Ian Jones

Chief Executive

Andy Brelsford

Support & Development Manager

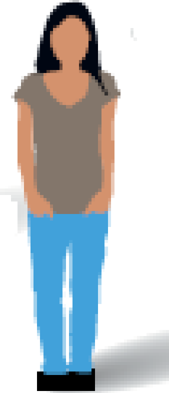
Kate Mitchell

Programme lead

Wider context

- **Health Creation** – *move from reactive mode to one where, individual wellbeing and community resilience is paramount*
- **Acute healthcare challenges** – *VCSE Response collaborative,support measures to assist "transfers of care" (TOC's) without need for formal packages of care (POC)*
- **Personalisation** – *Whole person, whole community is at the heart of the work*
- **Working at PCN level** – *utilise population health management data and social determinants of health to target resources*
- **Join up VCSE provision** – *maximise use of scarce resources and reduce damaging duplication*
- **Build capacity at the grass roots** – *increase mutual aid and support within and across communities*
- **VCSE Collaborative** – *develop preventative offers – to identify and shape commissioning and procurement to implement locality-based prevention offers*
- **VCSE Themed Alliances –** *alliance led by different organisations, the purpose to identify and feed into the system via VCSE partners the successes and areas for improvement*
- **Early interventions** – *understanding and addressing adverse childhood experiences and developing trauma informed practice, transitions for children to adult services.*

