Published June 2022

# Place-Based Partnerships: Tackling Health Inequalities:

## The story so far

This is a plain text, black and white version of the final storybook output from The National Lottery Community Fund Health Equalities nine month project, delivered by the Innovation Unit. More information including the storybook in colour can be found here (link).

# Introduction

## Context

As part of their Health Equalities programme, The National Lottery Community Fund has awarded £700,000 to support local areas to develop effective and sustainable partnerships between the voluntary and community sector, the NHS and local authorities to improve health and wellbeing, reduce health inequalities and empower communities. These partnerships have the potential to bring about significant change, promoting the role of the voluntary sector and the value of cross-sector partnerships.

The National Lottery Community Fund commissioned Innovation Unit to support 14 voluntary and community sector organisations to establish place-based partnerships with NHS organisations focused on combating health inequalities. These organisations are working together to connect and convene the Health Equality partnerships to generate and share learning and communicate this learning to wider audiences. By sharing learning and insights relating to tackling health inequalities, we aim to support partnerships to build a legacy beyond their National Lottery funding and point towards longer-term systems change.

## About this storybook

In this storybook we have documented the emerging learning from the Health Equality Development Grantees, henceforth abbreviated to HEDG. This document was created to capture the learning of the group over the 9 months we worked together, through seven closed learning events, three workshops and two public facing events. HEDG work will continue and evolve - in many ways they are just at the beginning of their journey!

This document tells the story of:

- Major challenges they have encountered in their work so far
- Tools we shared (link) with the group to aid their learning, which could be helpful for other partnerships working on health inequalities
- Common themes across their learning
- Case studies and quotes from the grantees and partnership experts.

HEDG are voluntary organisations leading cross-sector partnerships working to combat local health inequalities. The intended audience of this storybook is people in similar situations - statutory and voluntary colleagues across the UK interested in building and deepening place-based partnerships to improve health and wellbeing outcomes.

## How to use this storybook

We decided to create this storybook to document HEDG learning in the hope that it is digestible, accessible and gives an indication of the flow of the nine month programme. A plain text black and white version is available here (link). Where relevant, we have underlined the Learning Event from which the content was sourced on each page.

The storybook is split thematically into 'chapters', listed and linked on the contents page (link). HEDG case studies are scattered throughout, supporting the learning with practical examples. On the title page of each chapter, we summarise what the chapter is about. There are three pages which summarise learnings: key insights from the programme (link); key insights on working with the NHS; key insights on governance and delivery structures (link). Definitions for any acronyms we use can be found on the glossary page. The appendix links to external reading of interest as well as all other programme outputs.

In this storybook we use the word 'system' to refer to the people, institutions, and resources that commission and deliver health and care services
in the statutory sector.

The storybook is written and designed by Innovation Unit. This plain text version features the same text, but on a document without icons, images, diagrams or colour.

## Contents


- The 14 place-based partnerships, the stakeholders they are juggling and the range of roles HEDG play within these partnerships
- The value of these types of partnerships, the challenges HEDG are experiencing and ideas for overcoming them
- Partnering with, and influencing, the NHS and commissioners
- Governance and delivery structures
- Selected HEDG case studies and learnings from the programme
- Tools and frameworks used during the programme
- Glossary
- Appendix


## Nuggets of wisdom from 9 months with Health Equality Development Grantees

- 14 sites across England
- 9 months
- 7 learning events

- 3 workshops
- 2 public-facing events.

In this document we explore insights from HEDG experiences over the learning and support programme. Below we summarise eight key themes which have emerged.

1. Adapt the narrative and influencing / engagement strategy to each different audience.
2. Governance and delivery structures are vital enablers of strong partnership working and embedding community voice.
3. Partner with local, community-led organisations to build trust with citizens.
4. Make expectations clear and explicit with partners from the start, building upon a shared vision.
5. Capitalise on the altered perception of the VCSE sector - use data / case studies from COVID-19 responses to show the sector's unique value.
6. Focus on where the energy already is. Link with system priorities and those of the local community.
7. Influencing a complex system with moving parts takes time. HEDG are taking approaches across different levels e.g., PCN, national bodies, local community groups.
8. Relational and empathetic practice: trust first.

Visit innovationunit.org/projects/health-equalities/ for more information and learning outputs.

## Health Equality Development Grantees

During Innovation Unit's first event with the HEDG, a wide range of shared challenges were explored, and learning questions were prioritised, which guided the work over 9 months. Read more about the wider programme here (link) and Innovation Unit's role here (link).

In the original version of the storybook you can find a map plotting HEDG lead organisations, which are based across England. Throughout this storybook we draw upon examples from across the 14 sites where they fit thematically. We feature some full case studies of health equality projects.

1. Bolton: Carers' Partnership
2. Dudley Partnership
3. Durham Partnership
4. Greenwich: Metro Charity
5. Halton & St Helens Voluntary Community Action
6. Hyndburn Leisure
7. Social Enterprise Kent
8. London: Tower Hamlets CVS
9. Northamptonshire: Voluntary Impact
10. Scarborough: SeeChange charity
11. Voluntary Action Sheffield
12. Support Staffordshire
13. West Norfolk Partnership
14. Wolverhampton Equality and Diversity Partnership.

# Chapter 1:
# Health Equality Development Grantee Stakeholders

This chapter maps key stakeholders HEDG identified and the differing roles they play as they navigate this diverse range of partners.

## Juggling Stakeholders

HEDG are juggling a wide variety of stakeholders with different needs and priorities, from grassroots community groups to senior leaders within their own sector and the NHS.

Many HEDG reported that they are playing a convenor role, brokering relationships between local grassroots groups and emerging Integrated Care System / Integrated Care Partnership structures.

Although HEDG listed a range of relevant stakeholders, collectively they prioritised the following six:

1. Public Health teams
2. Health and care providers, for example NHS Trusts
3. Primary Care Network Directors and clinical leads
4. Social care commissioners
5. Integrated Care System / Integrated Care Partnership Leadership Teams
6. Council leaders and Health and Care portfolio holders.

## Place-based partnerships:

## Key stakeholders

Each HEDG partnership is led by a voluntary / community organisation who Innovation Unit have been supporting. These organisations are simultaneously managing and building alliances with a wide variety of stakeholders across different sectors.

Key stakeholders include:

- Schools & Universities
- Mayor's Office
- Council Leaders & Healthcare portfolio holders
- Patient Engagement Groups
- Healthwatch England
- Health and care providers
- ICSs & ICPs
- Funders: statutory & independent
- Health & Wellbeing Boards
- Public Health teams
- Social care commissioners

- Local Businesses
- Local MP
- Primary care leads.

## What roles are HEDG playing in their partnerships?

In VCSE / statutory partnerships, charities often find themselves playing a brokerage role, linking parts of the system with the local population, translating and championing the needs of their community. HEDG used metaphors to self-describe the role they are playing. This spread indicates that voluntary organisations play wide-ranging, nuanced roles within such partnerships.

Metaphors included:

- Listening Ear
- Translator
- Alchemist
- Cheerleader
- Plate-spinner
- Counsellor
- Coach
- Bridge-builder
- Chef
- Champion
- Shepherd
- Glue.

## Kent HEDG Case Study: Bringing stakeholders together across the health and care system

<u>What is the challenge?</u>

- Lack of engagement in the healthcare system in Kent's most deprived coastal communities and poor health outcomes.
- Commissioners within the NHS and local authorities commissioning similar initiatives which is causing both duplication and confusion, whilst missing areas which need more support
- Engagement from PCNs is a challenge as East Kent has GP shortages, and acute COVID response has been their priority.

SEK (Social Enterprise Kent) are aiming to develop stronger cross-sector partnerships and improve VCSE representation amongst system groups. For instance, they have been working with the incoming Chair of the ICB to work towards having a full time representative from the VCSE sector on the board to influence decision-making and policies moving forward.

<u>'Speed Dating'</u>

Through workshops and conferences, Kent are delivering 'speed dating' activities which bring

together Local Authorities, NHS bodies and VCSE groups, giving visibility to grassroot projects and community leaders, sparking connections between sectors.

These activities:

- Are led by the VCSE, which helps to build trust for the sector.
- Amplify marginalised voices and highlight to the NHS issues with engagement on the ground.
- Give the NHS and local authorities an opportunity to enter marginalised communities' safe spaces, breaking down barriers.

How is the project going?

At neighbourhood level: The partnership successfully brings together the NHS, Local Authority and other statutory services as well as VCSE grassroot leaders and faith groups. There remain barriers with engagement from PCNs. However, other health leaders, including the CEO designate of the new ICB, have attended their local events and followed up with the local groups who were there individually.

At place level: The VCSE sector is represented on the East Kent HCP Board, and work is underway in building relationships between the different sectors. An East Kent VCSE Alliance has been set up and this will feed into the HCP Board. The next step is to develop a VCSE-NHS "accord" and work jointly on the priority areas to address local health inequalities.

