

Voluntary Community Sector & Health and Care Partnership: Update

Health and Wellbeing Board: 19th April

Background and context

- Rich, vibrant and diverse VCS in Coventry:
 - Large influential organisations
 - Hundreds of smaller community groups-many of which continue without council involvement
 - An organic environment – changing dependant on issue to address and capacity to contribute
 - No single organising or co-ordinating ‘voice’
- Priority with JH+WS (the places and communities we live in and with) recognising importance of intersections between priorities
- NHS 5-year forward view explicitly mentions the role of Voluntary and Community Sector organisations in supporting health and well-being
 - No clear blue-print for developing this partnership
 - Strong system-wide commitment to develop relationship between HCP and VCS organisations and to support a sustainable sector and working in partnership
 - Numerous examples of working with and engaging elements of the VCS on specific issues, projects and priorities

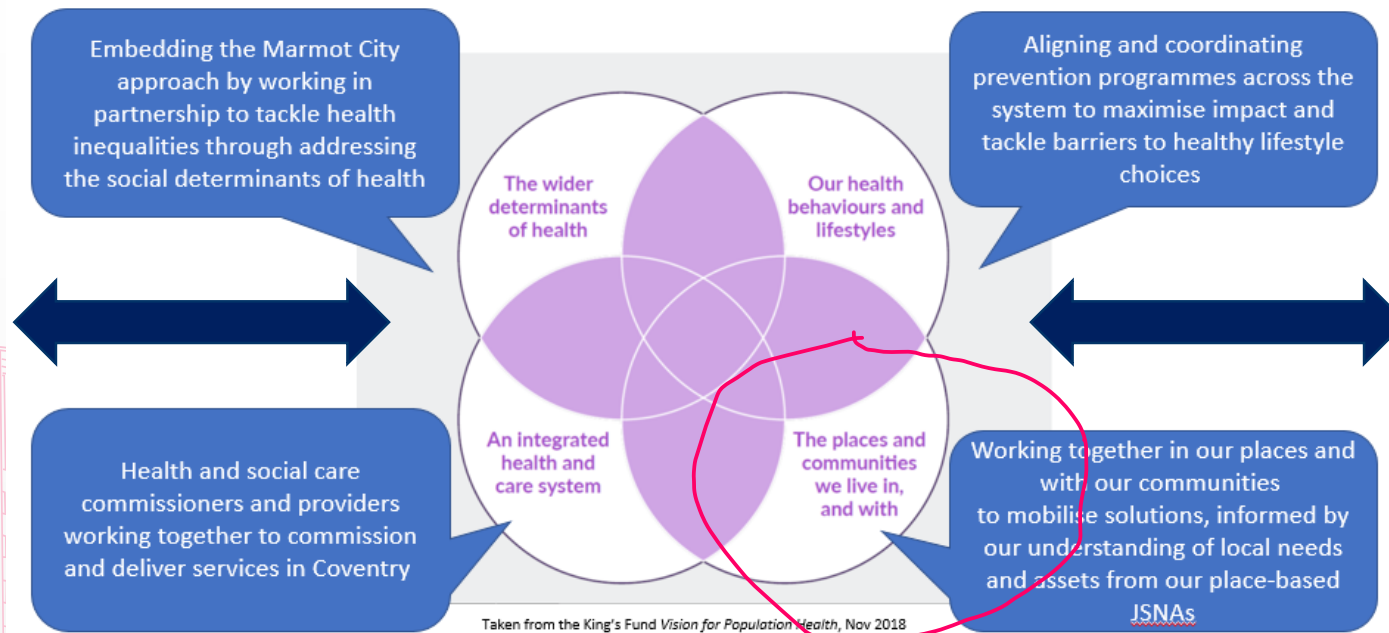


Coventry Health and Wellbeing Strategy 2019-2023

Strategic Ambitions

- People are healthier and independent for longer
- Children and young people fulfil their potential
- People live in connected, safe and sustainable communities

Our population health framework



Short-term focus

- Loneliness and social isolation
- Young people's mental health
- Working differently with communities