Person Centred Health & Wellbeing



PERSON

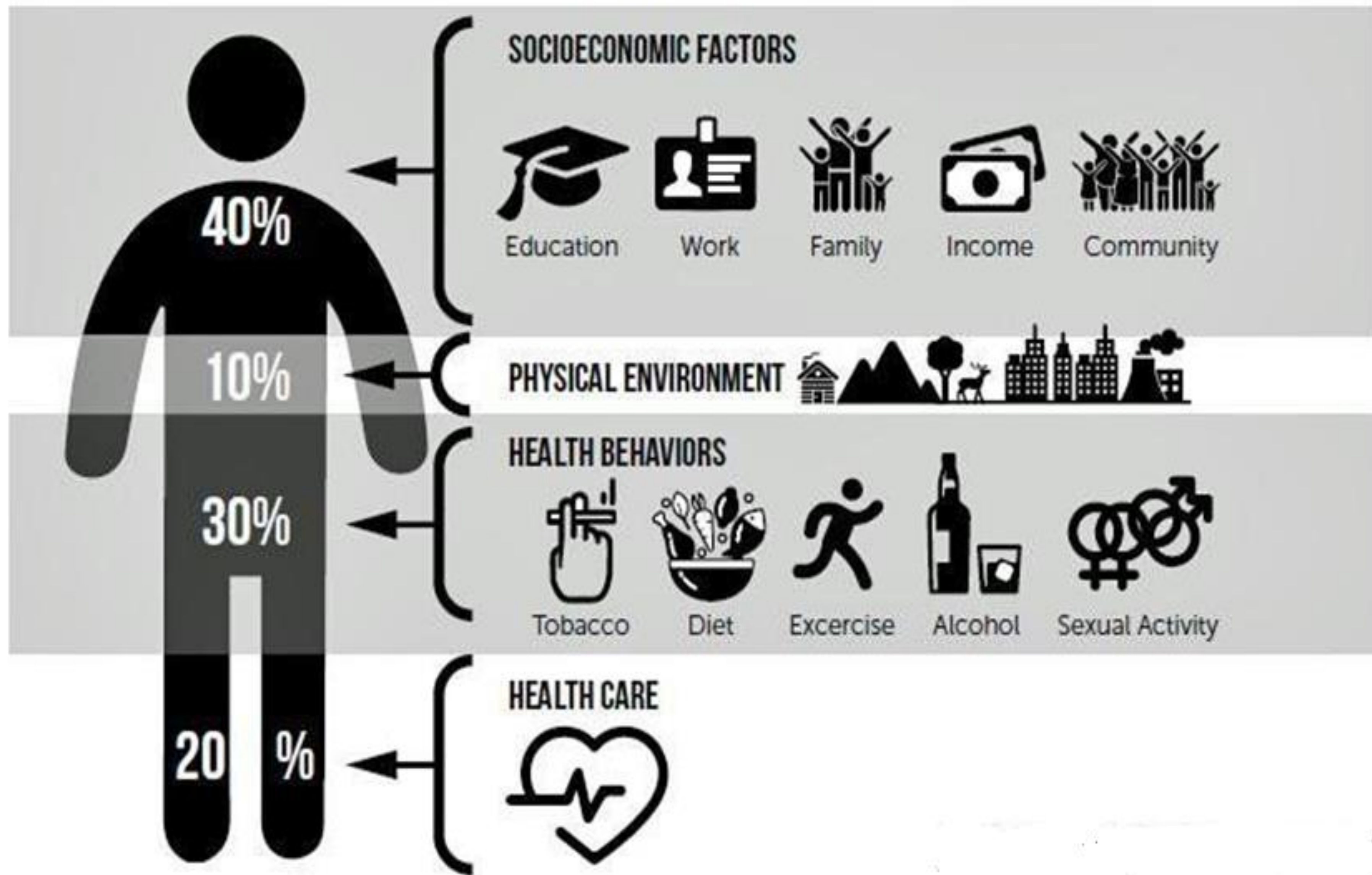
Family & Friends

Community Based Activities
and Support

Assets and infrastructure

Traditional Health & Care Services

THE SOCIAL DETERMINANTS OF HEALTH: HEALTH MADE BY MANY FACTORS BEYOND HEALTH CARE



Key functions of place-based partnerships

Understanding and working with communities

1. Developing an in-depth understanding of local needs
2. Connecting with communities

Joining up and co-ordinating services around people's needs

3. Jointly planning and co-ordinating services
4. Driving service transformation

Addressing social and economic factors that influence health and wellbeing

5. Collectively focusing on the wider determinants of health
6. Mobilising local communities and building community leadership
7. Harnessing the local economic influence of health and care organisations

Supporting quality and sustainability of local services

8. Making best use of financial resources
9. Supporting local workforce development and deployment
10. Driving improvement through local oversight of quality and performance

King's Fund, *Developing place-based partnerships: the foundation of effective integrated care systems*, April 2021

RELATIONSHIPS MOVE AT THE SPEED OF TRUST:
AND SOCIAL CHANGE MOVES AT THE SPEED OF RELATIONSHIPS

Adapt from Stephen M. R. Covey, 'Speed of Trust' 2006

RELATIONSHIP NETWORK	• **Connecting people** • **Building trust** • **Bringing people together to network**
INTENTIONAL NETWORK	• Focus on an opportunity or issue • Engaging people to develop strategies and/or actions in this area
ACTION NETWORK	• Encourage people to take initiative • Clustering people interested in same project • Fostering collaboration
SUPPORT NETWORK	• Setting up communication systems and platforms • Restricting resources to support networks and collaboration • Setting up evaluation and reflection • Support posts that do the networking

Cornwall Community Hub Network

A Day in the Life of a Hub….

Community assets

Every community has strengths. An asset approach seeks to recognise, value and build on the positive factors within a community that helps maintain health and creates a sense of wellbeing.

Community assets include the:

- skills, knowledge, commitment of community members
- friendships, community cohesion and neighbourliness
- local groups & organisations, informal networks
- physical, environmental, biodiverse, and economic resources
- assets of external agencies.

These are often overlooked in traditional, professional-led and problem-based responses.

Source: Director of Public Health Annual Report 2015, Northumberland

Community-centred approaches for health and wellbeing

HUMANITY OVER BUREAUCRACY: NEW MODELS OF CARE

happy

©

Place-based Outcome Focused Teams

WE DON'T HAVE MANAGERS AT ALL!

WHAT IS THE HEARTBEAT OF THIS ORGANISATION?

