statutory partnership

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# A local perspective...

**Donna McLaughlin** [Northern Care Alliance NHS Group]





#### **Opportunities Ahead:**

#### The potential for the NHS to walk humbly with partners to reduce health inequality by taking an anchor approach

#### Donna McLaughlin, Director of Social Value Creation, Northern Care Alliance NHS Foundation Trust





Social Value Mission – "the deliberate and purposeful use of our people to support the economic development of place to improve population health and well-being" Enabled by Group – Delivered in Place

#### >>>> NCA Futures

ENVIRONMENT Greener NHS; Energy, Waste, Water & Biodiversity (Sustainability Development Plan.)



PLACE Supporting place based initiatives to overcome structural inequalities and anchor our economic, social and human capital into our communities.



PEOPLE As the largest employer increase by 5% local people being employed by creating pipelines to employment. Inspire and support children

and young people.



PURCHASING To increase our local influenceable spend by 10% focusing on food, social care, capital and local business



ANCHOR To influence the local and national economic debate post COVID & share our learning wider. Inter-connect with our ED & I ambitions.

Placed based conversations – linked to LCO development, workforce transformation, economic strategies, post COVID recovery. Twice a year NCA Community of Practice – to support and challenge



By 2025 the NCA will:

- Create1000 pre-employment opportunities <u>every year</u> for those furthest away from employment
- 85% of whom to be supported into long lasting paid work
- 50% of those employed by the NCA to be local residents
- Have 1000 NHS Career Ambassadors & Work
   Experience Hosts to inspire our future workforce

Progress on our journey so far:

- Created over 400 COVID complaint pre-employment opportunities in 2021 targeting those furthest away from employment from 166
- Change our internal recruitment process to move pre-employment learners directly into paid work
- Smashed our 2025 target of 50% of those employed by the NCA to be local residents to 57% (from 47%) so stretched to 60%
- Doubled our NHS Career Ambassadors & Work Experience Hosts to inspire our future workforce to 800 during a pandemic





# POSITIVE STEPS

The Growth Company





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We are supporting the Kickstort Scheme











#### Learning

- "NHS Anchor Institutions" do not exist in isolation
- Big isn't always best. NCA brings infrastructure and ability to take risks
- Partnership & playing to strength is key
- Barriers to employment not *only* protected characteristicsintersectionality particularity with poverty leans to place based approach
- Strength based approach not vacancy problem.
- This takes time and will not solve immediate workforce issues –but will influence wider determinants of health
- Internally need to link to annual planning and objectives: social movement with a trajectory
- Story "data with soul"

# Social Value – in action



"it made me realise how far I've come from being the young girl who believed that I couldn't accomplish anything. My will power, confidence and determination are far greater than it was before this programme had started. I can see the massive change in myself and how far I've come from being the shy and insecure individual."

A. left school without English and Maths GCSEs and since 2018 has spent relatively little time outside the family home. In March 21 she has secured full time work in Health Records after work experience in the Vaccination Hub. In addition to obtaining employment, she has also gone back to College to gain Maths and English qualifications.

# Looking forward to the discussion

donna.mclaughlin@nca.nhs.uk

#ncafutures

# A local perspective...

Kevin Garrod [Mid and South Essex Anchors Programme] & Dr Hinnah Rafique [Generation Medics]





#### Mid and South Essex Foundation Trust Anchor Programme

Initially Basildon Hospital as Anchor, subsequently from April 21, all three Mid and South Essex Acute hospitals

- ✔ Works to the key Anchor Pillars; Collaboration , Employment, Net Zero , Social Value and Insight
- ✓ Focus on disadvantage and inequality, 60 `members' dawn together on a monthly basis
- Webpage, annual report, `governance right' and accountable to MSEFT Board through its Chief Improvement and Strategy Officer

#### Employment :UKCRF Southend £423,000- 30<sup>th</sup> June 2022

Moving people living in the most deprived wards in Southend who are unemployed or economically inactive, towards work at either Southend or the local health and care sector.

- ✓ Helps develop the local NHS and care workforce needed for the future.
- Tests whether a dedicated support role that helps participants to secure and maintain health sector work and if the strengthening of local routes, into the NHS, can improve recruitment and retention and an individual's well-being.
- ✓ 100 learners , 60 job seekers and 40 job starts
- ✓ Follow along support , Housing associations umbrella APPG exemplar and digital support,
- ✔ Focus on entry level , non clinical roles i.e. Estates, Facilities and Maintenance

# Voluntary, community and social enterprise sector as equal partners

- Local, regional and national VCSE component
  Small grassroots with an insecure funding base, Local, well funded and developed with a clear remit National 24/7 tech orientated social enterprise
- ✓ Part of the initial planning we did not differentiate
- Whilst Mid and South Essex took the lead accountable role devolving as much as possible to partners was an important concept
- ✓ The mix is important everyone learns together
- ✔ Full Cost Recovery and Social Value
- Collective targets, good communication and an understanding













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Inspire

#### Empower

#### Succeed

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# A national perspective...

#### Carrie McKenzie

[Voluntary Partnerships Manager NHS EI]







# Voluntary Community and Social Enterprise (VCSE) sector partnerships with Integrated Care Systems

Presented by Carrie McKenzie, Voluntary Partnerships Senior Manager, Voluntary Partnerships Team.