Due to the profile of this work, SEK have been asked to develop a proposal to enable VCSE representation on the overall Kent and Medway ICB and are working with a number of NHS senior leaders on this and other work.

Key learnings

1. Building relationships takes time, trust and a lot of goodwill.
2. Change is hard - many vested interests are used to the status quo, and local residents' aren't involved in decision-making.
3. Identify local community leaders, and empower them to lead groups and workshops.
4. Illustrate to community leaders why NHS collaboration matters and can improve their outcomes.
5. Give marginalised communities a platform to share concerns and experiences, face-to-face, with active listening. Do not over promise.
6. Translate NHS jargon and structures.

Visit the glossary page (link) for definitions of all acronyms used.

# Chapter 2

# Place-based partnerships: Benefits, shared challenges and potential solutions

This chapter summarises discussions HEDG had around:

- The unique value VCSE-led place-based partnerships bring
- Challenges of this work, particularly around engaging the statutory sector
- Ways in which they are overcoming these challenges.

## What can strong VCSE-led place-based partnerships offer?

Voluntary sector organisations often have deep local knowledge of the community they represent as well as strong networks across a variety of statutory, private and community sectors, giving them the ability to bridge gaps between local people and organisations across a range of sectors. In the second learning event, HEDG discussed their unique value as a voluntary / community sector organisation leading a place-based partnership to tackle health inequalities. Key benefits of these partnerships are summarised below.

1. Depth and diversity of knowledge: understanding of local need and energy through lived experience, feet and voices on the ground, focus groups and steering groups.
2. Opportunities to have impact at different levels; neighbourhood, borough, county, and city level.
3. Flexible investment in local relationships. Putting aside time and using a variety of methods depending on what works for local people.
4. Enthusiasm: community-led drive, purpose and passion.
5. Brokerage across different groups and perspectives, without preconceptions and individual agendas - HEDG highlighted that business representatives bring a new voice to challenge the health and care sector.
6. Creative collaboration e.g., through Chamber of Commerce, grassroots community groups, local councillors.
7. Qualitative evidence: as well as using data where possible, first-hand accounts can be extremely powerful when demonstrating impact and contextualising VCSE work.
8. Development opportunities for younger leaders and people from socioeconomically deprived backgrounds.

# Shared Challenges:

# What are the common barriers experienced by HEDG?

Download the full *Shared Challenges* resource here (link).

Place-based partnerships have a unique value to offer (see the previous page); but as a voluntary / community organisation, HEDG felt that leading a partnership can present a variety of challenges. In Learning Event 1, HEDG discussed the barriers to success that they are facing, many of which were experienced across the cohort.

These include:

1. Navigating the system
   Influencing the NHS amidst complex restructures, new governance and delivery arrangements and having to build new relationships as staff move on.

2. Capacity
   Managing time and resource of the grantees themselves, of their VCSE partners and of NHS colleagues. Many are striving to manage time wisely to avoid ''talking shops''.

3. Maintaining a shared vision
   Agreeing and retaining a shared vision amongst partners despite changing relationships and processes and emerging challenges, especially changes necessitated by the pandemic.

4. Demonstrating the VCSE sector's value
   Making the case for the role and significance of the VCSE sector. Feeling at risk of being overlooked amongst major players in the system.

5. Data collection
   Collecting, accessing and retaining data around specific population groups - and sharing data with system partners.

6. Stakeholder management
   Juggling a broad spectrum of stakeholders and building a shared vision, from grassroots community groups to senior leaders within their own sector, and the NHS.

7. Making and measuring tangible change
   Delivering material change on the ground, which is evidenced and evaluated as well as celebrated and showcased with partners.

8. Not having a seat at the NHS 'table'
   Having a say early on in the composition of governance and delivery structures, rather than being consulted once they have been established.

# Shared challenges: how others are overcoming them

During Learning Event 2, HEDG shared examples of where their partnership approaches, delivery structures and governance arrangements have been successful. This page highlights solutions which have worked well for some HEDG in response to several challenges raised in Learning Event 1 (previous page).

## Capacity of partners

1. Engage existing healthcare groups
   Instead of setting up new project groups and inviting health colleagues in, some grantees have more success in "going to health" and embedding their work within existing NHS workstreams.

2. Manage expectations
   Be upfront with partners about overall time commitments to reduce the risk of them disengaging later on. Read Features of Successful Partnerships (link here) product.

## Demonstrating VCSE value

1. Tell the story of the VCSE in the pandemic
   In times of crisis the VCSE sector's indispensable role often becomes more visible, both to the NHS and wider public.

2. Shared messaging
   Agreeing priorities and developing shared messaging across the borough strengthens the VCSE voice.

## Navigating the NHS system

1. Establish a VCSE Assembly
   Some grantees are setting up new structures (e.g. a VCSE Assembly) to formalise VCSE insight and engagement with the NHS.

2. Share the load
   Develop VCSE partnerships and encourage voluntary/community groups to engage the system through their own workstreams.

## Maintaining a shared vision

1. Make your vision explicit
   When establishing new partnerships, bring participants together to set a vision and agree guiding principles.

2. Appoint Mission Guardians
   Staff facilitating the project are explicitly tasked with maintaining focus on the 'North Star'.

Download the full Shared Challenges resource (link here).

# Chapter 3
# Partnering with and influencing statutory health services

This chapter offers top tips for working with and influencing the NHS, crowdsourced from:

- HEDG experiences and approaches
- Panellist presentations and audience questions at two public events hosted by Innovation Unit:
    - Opportunities Ahead: health anchors and the VCSE sector (link)
    - Why and how ICSs should partner with the voluntary sector to tackle health inequalities (link)
- Learning Event 3, which showcased two statutory sector colleagues who have a history of partnering effectively with the VCSE sector.

## Partnering with and influencing statutory health services: four key learnings from this chapter

1. Manage expectations
   To build an equal and effective partnership, reframe conversations to focus on how you can help partners achieve their goals using past evidence. Be clear about time expectations, differing risk cultures and partnership standards upfront. Agree and embed evaluation processes early. However, it is important to maintain flexibility, demonstrating that the relationship is a priority.

2. Relational Practice
   Taking a relational approach to influencing requires focusing foremost on building relationships with key partners, which in the long term will increase influence opportunities and make accessing funding for specific projects easier. This approach requires trust building, investing time in priority partners and understanding partners' perspectives, objectives and challenges.

3. Align values and offer solutions
   Find the crossover between your challenges, objectives and pressures and those of your statutory partners'. Tap into what your partners want / need and frame conversations around solutions to ensure the unique value of the voluntary sector is emphasised and your offer is aligned with system priorities.

4. Structure is key
   Try to embed your engagement in statutory sector decision-making processes into structures: either existing structures such as transformation boards or through the creation of new structures such as VCSE assemblies, which can help to create a unified voice for the sector.

# Working with the NHS:

## Building credibility and influencing the health system as a VCSE Organisation

During the third learning event, HEDG shared examples of influencing successes and working with commissioners. We focused on the question: How do we develop and maintain relationships with NHS colleagues and work with them to become agitators for change?

The main theme that emerged was around developing long term quality relationships over trying to secure immediate funding opportunities and using these relationships as a platform to influence and secure senior level buy-in. There was consensus that this approach takes time and can be especially challenging as people can change roles regularly in the statutory sector. This content is crowdsourced from the Learning Event 3 discussions between HEDG and experts with a wealth of experience in VCSE / NHS partnership working.

Download the full *Top Tips* resource (link here).

Below we list the six main insights that emerged:

1. Reframe conversations
   Understand statutory colleagues' drivers and centre conversations around benefits for their teams and for local communities. Focus on solutions and build on previous successes.

2. Build Trust
   Be a reliable partner, prioritising the partnership and actions associated with it. Participants highlighted regular meetings, listening closely and thinking 'what can *I bring* to this partnership?' as key.

3. Make it easy
   Simplify processes. Decode jargon, avoid exclusionary acronyms and remain transparent about how the different sectors operate.

4. Expertise by experience
   Focus on bringing the authentic voice of beneficiaries and showcasing your insight and unique links to different communities. Value and demonstrate your ability to engage groups that the statutory sector can't.

5. Share Evidence
   The reputation of the VCSE sector has grown since the COVID-19 pandemic. Sharing evidence, outcomes and track records of high quality delivery can influence the thinking of your partners.

6. Understand Risk Culture
   Help statutory colleagues deal with the risks they are working with by remaining empathetic and transparent about risk and problem solving together.