IT IS ALL ABOUT RELATIONSHIPS

TO BE HONEST

TO TRUST

BUILDING UP THIS ORGANISATION AROUND THE CLIENT

IF I HAVE A PROBLEM WITH A COLLEAGUE IT'S A PROBLEM WITH THE TEAM

Tests are being [pioneered] at Guys & St Thomas' and in Gosport, Nottingham and Gloucester, and by the Scottish government

SUPPORT INDIPENDENCE

- Treatments
- give guidance
- monitoring
- arrange resources if needed
- consultation

STRENGTHEN INFORMAL NETWORKS

- Mental support for sons
- Being available by phone and mail
- giving space to social contacts
- flexibility in planning
- drinking a cup of coffee with neighbours

What is at the

of your organisation?

PUBLIC WORLD

SMALL THINGS BUT IMPORTANT

Visual minutes by CreativeConnection.co.uk

Adapted from Alieke Van Dijken

Where Are We Now?

- Evaluation of Phase 1 showed encouraging results and led to….
- Further funding allocated for 2023/24 and commitment to continue through 2024/25
- Developing 6 new hubs with £5k development grants
- Ongoing evaluation through 3-question surveys
- 3 Roadshows completed to link providers to hubs – Music For Good, Artswell, Supasport SW, iCare iMove, Nature Connects etc
- Looking at issues like transport and sharing expertise across partnerships

Looking Ahead…

- Upgrade digital capabilities of hubs so they can offer access to services and support online – e.g. livestreaming exercise sessions
- Support local priorities & initiatives – e.g. including flu vaccination, diabetes, respiratory, cardiovascular, balance & stability
- Upskill staff and volunteers to use tech and digi tools to do things like blood pressure reading etc
- Micro Business Opportunities – e.g. hubs offering services like laundry, meals on wheels, cleaning and gardening to vulnerable / frail people to support independence and free up CQC Care Providers

Kate Crossan

helpforce

Evaluation

Our context

Population: 0.6m

One Integrated Care Board

Two Local authorities

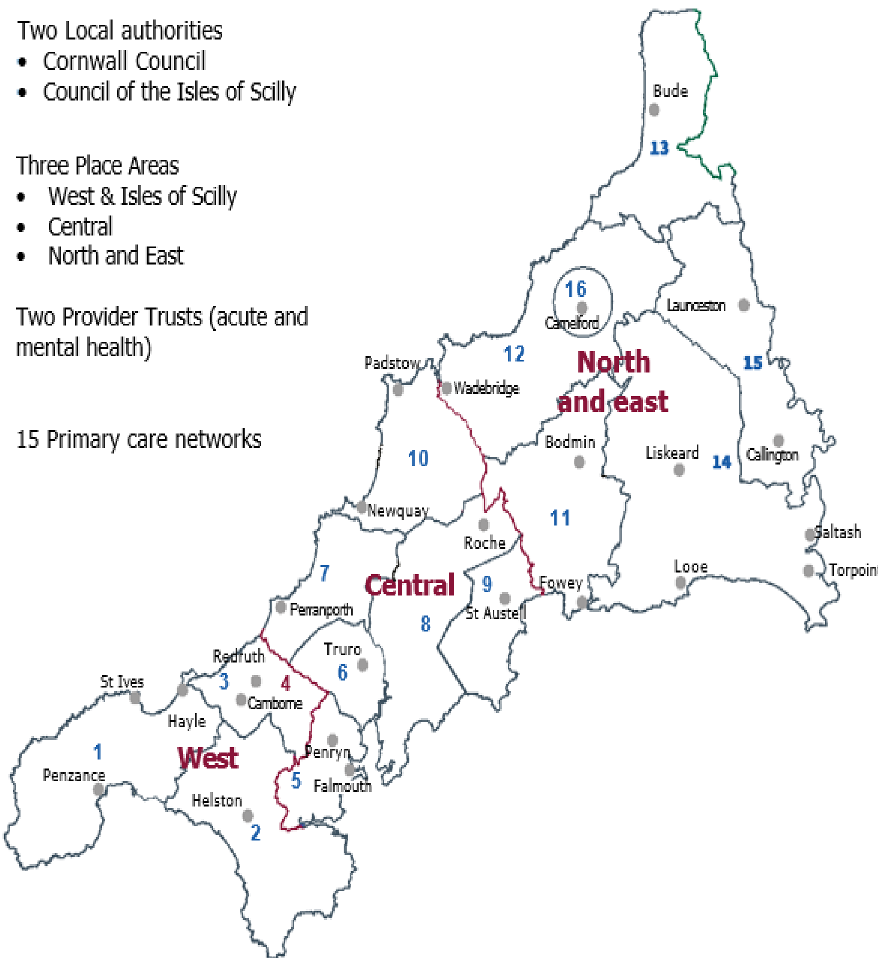
- Cornwall Council
- Council of the Isles of Scilly