Our shared values and behaviours

Prioritising prevention

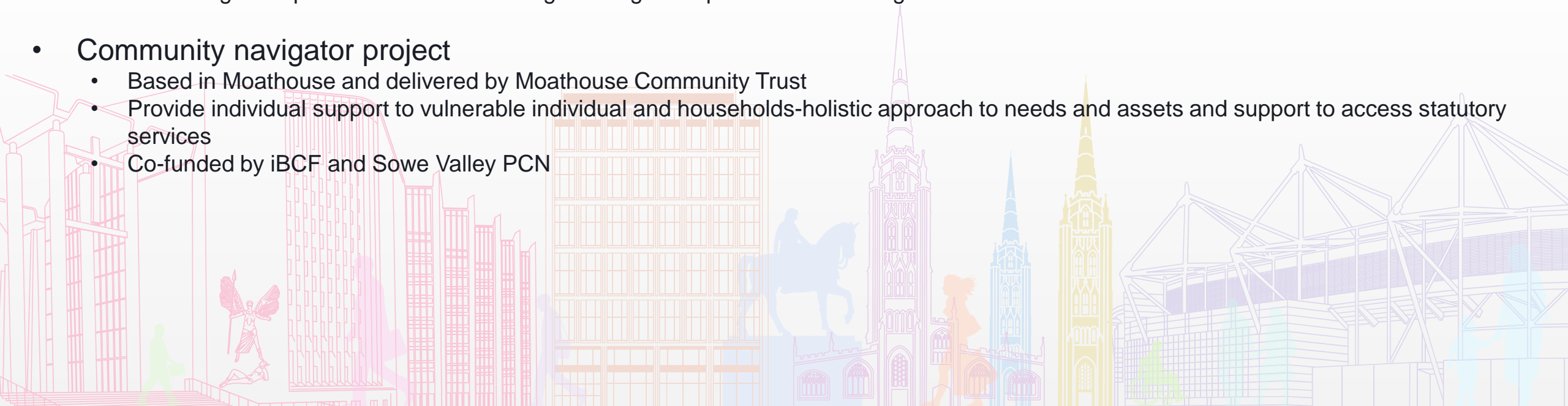
Listening and strengthening communities

Co-ordinating services

Sharing responsibility

Examples of VCS partnerships: Coventry

- **Social prescribing commission**
 - Monthly meetings with CCC, CCG and VSO partners to ensure inclusive approach to social prescribing
 - Age UK-employed social prescribing link worker in each PCN across the city, actively supporting the most vulnerable residents. Nearly 2700 individuals have been referred for link worker support in their first 12 months and onward referred to over 100 statutory and VCS organisations
 - Health Exchange began working closely with the Age UK link worker service late 2020. The service is exploring opportunities to embed social prescribers in wider community locations for example social supermarkets
- **iBCF funded Community Capacity and Resilience Pilot**
 - Led by Grapevine but with the aim of gaining insight on how best to develop and support community groups
 - Pilot work in Henley ward (evidence of high social isolation and low community connectedness)
 - Focussing on improvement and increasing use of green spaces and reducing social isolation
- **Community navigator project**
 - Based in Moathouse and delivered by Moathouse Community Trust
 - Provide individual support to vulnerable individual and households-holistic approach to needs and assets and support to access statutory services
 - Co-funded by iBCF and Sowe Valley PCN



Examples of VCS partnerships: HCP

- Kings Fund and National Lottery-funded Health Communities Programme
 - Proof of concept approach focussing on enduring mental illness in the first instance
 - Using real patient as the focal point for a conversation with all organisations (statutory and voluntary) providing support
 - Insight into how sectors interface currently and how this could be improved to improve patient outcomes
 - 1-year funding secured, with opportunity to bid for funding for a further three years
 - Partnership between Grapevine, CWPT, CCC
 - Learning to be disseminated through HCP Population Health and Prevention subgroup to enable
- Coventry Place Long Term Conditions: taking a whole-system approach to pathway development including input from specialist VSO providers where appropriate
- Covid response
 - Unique opportunity to quickly mobilise and support VCS to support most vulnerable
 - Resulted in a wide ranging, innovative and flexible response
 - Created an 'equal' partnership and created funding opportunities for smaller groups
 - Enabled mobilisation of smaller community groups without the need for complicated funding arrangements and complicated processes



Considerations and next steps

- Strong examples are often based on action round a specific issue, not system-wide involvement – this can be perceived as a gap
- Aside from VAC no single co-ordinating force or voice within Coventry

Proposal:

- HWBB task and finish group?
- Value of task and finish groups to focus on:
 - What could representation at HWBB level look like
 - How could we move beyond the idea of representation/engagement with VCS to one of active and fair partnerships
 - What way does the sector want to be represented and engaged with
 - Are there more innovative ways to forge relationships