# Trust Takes Time

## What does it mean to build trusted relationships and how is it done?

Read our blog, 'Trust Takes Time: Lessons for VCSE Organisations Partnering with the NHS' (link here)

In January 2022, the Innovation Unit showcased effective voluntary-statutory partnerships at Opportunities Ahead: health anchors and the VCSE sector (link). One speaker was Dr Hinnah Rafique, Founder and Director of Generation Medics, a multi-award-winning social enterprise which has officially partnered with NHS England to provide people with advice on healthcare careers. Building trust through being a reliable partner and investing time in key relationships has been central to Dr Rafique's approach, and she offered the following advice to others from the VCSE sector looking to engage with the NHS:

1. Respect each other's time
   A partnership means appreciating and acknowledging the time it takes for each partner to invest in the professional relationship. Consider the most effective forms of communication and information sharing channels. Together with Health Anchors in Essex, Generation Medics leveraged the power of joint social media channels (e.g., Twitter) to help them engage communities and stakeholders, promote their partnership work and communicate progress. This allowed them to share their work widely, accessing a varied audience to build momentum.

2. Partnerships require investment on both sides
   It's really important not to underestimate the time and resources needed to nurture successful partnerships. Generation Medics hold regular meetings with partners to brief, problem-solve and strategise together. This has resulted in a resilient, fortified programme delivery strategy.

3. Spend time getting to know each other
   Take the time to build a rapport with the organisation as this will help to nurture relationships. Generation Medics make a point to know and build relationships with their partners, including their beneficiaries, their working patterns, priorities, workloads and ensure their missions are aligned. This has led to a successful, approachable line of communication between their organisation and others.
   Generation Medics shared resources with their partners for the benefit of each of their missions and impact.

4. Recognise that each organisation works differently
   Embrace flexibility around working strategies, patterns and time frames. Generation Medics adjusts their focus based on the needs and time frames of their partners. This builds trust and cooperation between organisations, enabling them to meet tight deadlines.

# Working with the NHS:

## Practical tips for building relationships with system partners as a VCSE Organisation

Download the full Top Tips resource (link here).

In the 3rd Learning Event HEDG heard from Nick Dixon, a Commissioning Manager working on the Stockport Together Model (link here), and Sophie Glinka, who was previously a Chief Officer of a medium size charity, The Bureau Glossop, and now works for the NHS.

Sophie spoke about her positive experiences working with the statutory sector, in particular with her local commissioners. She highlighted the importance of listening out for areas of shared ambition, emphasising shared points of success and approaching commissioners from a position of friendship. Both Sophie and Nick reflected that this relational approach takes time, resilience and often tenacity.

Hearing Sophie speak, four key insights emerged:

1. Manage expectations around risk & outcomes
   Be transparent about barriers from the beginning. Only promise outcomes you can be confident on delivering - otherwise identify these not as outcomes, but as aspirations instead, and be explicit that emergent learning will be an output either way.

2. Build an equal, trusting, empathetic relationship
   Take an approach of friendship and transparency, carefully articulating how your work meets the current objectives of commissioners. Transparency can open the door for shared problem-solving between commissioners and VCSEs.

3. Embed evaluation processes at the start
   Speakers emphasised the importance of giving funders and commissioners clarity over how the project will be evaluated at the beginning. Embed smooth data processes and clear standards of measurement early on, ensuring statistics can be easily accessed.

4. Standardise Outcome Frameworks
   Sophie Glinka spoke about using her experience of using a CRM system and asking commissioners to provide funding for it after it was established. Be confident about your chosen outcomes framework and, where relevant, standardising this across projects.

The next case study tells the story of the Greenwich HEDG partnership. Greenwich have convened stakeholders across the statutory and voluntary sectors, building relationships with NHS colleagues, aiming to improve the way that the NHS listens and responds to local people.

# Greenwich HEDG Case Study: Strengthening the relationship between the NHS and local community

What is the challenge?

Ensuring that the complex health and care system hears the voices of local people and acts on these, responding to the range of needs across different communities in the borough. In Greenwich, there is a very active community and a relatively large voluntary sector who have been key to delivery over COVID. The inequities highlighted by COVID have also become a significant factor that both the statutory and voluntary sector want to tackle more effectively as we come out of the pandemic and beyond.

How will place-based partnerships tackle this challenge?

The Live Well Partnership Programme management Board aims to improve the way the system listens and acts, focusing on building resilience, confidence and independence specifically amongst Black and minority ethnic communities, very deprived areas of the borough and other protected characteristics and individuals. The work brings together the voluntary, community and statutory sectors to build on strengths, experience and assets so that services and policies are improved to meet the needs and aspirations of our communities.

This is done through:

1. Using workshops and a conference to clarify key issues
2. Developing a draft voice charter
3. Agreeing on a shared definition of co-production, consultation and information giving across the system through workshops
4. Bringing people together: supporting people to network / understand the local health system
5. Co-designing a voice hub to provide health information and signpost to services (with tailored support for the digitally excluded).

How is the project going?

1. As the CVS, the lead organisation brings together the voluntary and community sector and sits on a range of statutory boards so is well embedded into their local ecosystem.
2. Stakeholders are energised with the Live Well Partnership Management Board continuing to meet monthly. Over 300 people have attended events to date.
3. Draft voice charter and partnership standards have been developed.
4. Conflict management amongst community groups is a challenge with many either cynical or tired.
5. Funding remains a challenge.

Key learnings from the work so far:

1. It makes a huge difference when statutory partners go 'out' to meet users and VCSE groups, rather than waiting for people to come to them.
2. It takes time to build trust and become part of the health ecosystem - and this is key when working with local people.
3. Agree partnership standards early on, for instance around what co-production means and communication response times, especially when there are a mix of paid and voluntary partners with differing expectations.
4. Be adaptable - to make it easier for public health partners they moved meetings to early morning and have built strong relationships here.

Key partners include:

METRO and a number of other VCSE organisations, South East London CCG, Greenwich CCG, Healthwatch, Public Health, Royal Borough of Greenwich Local Authority, Charlton Athletic Community Trust (social prescribing agency), Greenwich Inclusion Project (the race equalities infrastructure organisation in Greenwich).

## Cross-sector collaboration

## Working with ICSs as a VCSE Organisation

With ICS structures set to become formalised in July 2022, The King's Fund, Innovation Unit and the Institute for Voluntary Action Research hosted a webinar, Why and how ICSs should partner with the voluntary sector to tackle health inequalities (LINK). Together, we shared learning from work in partnership with, or funded by, The National Lottery Community Fund, and spotlighted speakers from three place-based partnerships:

- Lisa Cowley and Andrew Billingham from Beacon Vision representing the Dudley & Wolverhampton Health Equality Development Grantee partnership in conversation with Steve Terry, Head of Engagement, Black Country & West Birmingham ICS
- Neil Goulbourne, Director of Strategy, Planning and Performance, One Croydon
- Sonal Mehta, Partnership Lead (VCSE) for Bedfordshire, Luton and Milton Keynes Integrated Care System.

After the event, we gave speakers the opportunity to respond to questions we didn't have time to explore during the session. Here (link) is a blog that the three organisations co-wrote after the event.

Below, we document some of their answers and opinions.

What is the best level for VCSE to get involved at? Integrated Care Board, Integrated Care Partnership, or Partner Collaboratives?

"Different VCSEs will add value at different parts of the system (sometimes in multiple places), which is why networks/collaborations and a flexible approach helps". (Sonal).

“There is no right answer for all organisations. However, decisions regarding allocations and approach aim to be coordinated across systems, so ideally they should be VCSE representation at a system and a place level. If you only operate at a place level, it doesn’t mean you can’t provide valuable insight to inform system thinking”. (Lisa).

What is the best way for a VSCE to start working with ICSs from a blank slate?

“I would strongly advise building VCSE engagement into the local health and care plan and then picking specific things to deliver on.” (Neil).

“Be open and honest and look for solutions not problems. Also, be curious and willing to learn about how the system works and their frustrations. They often mirror our own”. (Lisa).

Which relationships are the most valuable to invest time into? Ideally, a role title so that we can translate that to our local systems.

“In my experience, there is not a specific role, but certain people just ‘get it’. You need to find them and focus your efforts here.” (Sonal)

“Transformation Leads - they often lead specialisms and although not always well-versed on all of the detail, they are great connectors / partners. Engagement Teams are under a lot of pressure to change the way they work but may not have the connections / tools. You could be part of the solution.” (Lisa)

Securing multi-year investment and investment to cover the true cost of delivery has always been a challenge. How are others dealing with this?

“It is difficult; but once we have VCSE participation at a strategic level and population health has a focus on prevention, it will be easier to make the case.” (Sonal)

“We are trying to move to longer term outcomes-based contracts, but it's not easy.” (Neil)

“The ICS has agreed to a further three years of funding for an Engagement & Partnership programme across the Black Country system. However, there are challenges regarding where funding is going to “sit” within the system and how short term emergency funding is being allocated. We have aimed to use short term funding to create an evidence base for longer term support, which is working within mental health.” (Lisa)

Please give specific examples of how the VCSE sector has worked with the ICS, ideally through being part of an ICS Voluntary sector alliance.