Three Place Areas

- West & Isles of Scilly
- Central
- North and East

Two Provider Trusts (acute and mental health)

15 Primary care networks



Our challenges

A growing population: 62,000 more in the next 20 years.

The baby boomer effect: by 2027 50% more people aged 75 to 84 and 2% more people aged 85+

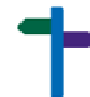
An increase in preventable illness: more people have preventable illness and are having more years of ill health, often with multiple illnesses.

Health inequalities: 71,000 people at greater risk of long-term illnesses, part of the 20% most deprived communities in England.

Workforce shortages: a high number of vacancies and a high proportion of our workforces approaching retirement.

Limited resources to meet growing demand: we need to make every £ stretch further.

Performance of our current system: we need to improve productivity and reduce variation.



Our geography and settlement pattern: a peninsula and 60% of people in settlements of under 30,000 affects how and where services can be provided.

Climate change: we are at risk from more extreme weather events and need to reduce our contribution to greenhouse gases in the atmosphere.

Our priorities

Integrated care strategy:

- Start well
- Live well
- Age well.

Strategic objectives:

- Person at the centre
- Place
- Population health management
- Finance
- Workforce

Clinical priorities:

- Intermediate care
- Flow
- Elective recovery
- Mental health, learning disabilities and autism
- Dementia

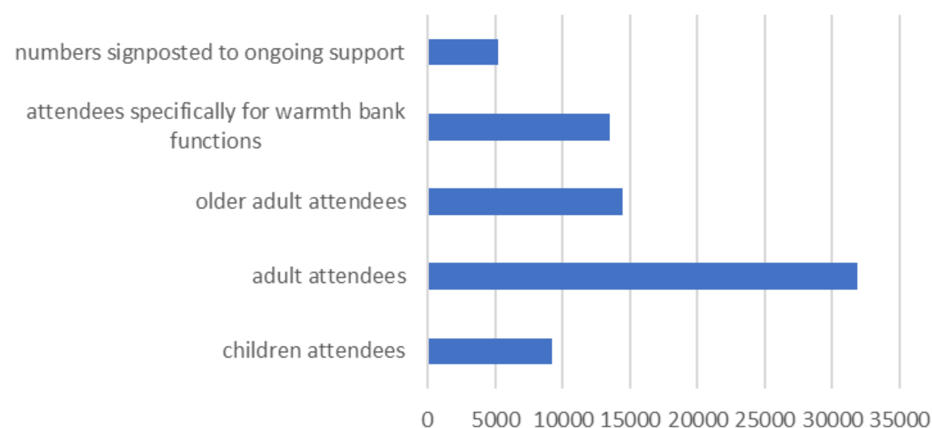
Year 1 funding – winter support funds 2022-23

- £350k for 6 months.
- 44 hubs.
- Funding provided against a 'gold' (£10k), 'silver' (£7.5k), 'bronze' (£5k) level self-assessed by each hub dependent on activities, support, opening hours.
- Process took less than a month to design, roll out and award funding.
- Over 9,000 contacts/ opportunities for conversations and interventions a month
- Helpforce evaluation-confidence and impetuous to keep going with funding into 2023-24

"I feel my life is happier and better by having the chance to attend the Warm Space, and now volunteer with them."

