



Conference Report

Recovery & Renewal: The role of the Third Sector in Post Pandemic Health and Social Care



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Rationale and context

The purpose of the event was to showcase examples of community engagement approaches aimed at increasing voluntary, community and social enterprise (VCSE) involvement in the design, delivery and communication of health and wellbeing services. The conference intended to lay out a rationale for the existence and support of infrastructure organisations as pivotal and essential agents in the mobilisation and capacity building of local communities. This is a means to reducing health inequalities and improving the health and wellbeing of local communities.

Aims

The conference sought to stimulate discussion between VCSE organisations engaged in delivering health and wellbeing services, statutory health providers and policy makers, such as NHS/CCG local commissioners, to:

- Highlight the positive work of the VCSE during the pandemic to support local communities including active support for healthcare
- Highlight examples of good cross sector collaborative practice
- Understand what these VCSE / statutory relationships might look like in the post pandemic future, particularly in the light of Integrated Care Systems
- Explore how systems can be changed to improve relationships between statutory health providers and local communities to improve health care design and health outcomes.



Registration/ attendance

97 people registered for the conference, drawn from across NHS, CCG, local government, infrastructure organisations, voluntary and community organisations and local councillors.

Structure of the event

The event was divided into keynote speakers, workshops, and a panel discussion.

Alice Wilcock, Assistant Director, Team London (Volunteering) and Sport, Greater London Authority - Alice gave a London wide perspective of the role of the VCSE during the pandemic. Alice spoke about the breadth and depth of the VCSE response.

Circa 700 mutual aid groups emerged during the pandemic and highlighted localised VCSE responses to the pandemic. These groups showed flexibility and an ability to adapt to emerging local community need during lockdown at a pace that statutory providers could not. Londoners face the triple challenges of increased food poverty, increased unemployment and increased mental health issues.

Alice ended by saying that the role the VCSE can play in strategic conversations in helping build stronger communities has never been so pertinent.

Structure of the event (continued)

Angela Bhan, Bromley Borough Director, Consultant in Public Health, SEL CCG – The NHS perspective on post Covid challenges.

Angela spoke from the NHS perspective and about the development of the Integrated Care System (ICS) as a development of CCG and the VCSE role.

The pandemic meant that new ways of working had to be mobilised rapidly. Historic tensions between the NHS and communities had to be navigated. The third sector played a huge role in mobilising and coordinating during pandemic - “they had to be at the table”. The pandemic brought into focus health inequalities and inequity and showed disparities in how different communities had different health outcomes.

The ICS will help the NHS to work as part of a system and in partnership with the VCSE rather than as a singular, self-contained entity. Bromley Well was cited as an example of VCSE support during the pandemic. This is a partnership that had been in negotiation and development over several years.

Key impacts:

- Discharging – take home and settling of patients
- Advice and help including debt and housing advice
- Mental health support

Next Steps – VCSE to become part of the fabric of the NHS under the integrated care system. Essential in the delivery of community based care services. Part of the push to help reduce inequalities.

Structure of the event (continued)

Professor Patrick Vernon OBE, Associate Director, Centre for Ageing Better - Highlighted the pandemic's impact on mental health & wellbeing and how the community & VCSE can be involved in recovery.

Patrick stressed that mental health is tied into the discussion on racism and black men are over represented in mental health – LGBTQ communities are also over represented in mental health with high occurrences of depression. The hostile environment has engineered more mental ill health and trauma anxiety. The murder of George Floyd has engendered wider discussions around mental health. The pandemic and lockdowns have allowed a broader realisation of “what’s it like to be hemmed in”

There has been a significant increase in young people seeking help to the point that Child and Adolescent Mental Health Services (CAHMS) have run out of beds. The way grief and bereavement impacts on communities affects how services are commissioned or not commissioned. It is important that communities are fully recognised for their ability to contribute to and co-produce solutions around service delivery and commissioning in post pandemic society. There is still insufficient funding for mental health services which has been borne out of the pandemic.



Structure of the event (continued)

Abdi Hassan, Founder of Coffee Afrik CIC - Coffee Afrik's work with minoritised communities in Hackney.

Coffee Afrik operates on the basis of fighting inequalities and making 'good noise and good trouble' – speaking truth to power to highlight inequalities.

Coffee Afrik runs culturally competent food co-ops and a social action safe space which are co-produced by local communities. Their services also address structural crisis which manifests in food poverty, housing needs and lack of digital access for women.

Receipt of significant lottery funding allowed expansion of services to reach 532 clients per week including trauma focused work to 45 women per week who are domestic violence survivors. He asked, "Are there questions around the make up of some ICS boards, which includes corporates which may negatively impact minoritised communities?", "What does anti racism look like?"



Workshops

There were four workshops each with a separate theme and focus.

Description:

1)The Hackney Model – exploring Hackney’s voluntary sector assembly which brought together over 60 VCSE organisations and supported the borough’s test and trace programme.