“There are multiple examples in the Black Country, including an established VCSE Alliance that is

informing system strategy, VCSE representatives on numerous system transformation and development groups, the appointment of VCSE to executive and non executive roles within the ICS and a 3 year extension of ICS Engagement & Partnership funding." (Lisa Cowley)

''Funding to support VCSE engagement in population health approaches and winter pressures has been used to develop stronger connections between VCSE mental health providers and PCNs. Also, funding to support VCSE engagement in the ICS green plans has made it possible to map organisations with interest in climate action, which is beneficial for the VCSE sector as well as bringing value to ICSs in developing their People & Communities Strategy. Ensuring that insight from communities and lived experience is brought into decision-making is paramount, and this is where the VCSE can take a lead." (Sonal Mehta)

The next three questions are answered with advice just from Lisa Cowley (Beacon Vision), Dudley & Wolverhampton HEDG partnership.

To what extent do ICSs work with schools and education?

"Variable in my experience. The key link is through the Special Educational Needs and Disability (SEND) partnership and potentially the school nurse programme depending on how that is delivered locally. Mental health community transformation is looking at mental health support in schools through CAMHS and provider collaboratives. In our pilot mental health programme we have been receiving referrals from statutory partners including schools and social work teams. In many cases these are viewed as a more accessible referral route for partners than a clinical referral."

To what extent is the VCS capturing /sharing population insights with ICSs?

"Data insight is a challenge across the system. Each Local Authority public health team will have an intelligence and data team that have insights, and most acute providers have a population health team, although there is discussion about combining these." Recommended reading: https://communityactionmk.org/gathering-community-intelligence/ (link)

How should (or could) other partnerships develop this sort of approach without the benefit of support from major funders?

Firstly, engage with the VCSE alliance structure – it should be in place or developing – at System and place level, the CVS or equivalent would be the most likely hook. Be generous in terms of the skills and experience you bring. The NHS is increasingly being pushed into transactional interactions with patients and welcomes insight form VCSE and social care who have long term relationships with communities. But, be clear that your time has a cost, and clarify what would require funding. There are emerging models where VCSE partners are paid for their time to not only attend development meetings but canvas community insight and engagement. A pilot was run in the Black Country regarding a set amount of engagement funding being allocated to VCSE organisations to inform the People & Communities Strategy, and West Yorkshire & Harrogate have a model of reimbursement. This is not a new concept: other partners including GPs are paid to attend meetings and events, so don't be afraid to ask. Recommended reading: Recommended_approach_to_VCSE_reimbursement.PDF (wypartnership.co.uk) (link)

Quotes from the event:

- "Together we're trying to understand that colleagues all work using different approaches. No one is doing it wrong, but people are doing it in different ways. We need to be kind when working collaboratively and respect different ways of working"
- "The voluntary sector is finally being heard, thanks to working with the NHS, ICS and LAs. Above all, this work is about community." Andy Billingham, Dudley HEDG partnership.
- "It's reassuring that size doesn't matter - my micro organisation faces similar challenges to much larger national charities." Event participant.
- "These partnerships are about creating vehicles of consistent interaction between the statutory and voluntary sector - and creating that recognised space for VCSEs". Steve Terry, NHS, Dudley HEDG partnership.
- "I always get enthused by attending sessions like this - and especially this one, being reminded that the VCSE is crucial to success!" Event participant.

## Influencing Commissioners as a VCSE Organisation: commissioning Culture

During the 3rd Learning Event, HEDG heard from experts in NHS / voluntary sector collaboration, including a former commissioner.

Participants recognised that traditional systems of commissioning and funding in health and care systems can sometimes inhibit change and cause a counterproductive tension between commissioners and providers. For instance, pressure on commissioners to reduce costs can lead to a rigidity in specifications and risk aversion, but "an element of disruption in a system is often necessary for it to change" (Nick Dixon, ex-Commissioning Manager). Dixon shared his experience of commissioning differently in Stockport (see the following page).

In the full colour version of the storybook, there is a Venn diagram with 'Commissioners' shared objectives and pressures' on one side, 'Your objectives and pressures' on another, and 'Shared vision' in the centre.

"Commissioners are not the enemy - you have aligned values, so approach them from a point of empathy, kindness and shared objectives." Sophie Glinka, previously CO of The Bureau Glossop

"Find a way for the VCS to walk alongside commissioners as equal partners." Nick Dixon, Stockport Together Commissioning Manager

## Stockport Case Study

Rethinking commissioning and strengthening communities

Stockport Council embarked on an ambitious project from 2014 - 2016 to strengthen the relationship between the local authority and local community, directing the focus toward prevention of ill health

and management of long term conditions. The programme was a dramatic change, starting with decommissioning the 64 organisations who were funded through the main grant scheme in Stockport. There were over 1000 voluntary organisations in the area, all with valuable insights into their communities. Stockport Council identified 4 essential ingredients for system transformation:

1. Give the workforce necessary training and tools
2. Promote health as a social movement
3. Develop place-based health and community networks of support
4. Commission differently

The project principally focussed on rethinking the way that services are commissioned, using Alliance Commissioning, which is a collaborative, relational approach wherein commissioners share the risks they are managing with providers, and together, decisions are made in the best interests of local people.

What principles made Stockport's approach radical?

1. People not institutions: focused on long-term outcomes for individuals, blurring boundaries between health, social care, public health and the voluntary sector.
2. Collaboration with commissioners: commissioners work together with carers, members of the public and practitioners, united by the vision of helping people live with long-term conditions.
3. Citizen involvement: a strengths-based system that mobilises people. Listening where energy and resistance and investing in strategic community support.

Alongside their work on commissioning, Stockport Council worked to identify and harness energy in communities with the long term vision of dispelling direct demand on the health and care system through building community capacity. The significance of community support and interventions is still a fairly new concept for the area, so voluntary and statutory leadership organisations have work to do to communicate these concepts - and embedding strong relationships within the community will be central to this process. Their approaches focused on three areas:

1. Timebanks to support people in their community to volunteer
2. Tailored Guide on community hubs to develop their capacity
3. Community conversations to develop community capacity.

'Commissioners as partners': the story continued

The team redesigned Stockport's commissioning model with the aim of making significant savings. The commissioners began their approach with understanding the needs of vulnerable individuals locally, before looking at how to segment areas and apply budgets. Alliance commissioning was a vehicle to improve networks and collaboration between organisations. Roughly £1.6 million was apportioned per annum for the alliance approach which focused on targeted prevention and strengths-based initiatives to support people and reduce the burden on statutory services.

A localised alliance of organisations came together to bid for the £1.6 million and won. They very quickly formed governance and management structures. One of the alliance principles was 'commissioners as partners'. Commissioners were part of the leadership team (though don't have voting rights) and there is a positive tension between commissioners and delivers with a commitment to consensus building. The contract was extended a few times but concurrently ran for nearly 8 years. The commissioners worked together with Public Health to ensure the budget wasn't cut as there was such good learning to build on. They developed a new commission going forward to extend the life of this work, within a preventative scope. The same alliance successfully bid again.

Many lessons were learned from this process, for instance around how long services should hold onto a person's case and best support that individual. The approach was iterated many times, for example early on they realised that there was not strong enough of a community focus, so they created a Community Hub Network after the first contract. In the specification for the second phase of this work, it was also built in that there needed to be a focus on guidance and advice, so some capacity was created for the local Healthwatch.

Why was this relational commissioning approach favoured?

1. Early interventions and referrals
   Due to improved networking amongst organisations and across sectors, resources are shared intelligently and instead of passing individuals around. Organisations use a strengths-based approach, using community assets with a deeper understanding of what is available beyond their own scope and where skills lie across the locality.

2. Level playing field
   This approach created a level playing field for voluntary sector organisations to bid for financial support and work with other organisations, even if they were small, hyper localised and had not previously been receiving funding.

3. Strong relationships
   This approach deepened relationships within the voluntary sector, and with other sectors, despite previous bad blood and competition. Tension eroded through this more democratic approach.

Read more here: (link).

# Tower Hamlets HEDG Case Study

## Partnership working driven by intended beneficiaries

## "Somali women are a central part of process, solution and evaluation", Alison Roberts, Tower Hamlets Together

Tower Hamlets Together via THCVS (Tower Hamlets Council for Voluntary Service) is a HEDG funded by The National Lottery Community Fund. Their proposal aims to develop an approach to addressing the inequalities to accessing healthcare for a minority community.

What is the challenge?

Vast disparity of health outcomes and engagement in health services across the patch. The HEDG project focuses on local Somali women.

How will place-based partnerships tackle this challenge?