"This here meal share feeds me in more ways than one. It is not only good but totally necessary. It has helped me to work on meeting new people, boosted my mental health, eased cost of living related problems for my family.
I can't imagine the hole it would leave in my life should it come to an end."

"One of our older males receiving support on release from prison and attending the groups has secured accommodation and a flat, and again will no longer need our service."



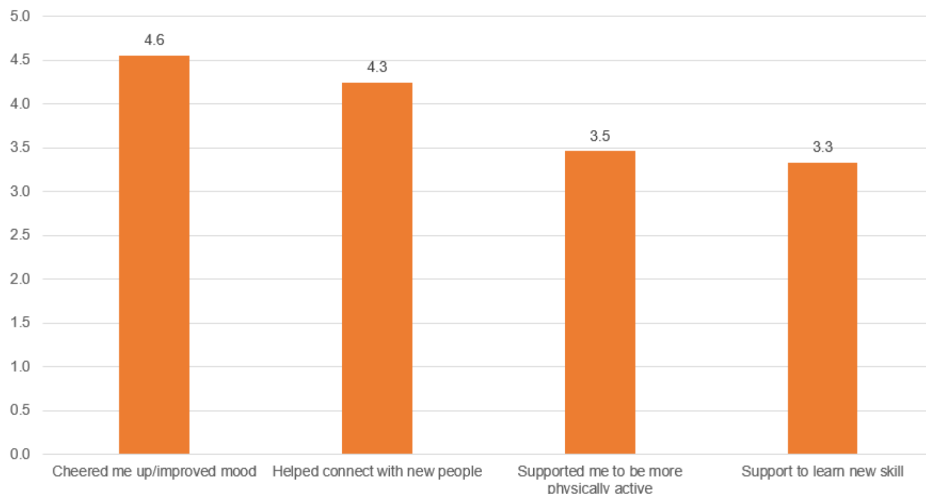
Year 2 funding- development funds 2023-24

- £770k for 12 months
- 50 hubs
- Funding remains against a 'gold' (£20k), 'silver' (£15k), 'bronze' (£10k)
- Development plan, activity reports and surveys
- Over 16,000 contacts a month (May-Nov)
- 19,945 personalised conversations with individuals to identify their needs
- 9,360 people have been signposted to access additional support to meet their needs
- 3,000 surveys

"Today I went to the centre feeling very low but by the time I left I was chuckling to myself – it was magic!"

"Having someone to talk to made a real difference, and with the centre's support I feel like I am going to be ok for the first time in a long time."

"For the past 2.5 years I have struggled with long covid. Community service such as this were a big help with the isolation I felt. If this was not available, there would be more pressure on the mental health services".



Key learning points for commissioning

- Multi agency team approach is more effective, efficient-and fun!
- Relationships between commissioners and providers are equal and reciprocal.
- Let communities and providers lead the way-design the process together.
- Trust people and organisations to do the right thing and give a ‘vote of confidence’.
- Define outcomes rather than prescribe activities and interventions- hubs can flexibly meet their costs of enhancing their community offer.
- Have a proportionate process-both to access for and deploy funds.
- Ongoing engagement and listening-how does the approach feel to others?
- Small amounts of money can go a long way.
- Cultivating a community hub network provides a readymade basis for rapid implementation and funding distribution.
- Make a start somewhere and refine as you go-think big and nudge the traditional boundaries of health and social care.
- Flexibility in service specifications-or ditch them altogether!
- Think simple –MOUs/grants not contracts
- Ask only for the data you need-and then use it!
- Tell the story repeatedly, gain early and ongoing buy in from system leads

Four principles for collaborative success

- Focus on mission before organisation
- Manage through trust, not control
- Promote others, not yourself
- Build constellations, not stars

Wei-Skillern, J. and Silver N. 2013 – Stanford & Berkeley

Paddy Hanrahan

helpforce

Closing Remarks