2)Collaborate: Learning so far: the role of the VCSE in shaping local health systems and how this work has or could help tackle health inequalities, build new relationships and be a precursor for system change.

3)The Flintshire Model – integrating social value principles into the co-design of procurement processes.

4)The Greenwich model – harnessing user voice to help with the redesign of residential mental health care services.





Panel

The panel posed the question: Post Covid-19 what will the statutory / community relationship look like going forward?

Panelists:

- Dr Sandra Husbands - Director of Public Health, City of London & London Borough of Hackney
- Sean Rafferty - Assistant Director for Integrated Commissioning, London Borough of Bromley
- Marie Gabriel - Designate Chair, North East London Integrated Care System
- Alex Boys – Head of Business Development, NAVCA

"Post Covid-19, what will the statutory/community relationship look like going forward?"

Panel (continued)

Dr Husbands - the significant investment in the VCSE in Hackney was the realisation of a longer held ambition. The VCSE has local intelligence and reach into local communities that statutory don't. During the first wave of the pandemic it became clear that some of the national messaging wasn't penetrating local communities and Hackney & City concluded that the best way to speak to local people was through other local people.

Alex Boys - reiterated the importance of local intelligence and stressed that local communities can respond quickly in ways that statutory can't. Local insights can and should inform local commissioning to improve health outcomes.

Marie Gabriel - the purpose of the ICS is to improve population health, improve access, experience, quality and outcomes from health and care services and to tackle unequal health outcomes. The truth is that the ICS cannot deliver on their expectation without the VCSE being partner, in setting strategy, service design, delivery and evaluation and being a conduit to our communities. VCSE have a right to be involved in ICS. The ICS bill strengthens statutory ability to work with VCSE who offer the best value for money, high value, low cost.

Sean Rafferty - spoke on the benefits of the integrated model that the pandemic has taught in Bromley. He highlighted the importance of being adaptive, collaborative and having a clear single focus that brings people together to work together.



Panel (continued)

Sean warned against the dangers of losing any of the collaborative processes that had emerged during the pandemic such as the Bromley patient discharge partnership that included NHS agencies and local VCSE partners, such as St Christophers and Marie Curie.

Learning & Recommendations

- Collaborative thinking, planning and delivering is the way forward for local health and wellbeing services post pandemic and beyond. The ICS exists to actively facilitate partnerships and collaborative planning with the VCSE.
- Potential hurdles may include how to bring the VCSE, particularly those that represent minoritized voices to the table. The Hackney Assembly model which has levered in £1m+ in new funding to support pandemic responses delivered by local VCSE organisations. Conference would recommend exploration of this expression of a working collaborative relationship between statutory health providers and the VCSE
- Relationships and shared vision and focus between the statutory sector and VCSE are equally as important as structures in terms of progressing the new agenda.
- Improving the health and wellbeing of local communities and reducing health inequalities are core principles of ICS, shared by VCSE health and wellbeing providers.



Learning & Recommendations (continued)

- How the VCSE voice is represented on ICS boards is a question that will need to be resolved as currently the only mandatory board places are for the local authority and key NHS provider.
- Recommendation: NHS England has produced guidance on how to involve the VCSE and has produced a useful checklist (Embedding the VCSE in the ICS) – ICS boards and VCSE leaders may wish to refer to this and use this to inform collaborative processes.
- Resourcing raised as an issue for VCSE both in terms of service delivery and participation at governance level e.g. ICS.
- We need to consider all of the VCSE and not just the VCSE organisations we usually engage with as part of the system.
- Recommendation: we need to find funding to adequately fund organisations to work in partnership with the system at operational and governance level.
- VCSE needs to demonstrate impact and build the evidence base. Evaluate and measure the impact of interventions, beyond user satisfaction; extend our collective knowledge base by sharing, presenting and publishing data.
- Challenge and be a critical friend. Challenge our thinking, identify ways in which our programmes could inadvertently disadvantage communities, highlight good practice, and help to identify solutions together.



Learning & Recommendations (continued)

- Challenge inequalities: Build a diverse user base and in engagement with CCG/ICS to prioritise those whose voices are otherwise seldom heard.

Finally, we would like to say thank you to our Cornerstone Project funder, City Bridge Trust.

Resources

The following link contains:

Video:

- Mental Health Impact video - Abdi Hassan, Coffee Afrik CIC

Presentations:

- Recovery and Renewal - Dr Angela Bhan
- Assembly Model - Hackney CVS
- Cornerstone Funding for London CVSs - METRO GAVS
- Flintshire Social Value presentation
- Voluntary and Community Networks in Enfield
- Jamboard from breakout rooms

LINK:
**Recovery and Renewal
Conference resources
folder**

alternatively, visit <https://bit.ly/3DDdWqU>
for the resources folder