The project, named Flourishing Communities, embarked on understanding Somali women's experience of healthcare services, using tools such as a map to crowdsource and visually represent barriers they experience to accessing healthcare, and potential bridges / solutions. The partnership hopes to set up a series of cervical screening clinics in PCNs and GP Clinics.

As well as learning from Somali women about their health needs and disseminating information about health services, the partnership ran workshops with health workers to support Somali women to talk about reproductive health to improve communication between General Practices and communities they serve. Hopefully, the women involved will influence their community, and the work will expand beyond Somali women, with the aim of GPs developing a culturally sensitive approach to their work.

Their work is managed through a Local Delivery Board (LDB) and delivered through seven Primary Care Networks.

Key Partners Include

1. Tower Hamlets CVS
2. Women's Inclusive Team
3. Queen Marys University
4. ICS - cancer alliance
5. 7 PCNs Locality Health and wellbeing committees
6. Local Authority - Public health community team
7. Tower Hamlets Together - Local delivery board, lifecourse workstream (Living Well and women's reproductive health sub group)
8. GP practices (local patient groups and GP Care Group)
9. Macmillan Local Authority Partnership
10. FGM clinic at Barts NHS Trust with Women's Health and Family service.

The Women's Inclusive Team's (WIT) central role in the Tower Hamlets Together (THT) partnership

helps minimise the two barriers to success: managing internal conflict and working with a specific demographic of people when not all staff members share common experience. WIT have a deep knowledge of the Somali women community and have built trust with locals and developed connections across the patch. WIT are running a series of sessions with Somali speaking doctors to raise awareness of reproductive and sexual health issues including contraception, STIs / HIV and cancer screening.

Successes and challenges

- The voluntary organisations have developed strong statutory connections, for instance attending monthly PCN meetings.
- The Somali women are excited about the work, laughing a lot during activities, and value co-creating the project from start to evaluation.
- Any new patient registering for the GP can now define themselves as Somali, which will help with data collection.
- Managing internal conflict in a multi-layered community
- Working with communities when you do not have the same demographic or experiences. This is managed by constant consideration of where power and decision-making lies and practising genuine co-production.
- PCN capacity issues out of WIT's control, which prevented them from communicating key information on the project to practice staff, and a focus on acute Covid and vaccination pressures.

The Tower Hamlets Together partnership aims to effect change at three levels:

1. Neighbourhood: supporting two patient engagement groups to develop the projects to be piloted in order to build trust amongst local Somali women.
2. Place: working within the THT and North East London structures to influence commissioning and engagement processes.
3. System: supporting culturally inclusive healthcare approaches and education within communities on women's health issues.

Watch leaders of the partnership explain the project and process here (link)

Find out more about the partnership here: (link)

## Learnings from the work so far

1. Change power dynamics
   This project is led by Somali women, through the Steering Group and GP patient groups. The beneficiaries bring in their own connections, allowing the partnership's leads to build relationships with more people and garner trust around their organisation's name.

2. Co-produce throughout
   The evaluation framework must be co-created and accessible to the beneficiaries. Flourishing Communities used questionnaires, interviews, case studies and workshops to hear the Somali women's own ideas for solutions.

3. Communication is Key
   Develop open communication and feedback loops. The Somali women are in direct contact

with the GPs, so they can understand themselves why changes sometimes take longer to happen than they would like.

4. Invest time in priority partnerships
   It's easier to maintain relationships at GP level than higher levels in ICSs where there is so much movement - and building relationships is key.

5. Trust is everything
   Working with WIT, a local voluntary organisation with deep local knowledge and trusted relationships, has been integral to bridging the gap between service providers and the target community. "If you do not have relationships with people and a deep understanding of their community, you cannot meaningfully engage them", Alison Roberts, Senior Contract Manager at NHS Tower Hamlets.

# Chapter 4
# Place-based partnership Governance and Delivery Structures

This chapter explores the role of new structures for place-based partnerships. It touches on national guidance and spotlights some approaches HEDG are taking to manage the governance and delivery of their projects.

## Governance and Delivery Structures

## Four key learnings from this chapter

1. A mix of embedding work into existing structures and establishing new groups is useful
   HEDG have demonstrated the value of 'going to health' - engaging consistently in existing structures and strategic boards, such as PCNs, transformation boards and NHS workstreams - as well as creating new groups such as VCSE assemblies and community assemblies to align priorities and actions across a locality and approaching statutory stakeholders together.

2. Structurally embed community voice / lived experience
   Many HEDG have used working structures as a tool to ensure voices of the community they are representing are systematically heard. For example, through a separate lived experience outreach workstream or ring-fencing governance roles for non-professional members of the community.

3. Use national guidance
   NHS England have produced guidance on proposed structures for cross-sector working, for instance on embedding VCSE partnerships into ICSs. With restructures across the health and care sector, it will be more important than ever to stay updated with national arrangements and embed your work into structures as they emerge. This also means matching your work with national priorities, ways of working and focus points.

4. Design accessible structures
   This refers to accessibility in the broadest sense: minmalising jargon; considering disabilities and special requirements; ensuring engagement is realistic in terms of time and place; reaching out to people, for instance visiting the places they feel comfortable in. This is

important for communities and professional partners - instead of requiring them to come to you.

## HEDG Governance and Delivery Structures

HEDG are working within complex and evolving partnership structures at a local level. HEDG such as Scarborough developed new ways of working designed to structurally embed community voice into their work.

There is a broad distinction between the grantees in terms of how their projects are located within these structures:

- Some have established working / project groups and invited a range of stakeholders from the NHS, local authorities, VCSE and other partners to take part in these.

- Others have sought to embed their work within the emerging structures, in particular within PCNs and local NHS workstreams. In many places these are referred to as the 'life course' work streams and bring together a range of statutory and VCSE partners. The example from Tower Hamlets, on the previous pages, shows how the project they are running fits into the local Living Well workstream.

- Some VCSE organisations are setting up new local structures to support better engagement and dialogue between the NHS and the voluntary sector, such as Northamptonshire.

Many grantees are spending a lot of time acting as a broker, trying to connect the right parts of the VCSE sector into the local NHS structures.

In the full colour version of this storybook, we feature a proposed structure presented in the ICS implementation guidance (link) from NHS England on partnerships with the voluntary, community and social enterprise sector. In Learning Event 2, HEDG presented the governance and delivery structures they are involved in locally to one another and shared insights into what has worked well and the challenges they have faced.

Often HEDG are managing the tension between going into the NHS structures and focusing on the voluntary sector and how to connect these two sectors together. HEDG are often bringing together a variety of voices, skills and priorities, for instance through race equality advisory groups, LGBTQ+ forums and lived experience panels.

Some HEDG spoke about the benefits of creating a VCSE assembly board which brings together diverse voices - such as those of children, older people, young people, carers and those living rurally - and allows for diverse groups to sense-check their work.

Below, we spotlight different governance structures used by HEDG.

# HEDG Governance and Delivery Structures

# Northamptonshire Deep Dive

Embedding Community Voice Through Structure

Voluntary Impact Northamptonshire HEDG support their local VCSE assembly to facilitate voluntary groups' involvement in various workstreams depending on where their work sits.

The purpose is to listen to a broad range of individual voices from the sector to enable them to influence how they want to engage through collective representation. It is intended to bring people together and support them to work collaboratively, building and developing strong relationships.

The assembly will attempt to interact with the NHS through the concept of the ICS. Via the NHS Partnership Programme, VIN is looking to work on the strategy for joining up care for people, places and populations (link) and what that might look like for Voluntary Sector Organisations. It is a prerequisite of any ICS that it cannot be considered 'mature' unless it has effectively co-produced with the VCSE – Northamptonshire HEDG has described their situation as "some way off that at the moment but discussions are ongoing."

Visit the full colour version of the storybook to see the VIN Assembly structure.

The structure enables three key offers of the Assembly:

1. Planning
    - Planning
    - Strategic oversight
    - Relationship building
    - Brokerage
    - Resource Support
    - Consultation

2. Action
    - Identifies opportunities & challenges
    - Peer networking
    - Build partnerships
    - Mutual Training
    - Leadership
    - Consultation

3. Sense Checking
    - Lived experience
    - Sense Checking
    - Hold Scrutiny

- Community Engagement.

## Tower Hamlets Together Governance and Delivery Structure

The Tower Hamlets project is embedded in the Living Well workstream.

The Living Well workstream works with the adult population that is mainly healthy. Of this population, some are accumulating high risk for future health issues or experiencing relatively low complexity issues such as common mental health issues or long term conditions that have not yet reached a level that significantly impacts on independent living.

The health needs of this population relate particularly to primary and secondary prevention (preventing the onset of illness or preventing progression of long term conditions) as well as management of self-limiting conditions. Examples include: mild infectious disease, low level musculoskeletal issues, sexually transmitted infections, higher HIV prevalence, higher levels of substance misuse (including problem drinking in those who drink alcohol), lower screening uptake and a higher burden of common mental health issues, diabetes and cardiovascular disease.