NHS England and NHS Improvement

# **Future of Integrated Care Systems**



There are 42 Integrated Care Systems (ICSs) are partnerships to which have four fundamental purposes:

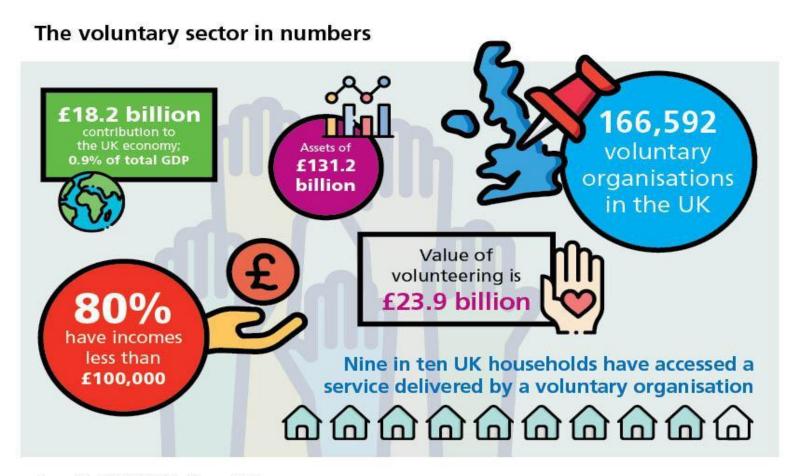
- 1. Improving population health and healthcare
- 2. Tackling unequal outcomes and access
- 3. Enhancing productivity and value for money
- 4. Helping the NHS to support broader social and economic development

#### This involves the following changes:

- **Stronger partnerships** in local **places** between NHS, local councils and others such as employers, education, housing and VCSE sector
- **System-wide strategic commissioning** with a focus on population health and reducing health inequalities (CCGs will no longer exist)

Working with the VCSE sector

You can find out more about your ICS here.



The scale of the Social Enterprise sector in the UK



Source: NCVO Almanac 2020 NB: this data does not include unregistered community groups

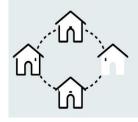
# **Role of VCSE in Integrated Care Systems**



The VCSE sector is a **vital cornerstone** of a progressive health and care system. ICSs should ensure their **governance and decision-making arrangements** support close working with the sector as a **strategic partner in shaping, improving and delivering services** and developing and delivering plans to tackle the **wider determinants of health**. VCSE partnerships should be embedded as an essential part of how the system operates at all levels.

This will include involving the sector in governance structures and system **workforce**, **population health management** and **service redesign** work, leadership and organisational **development plans**.

## **Integrated Care System Structure – April 2022 onwards**







#### Neighbourhoods: Populations up to 50,000

 Brings together Primary Care Providers (PCNs) – GP, Dentist, Pharmacy, Opticians and community services into Primary Care Networks (PCNs)

VCSE sector have a role to play in

- Social Prescribing and Asset Based Community Development
- Population Health Management and health promotion

#### Place: Populations between 250,000- 500,000

Partnerships between the NHS, local government and other system partners. VCSE sector have important role to play in

- Supporting design, delivery and development of new service model
- Reducing Health Inequalities and supporting prevention
- Focusing on the integration of services

#### System: Populations over 1 million

#### Integrated Care Board (ICB)

New statutory organisation leading integration within the NHS, bringing together all those involved in planning and providing NHS services. Subsumes the role of Clinical Commissioning Groups

#### Integrated Care Partnerships (ICPs)

Forums bringing together partners across the system responsible for developing overarching strategies that cover health, social care and public health and address the wider determinants of health and wellbeing.



## **Creating Partnerships for Success: Core components for partnership working**



# **Embedding the VCSE in Integrated Care Systems**



#### **Programmes and activities**

#### 1) National development programmes

- Supporting the development or strengthening of system level VCSE alliances
- Embedding the VCSE in Population Health Management (PHM)

#### 2) Understanding the barriers and enablers

- Data, insight and intelligence
- Role of the VCSE in service design
- Sustainability and models for investment

#### 3) Developing resources and quality improvement tools

# **Getting ready for ICS's**



- 1) Continue delivering and working with partners in your local area -ICSs will work on the principle of subsidiarity, with a specific focus at "Place level". Provider Collaboratives will operate at a ICS footprint.
- 2) Reach out to other VCSE organisations in your area. In many areas there will be a VCSE Leaders group or join a local VCSE infrastructure organisation provide support and leadership for the local VCSE sector. NAVCA's Find a member (navca.org.uk) site lists LIOs for all areas.
- 3) Sign up to our Working in partnership with the VCSE sector Future NHS Collaboration platform england.voluntarypartnerships@nhs.net



## **Additional Resources**

# NHS England Building Strong Integrated Care Systems everywhere: <u>Guidance on developing partnerships with the VCSE sector.</u>

#### NHS Confed August 2020 <u>"How health and care systems can work</u> better with the VCSE sector"

#### NHS England ICS Design Framework pg. 28-29

### Understanding the role of the VCSE in an ICS (video) – <u>North</u> East and North Cumbria ICS

# Q&A

#### Please use the Q&A function on Zoom





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# How useful and engaging have you found this event?

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# Thank you

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# What's next?



Head to our webpage to download learning products https://www.innovationunit.org/projects/health-equalities/



Keep and eye out for more resources coming soon

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