The full structure is laid out in the colour version of the storybook.

## Scarborough Deep Dive

Scarborough HEDG SeeCHANGE project aims to empower the local VCSE sector to work with the health and social care sector to increase the health and wellbeing of the town. Through granting financial SeeCHANGE awards (micro-grants), the project showcases VCSE skill to statutory partners whilst building an infrastructure for the town designed to last far beyond the preliminary The National Lottery Community Fund funding. The team developed a four-stage governance structure which brings together a broad alliance of people from across different sectors to share knowledge. They are also using SeeCHANGE to challenge typical statutory sector evaluation approaches, using the community to evaluate project success through the panel.

Through the Community Wellbeing Index (link), the team identified trust and relationships as areas for improvement. To tackle this they built a) a project panel which gives the community a strong voice at every stage and b) a very broad alliance on the Leadership Team, including new partners from the business community. The SeeCHANGE Ambassadors and Community Assembly are essential elements of their approach.

1. SeeCHANGE Project Manager
2. SeeCHANGE Ambassadors
3. SeeCHANGE Community Assembly
4. SeeCHANGE Leadership Team

The Ambassadors are 12 volunteers who promote SeeCHANGE. They are local champions recruited to reflect the diversity of people living in Scarborough. They are trained to ensure consistency in how

ideas from the community are received and supported. They are the first point of call for anyone applying for a grant and support applicants through all stages of their process.

The Assembly's main responsibility is to help members of the Leadership Team decide which ideas to support and how. The Assembly is also made up of 12 volunteers who are recruited to reflect the diversity of people living in Scarborough. They too are trained to ensure consistency in how ideas from the community are supported.

## Recruiting project staff and volunteers

## Insights from Scarborough SeeCHANGE project

Scarborough designed an application process to attract a diverse range of community voices into their project, inviting members of the community and VCSE organisations - both individuals and groups - to apply for grants and join the team. The process is accessible to people who have deep knowledge of the local area and local people's needs.

1. Application Form
   Applicants contact an existing ambassador to discuss their idea. Together they fill in a form which is basic so as not to create a barrier for anyone wanting to share an idea. The form is sent to the panel.

2. SeeChange Panel
   The applicant has a semi-informal meeting with the panel to discuss their idea further, after which the panel will make a formal recommendation to the Approvals Board. The venue for this panel will vary each time, and meetings will be held in neutral, welcoming venues. The panel is made up of a maximum of four people, including 1 - 2 people from the Community Assembly - and the SeeCHANGE Ambassador if the applicant wishes. The panel will meet every quarter. Its members will be different each time, but the Project Manager will always chair the meeting.

3. Approvals Board
   The Approvals Board is made up of 4 people from the Leadership Team and 4 from the Community Assembly (different to those on the SeeCHANGE panel). The Approvals Board meets within three weeks of the SeeCHANGE Panel to ensure a prompt decision. The Board recommends one or more of the following: a) a SeeCHANGE Award is given, b) alternative funding is identified and the applicant is helped to access this without having to go through another lengthy process, c) support in kind is sourced, d) more information is needed before a decision can be made.

Their recruitment process is:

- Simple
- Informal and unintimidating

- Welcoming to individuals and groups
- A positive experience whatever the outcome
- Backed up by consistent and transparent decision-making

# Chapter 5

# Examples of place-based approaches to tackle health inequalities

This chapter spotlights three case studies of approaches HEDG have chosen and an overview of 'lessons learned' from each HEDG over the course of the programme, as well some final insights from across the cohort:

- West Norfolk partnership
- Dudley and Wolverhampton partnership
- Hyndburn partnership

## Norfolk HEDG Case Study

## A piece of advice for colleagues across the sector…

In the seventh learning event, we encouraged HEDG to consider what they have learnt over the nine months from their work establishing and deepening cross-sector place-based partnerships to tackle local health inequalities. Below, we share some key reflections from HEDG to other voluntary organisations in similar situations.

- "This work is about accessing the right people at the right time. The statutory and voluntary sector both have a shared willingness, but engagement needs to happen in the right way." - Becky Thornton, Northamptonshire
- "The dialogue between the VCS and the statutory health and care system is successful when it supports partnerships, bringing together assets, intelligence, skills and understanding to respond to the needs of communities. Don't underestimate how much capacity and effort it takes to build and maintain partnerships across systems and sectors." - Helen Steers, Sheffield
- "Have courage in your convictions when you are representing your community and the voices of people with lived experience. Commissioners don't always want to hear challenges where there are no easy solutions, but honesty is key!" - Sophie Hall, Scarborough
- "Be adaptable when building relationships, and remain flexible with potential outcomes. The biggest issue is time – It can take a long time to create partnerships – even when we have the drive and connections. Don't take anything personally." - Sarah Hudson, Norfolk
- "We are much more alike than we realise. Working together to find solutions is always a good thing."- Suffia Perveen, Wolverhampton

- “Relationships and trust take time, but working together - we have on specific documents such as our voice charter - helped with this and focuses minds away from emotions toward joint action.” - Naomi Goldberg, Greenwich
- “Certain groups aren't ‘hard to reach’, they simply require different engagement strategies.” - Jack Packman, Kent
- “Keep going when you think you are not being heard. Sometimes your projects will take you down different roads to what was expected. Go with it and be prepared to adapt your project.“ - Andy Billingham, Dudley & Wolverhampton

## Preventative health via a telephone check-in service

What is the challenge?

Heacham is an area of Norfolk with a very high ageing population, leading to health inequality issues around frailty, isolation and poor health outcomes.

How will place-based partnerships tackle this challenge?

Through the creation of a wellness telephone check-in service, allowing people to access support and be signposted to relevant services without leaving their homes and risking COVID infection.

The service is a preventative measure, involving Discharge Teams, Social Prescribers, and the Community Matron Service as referrers. Subsequent help and support for participants is then found through partnerships with other VCSEs, such as Mind charity and social isolation programmes, the local community and local authority programmes.

At a strategic level, the project will work to ensure VCSE voice is a central part of the ICS Assembly, using case studies to evidence what does and does not work on the ground.

Key Partners Include

- Community Action Norfolk
- Norfolk & Waveney CCG
- Coastal PCN
- Social Prescribers
- Community Matrons
- Discharge to Assess
- Norfolk Police
- Borough Council of King's Lynn & West Norfolk
- Public Health Community & Environmental Services
- Norfolk & Waveney Mind
- Lily Social Isolation and Support Service
- West Norfolk Befrienders
- Local Reverend of Heacham St Marys

- Age UK
- British Red Cross

Successes and challenges

- The Lead organisation (CAN) has strong links with voluntary and statutory health partners.
- Relationships with health partners at mid-level of seniority and with other VCSEs have developed well due to open conversations, inviting input and feedback on all aspects of the project.
- The project has been received with enthusiasm by health and social care providers. They recognise the scale of this health inequality and can see the benefits of the actual service for participants, but also because it links in well with their own work and may help to relieve some burdens.
- Other relationships with other health partners, such as GPs, have been more difficult due to time and resourcing constraints. That the project is temporary has also been deemed a negative factor amongst stakeholders.
- Volunteer recruitment has been challenging due to the pandemic.

Key learnings

- Collaborations and partnership-working takes time to develop and is heavily influenced by external factors such as COVID and structural changes due to new ICS developments.
- VCSEs are often viewed as service providers rather than equals. There is often a misunderstanding with regards to the word 'voluntary' with the assumption that all VCSE's work is carried out bearing no costs.
- Strategic buy-in and decision-makers are vitally important to a project's success. Norfolk plans to focus on carving out more relationships going forward.
- Taking a grassroots, bottom-up and collaborative approach is key to uncovering exactly what does and does not work on the ground and for whom.
- The project is highly relevant to evolving structures and priorities, most notably the development of new ICSs. The prevention focus should result in a ripple effect on health inequalities.

## Dudley and Wolverhampton HEDG Case Study

## Deepening partnerships and challenging engagement strategies to halt cycles of disempowerment and poor health across the Black Country

What is the challenge?

Cycles of poor health and disempowerment within communities across Dudley and the Black Country.

How will place-based partnerships tackle this challenge?

The partnership already had strong relationships with health and Local Authority partners but weren't always working collaboratively or early enough in the process to ensure meaningful and sustainable improvements for people and communities. The partnership aims to showcase the successes and learn from the failures through exploring the detail of partnership and individual case studies to inform all partners' responses. The aim is to develop a truly integrated healthcare delivery model, linking lifestyle challenges, health outcomes and successful interventions across the patch.

Key Partners Include:

10 leading Voluntary Sector Organisations, Black Country ICS, Dudley CCG, Wolverhampton and Dudley Local Authorities

How is the project going?

The project has exceeded all expectations in terms of the cultural shift towards true and meaningful collaboration. They have seen a difference in engagement, programme and system development, representation and funding. The partnership has expanded to include representatives at an ICS level; and through a parallel ICS-funded programme, facilitates significant changes in approach from all partners.

- Secured £560,000 of mental health funding for VCSE for a three month period and established an effective partnership model for continued co-production and funding.
- VCSE representation through the creation of the VCSE alliance and representation on a range of condition-specific transformation boards.
- This project is a key partner in the development of the ICS Digital Inequalities Programme, ensuring long term accessibility of healthcare for all communities.

## "We play the role almost of a dating agency, working with various groups at the same time and connecting teams to the NHS" - Lisa Cowley, Dudley & Wolverhampton HEDG

Key learnings

The overarching learning of the programme that has driven this success is establishing a culture of mutual respect and understanding - a "no blame approach". "All partners have different skills and experiences that drive responses and actions. Only by truly understanding these can we come together to make improvements that benefit our communities and ensure sustainable delivery models", Lisa Cowley, Dudley and Wolverhampton HEDG partnership.

Their approach involves:

- Building relationships based on sharing stories and successes
- Capitalising and delivering on every opportunity to make a difference
- Connecting different parts of the statutory system to make it work more effectively
- Helping to find solutions rather than problems
- Working to narrow the digital divide.

For example, the partnership has a place around the table at two Digital Inequalities groups - one run by the Local Authority and one led by the ICS. Beacon Vision's Strategic Lead also offers advice and training around accessibility.

## Hyndburn HEDG Case Study

## Cross-sector partnership working to improve health outcomes

What is the challenge?

Hyndburn remains an area of significant health inequality and inequality of opportunity. It ranks 9th (out of 317) most deprived Local Authority area for health on the recent Indices of Deprivation. Life expectancy is lower than the national average, and people living in the most deprived areas have a life expectancy 12 years less than the least deprived areas. Hyndburn Leisure aims to make a significant difference over the coming years, recognising that their COVID response (link) and tendency to work closely together to the benefit of residents fits perfectly with the Government's emphasis on collaboration, sharing and strategic commissioning and decision-making.

How is the project going?

1. Use of external review to inform future plans: feedback from people on the ground delivering and receiving services from Hyndburn's Covid hub shapes their project.

2. Establishing a leadership and governance structure which fits with national imperative and guidance but is tailored to the local context. Crucially, they have buy-in from all senior leaders across Hyndburn's statutory, VCS and social entrepreneur sectors and have developed a cohesive leadership board: Hyndburn's Population Health Board.

3. Development of a Hyndburn Blueprint for Affordable Food: Hyndburn have focused on food provision, and the VCSE's central role in this, as a hook for tackling socioeconomic and health problems. They have developed a clear blueprint informing new service developments in Stage 2 plans.

4. Community engagement: their Community Action Network (CAN) includes over 60 local health and social care organisations meeting every four weeks to share developments, discuss cross referral pathways, identify opportunities and discuss ways services could

improve. Members - groups and individuals - are close to service provision, including many small charities representing marginalised and disadvantaged communities.

Key Learnings:

1. Grasp the opportunity
   The VCSE sector's reputation has grown throughout COVID with partners demonstrating unique value. Share evidence, outcomes and track records of high quality delivery to influence cross-sector thinking.

2. Branding
   Hyndburn have found that people find it easier to engage with a project with a clear brand so intend to build on the learning from the 'Hyndburn Hub' and develop a strong and recognisable 'Hyndburn Way' brand.

3. Feedback loops
   The partnership continues to seek residents' perspectives and feedback - for instance through stakeholder events for the 'public' and specific focus groups and surveys - designing work around what they hear.

4. Embed work into existing structures and priorities
   Hyndburn is clear about how it fits within their ICS, ICP, and their PCNs are becoming well established. Their partnership is part of these developments, and the emphasis on partnership and 'place-based' delivery plays to their strengths.

Shared partnership principles

- We don't reinvent the wheel.
- We are focused on the outcome, not the process.
- We always strive to find a common purpose.
- Everyone has a voice and is listened to.
- We actively build relationships.
- We trust our partners.
- Strategic leaders provide a clear vision.
- We have permission to work from a system-wide perspective.
- We communicate clearly and use one voice where possible.
- Partners include Hyndburn residents.
- We share data and information unless there's a good reason not to do so.
- We identify and maximise opportunities to increase shared resources.
- We make the most of our strong communities.

# Chapter 6

# Useful tools and frameworks used in sessions with HEDG

This chapter showcases six Innovation Unit tools used over the learning and support programme to support HEDG in their partnership work:

- Features of successful partnerships
- Storytelling
    - Narrative tool
    - Halton and St Helen's example
    - Features of a compelling story
- Persona tool
- Mark Moore's Strategic Triangle and diagnostic quiz
- Theory of Change tool
- Glossary.

## Features of successful partnerships

Inspired by and adapted from this guide (link) produced by Social Enterprise UK and the Institute for Voluntary Action Research, Innovation Unit developed an activity which identifies nine features of a successful partnership.

The full self-assessment tool, which is downloadable and printable, was created for Health Equality Development Grantees as part of the Health Communities Together programme.

The full activity, which we introduced HEDG to in Learning Event 2, is downloadable and printable here as a black and white document (link).

- Partners share a vision, values and goals - and these are explicit.
- Partners are clear about what success will look like and what will change for the better if the partnership is effective.
- Partners are working together on specific issues and projects where their skills and interests are relevant and powerful.
- Partners prioritise the partnership;. They carve out time, resources and are transparent about what they can offer.
- Partners are clear about how the partnership helps them to meet their individual / organisational priorities and goals.
- Partners have taken / are taking time to get to know each other and understand different needs and strengths.
- The people who come to partnership meetings are exactly the right people.

- Partners learn together the new knowledge and skills they need for their partnership to be effective.
- Partners have the support they need from senior leaders to make decisions and contribute to the partnership.

## Storytelling

Innovation Unit developed a framework to engage statutory partners through compelling storytelling.

Storytelling is an extremely powerful tool to showcase the value of partnership working and communicate to potential partners how they can benefit from engaging with local partners. Once in a room with health and social care partners, voluntary organisations have an opportunity to inspire new champions and influence others. To support this, Innovation Unit created a storytelling framework, which can be downloaded in full here (link), helping HEDG strengthen their narrative and ensure that they are explaining the unique value their work brings in concise, simple and compelling ways, tailored appropriately to their audiences. We invited HEDG to reflect on their own work using the storytelling framework and then in 5 minutes, share their story with others.

- The why
  Why is your work needed? Does your 'why' align with your partners' 'whys'?

- The how
  Do your partners really understand the work you do, specifically how you do it and why you are best placed?

- The difference it will make
  Do your partners understand the vision you are aiming for? How might this improve lives of your partners or communities?

## The Story of Halton & St Helens Voluntary Community Action

Halton HEDG told a compelling, concise and clear story about the work they do and the value it has, using the storytelling framework. They set out how their work will support the local healthcare system to reduce the wider determinants of health.

The why

"Halton is a wonderful, diverse place with a brilliant heritage and strong local communities and an active non-profit sector. It also has a range of challenges impacting the health of local people and communities. People die before they should, now most often from preventable diseases, much earlier than people in other parts of the country. People lose quality of life due to the incidents of disability, long term conditions and illness.

We think that small and local VCSE sector groups and organisations can help the system to do something about this.

Alongside this, there are system challenges, with 10 years of austerity heavily impacting Halton. We can work more creatively than we already do to get the sector better connected into being part of the solution so that people in Halton live longer, better and more healthy lives."

The how

"We are the only infrastructure organisation in Halton. We have more than 2,000 members with over 600 from Halton. We have been operating in the Borough since 1985 and have been supporting social and voluntary action for many years. We are made up of local Halton and St Helens people and are able to connect in an authentic way. We are very well connected to the sector and have groups actively engaged in the agenda. Everyone in Halton has seen first hand the work of the sector during COVID and have had more direct experience of what groups and their people can do.

Now is the time to build on that and show that the sector can offer more in non-pandemic times."

The difference it will make

"We are bringing together all parts of the VCSE sector to be a larger part of the solution and much more interconnected into Halton's ICS.

We have had the capacity to really engage our members in the conversation with about 40 members coming every month to a call / meeting. This has resulted in improved understanding and more working together within the sector, a place at the ICP table and a chance to shape the way integration develops in Halton. This will help to reduce health inequalities through redefining relationships between commissioners, VCSE providers, health professionals and citizens. The diverse partnership of organisations will develop plans to tackle social issues through community-led solutions, starting with a social prescribing focus."

## Storytelling

Supporting place-based partnerships to strengthen the narrative about the impact their work is having and its link to health inequalities

Adapted from Edward de Bono's Six Thinking Hats idea, in the 6th Learning Activity HEDG took it in turns to listen to others tell their story - why the work they are doing is needed, how they are delivering it, and the impact it will have - and ask questions and make suggestions wearing one of the below 'hats'. Many HEDG found it easy to showcase their depth of understanding of local context and deep community roots, but the 'hat' exercise encouraged HEDG to consider different perspectives, some of which may have been previously neglected. The 'hats' were used to ensure that HEDG narratives are clear for different audiences, as some may not understand the inner workings of the voluntary sector and its impact.

‘Characters’ included:

- NHS commissioner
- Frontline clinician
- Grassroots VCSE partner
- Local Authority partner
- Local citizen
- NHS Execs and CEOs.

## Storytelling to narrate the VCSE sector’s work and value

In Learning Event 5 we invited HEDG to act as critical friends when hearing each other’s stories, channelling different perspectives. From the discussion, insights emerged as to what ingredients make a story effective.

1. Adapt to your audience
   Tailor the narrative each time - try using the Hat Exercise to consider what questions your audience needs answering. Whilst commissioners may be concerned with detail, citizens and clinicians are likely to be primarily interested in the impact on their day-to-day lives.

2. Keep it simple
   Don’t make assumptions about prior knowledge. Avoid acronyms, jargon and terminology which may exclude some listeners or convolute the message.

3. Paint a picture
   Don’t neglect context. Remember that not every partner will be equally aware of relevant factors and background information - or have a deep knowledge of the community.

4. Centre Voice
   Directly showcasing the experiences of beneficiaries, through their own words, is a powerful way to express impact to those who may be one-step removed.

5. Think outside the box
   There are many creative ways to share a story. Consider: using different mediums; a sequence which is not arranged by chronology, showcasing value through a single narrative, focusing on methods and approaches such as co-production instead of jumping into impact immediately. Scarborough HEDG for example use service lists / menus to show and detail what local VCSE organisations can offer.

6. Focus on the vision
   Although the ‘how’ is often important, communicating the value of your work is the central focus - and along with this, demonstrating why the impact is unique and why the specific players involved are best placed to do the work.

## Persona Tool

The persona tool is designed to help people better understand and visualise the experiences of specific communities. In Learning Event 4, we invited HEDG to answer the following questions through the eyes of a character based on real stories, experiences and personalities of individuals in the communities they are working in. This tool encourages empathetic engagement and is a useful way to reframe data and individual examples to themes and collections of stories, told through an individual 'persona'. On this page we list the prompts we asked HEDG to fill in.

- About me
- Strengths and aspirations
- Hopes and fears
- Why I might be hesitant
- What might excite me / persuade me to engage
- Where do I get my information from?
- Who is in my support network?

## Mark Moore's Strategic Triangle

<u>What needs to be in place for us to make change happen?</u>

In the 'Train the Trainer' workshop, we introduced HEDG to change-making tools which they can use to strengthen their partnerships. This Strategic Triangle is a practical tool for strategic management in the public sector coined by Mark Moore. All three corners of the triangle must be in place to successfully bring about change.

This framework can help partners to clarify areas of strength, specific improvements needed and formulate practical next steps.

The three sides of the triangle are:

1. <u>Public Value</u>
   Public value is produced when actions lead to improvements in people's lives and benefit wider society. To be successful, partnerships must have clarity about, and accountability for, their contribution to agreed strategic outcomes.

2. <u>Authorising environment</u>
   An authorising environment provides partnerships with the legitimacy, resources and support they need to succeed. This comes from frontline staff, patients and the public, as well as system leaders and regional partners.

3. <u>Operational capability</u>
   Operational capability is about securing the resources, workforce, skills, practice, data, culture, leadership and management needed from within and across organisations.

We designed a quiz which can help partners see where they agree and disagree and spark interesting conversations.

We suggested that HEDG use the below questions to prompt conversations with local partners. For instance, they could ask all partners to rate their answer to each question from ‘very confident’ to ‘not confident at all’, comparing and contrasting answers. This can surface areas of agreement and disagreement around points of strength and weakness to help partnerships decide upon joint action.

1. Public Value
    - Is everyone in your partnership clear and agreed about the value you will deliver in your work together?
    - What evidence do you need to make the case to residents, staff and key stakeholders and to demonstrate measurable benefit that they will recognise?
    - How clear and compelling is your message?

2. Authorising Environment
    - Do you have the blessing and support you need from the people and organisations you need it from to achieve your goal of reducing health inequalities?
    - Have you got a clear plan to secure and sustain the permissions you need to build a coalition of support?
    - Who are your advocates and champions? Who believes in the work you are doing enough to argue for and defend it when necessary?

3. Operational Capacity
    - Do you have (or know where to get) the resources, capabilities, systems and behaviours you need to sustain your partnership and develop and implement successful and sustainable actions?
    - Do you have a clear plan to identify and fill any gaps and build the alliances you need to succeed?

## Theory of Change

We held a ‘Train the Trainer’ workshop outside of the seven learning events, where we showcased tools HEDG could use with their local partners. Theory of Change is a framework for helping partners think about complexity and adaptive change and a tool for navigating it.

It can give you:

- Strong outcomes and narrative
- Clarity around what you need to change to make the outcomes happen - system, people, services
- An understanding of assumptions and interdependencies
- An opportunity to bring in multiple views and perspectives
- Consensus and energy for action from stakeholders
- A shared plan

- A clear foundation for evaluation
- New and important questions
- Clear sight of gaps in your plan and thinking, opening up ‘black boxes’.

The Theory of Change framework we used with HEDG can be accessed at this resource (link).

# Glossary

- CAMHS: Child and Adolescent Mental Health Services.
- CCG: Clinical Commissioning Group: membership bodies responsible for commissioning the majority of NHS services for patients within their local area. These will be replaced by ICSs in 2022.
- Commissioning: the process by which health and care services are planned, purchased and monitored. Most NHS services will be commissioned by ICBs from Summer 2022, while publicly funded social care and most public health services are commissioned by local authorities.
- CVS: Council for Voluntary Service: a local charity that operates within a set region, providing a place for local voluntary and community organisations to speak to one another.
- HCP: A partnership of the all the NHS organisations and councils that are responsible for people's health and wellbeing across a certain area. Other organisations may also be involved in the partnership, such as Healthwatch.
- HEDG: Health Equality Development Grantees: 14 sites funded by The National Lottery Community Fund to develop effective and sustainable partnerships to improve health and wellbeing, who Innovation Unit are contracted to support.
- HWBs: Health and Wellbeing Boards: a partnership forum in which key leaders from the local health and care system come together to improve the health and wellbeing of their local population. They exist in all 152 local authorities with adult social care and public health responsibilities.
- ICB: Integrated Care Board: an organisation with responsibility for NHS functions and budgets which will commission services.
- ICPs: Integrated Care Partnerships: representatives from other relevant stakeholder groups such as ICB, VCSE, housing groups, Healthwatch and Local Authorities come together through a statutory committee to meet health / public health / social care needs by agreeing to collaborate rather than compete with each other.
- ICS: Integrated Care Systems: evolved from sustainability and transformation partnerships (STPs).
- NHSE: National Health Service in England (national body).
- PCNs: Primary Care Networks: geographical networks of General Practices collaborating to work at scale. They typically cover populations of approximately 30,000 to 50,000 people.
- SEND: Special Educational Needs and Disability.
- VCSE: Voluntary, Community and Social Enterprise sector / organisation. Sometimes also called the VCFSE sector (F - Faith)

# Appendix

Throughout the Learning and Support programme, we shared tools, resources and background learning with HEDG, and they also shared useful content with one another. Key links and resources include:

- NHS Guidance on Voluntary sector partnerships (link)
- The National Lottery Community Fund's Partnership working learning paper (link)
- NHS Improving Quality white paper: The new era of thinking and practice in change and transformation (link)
- The learning report (link) from The National Lottery Funded project Talent Match, which is an innovative programme designed to address the problems of high levels of worklessness amongst 18-24 year olds
- ICS implementation guidance on working with people and communities, 2021 (link)
- People Powered Commissioning for Social Action in Stockport) (link)
- Health Creation Alliance How to Shift Power cards (link): Power Deck

All other resources specific to this programme, including downloadable tools and guides, recordings and slide packs, can be accessed here: (link)
https://www.innovationunit.org/projects/health-equalities/#resources (link) including:

- Top tips for working with the NHS as a VCSE organisation (link)
- Features of successful partnerships activity (link)
- Engaging the NHS as a voluntary organisation: shared challenges and how others are overcoming them (link)
- Storytelling framework (link)
- Theory of Change framework (link)
- Two blogs published during the programme (link)

Written by Innovation Unit.