# Medway and Swale Health and Care Partnership's VCSE & Statutory Framework

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### Health and Care Partnership Vision

To put local people at the heart of the services we design and deliver, helping local people to realise their potential; to live healthier, happier lives; and to stay well and independent in their families, homes and communities for as long as possible.

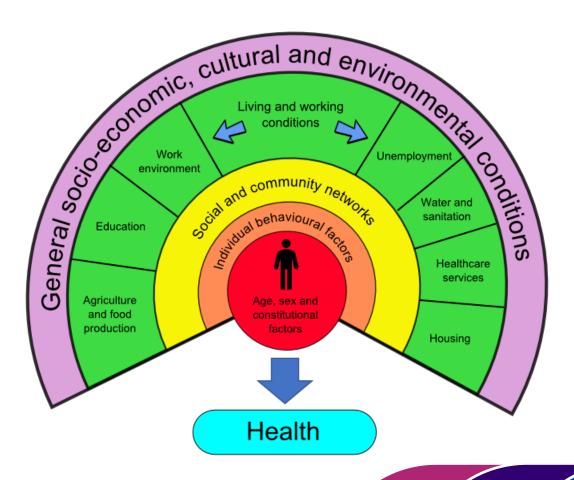
- Listen to local people and our staff to design and develop responsive, effective, equitable evidence-based care pathways;
- Delivering high quality health and care services across care pathways from home to specialist care provider (both physical and mental health);
- Shifting the focus of care from treatment to prevention;
- Meeting constitutional standards, and a delivering sustainable financial position; and

Making the best use of health and care resources (people, money, estate, IT infrastructure etc.)

## Population Health Management (PHM)

- Population Health Management is a partnership approach across the NHS, other public sector services including the voluntary sector and the public, all of which have a role to play in addressing the interdependent issues that affect people's health and wellbeing. It is an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population by working together as a system.
- Population Health Management provides the ability to understand variation through benchmarking and comparisons to improve clinical outcomes. It will help identify people who are currently well, but at risk of developing long-term conditions. This targeted approach will work at two levels:
  - individual (known individual risk factors)
  - population (known risks in certain populations and communities).
- This approach will help to prevent or delay the onset of long-term conditions, their functional consequences and the progression of frailty.
  - Population Health Management will therefore enable more people to benefit from early identification and treatment, personalised care planning, self-management support, medicine management and secondary prevention services.

### Factors attributing to our health





## We all want the same thing. Our triple aim.

- Health and wellbeing for people, including its effects in relation to inequalities
- ➤ High quality of health and care services for all individuals
- Sustainable use of NHS and Care resources.





### Health and Care Partnership PHM Aims

Working with people and communities will help to meet the triple aim duty by:

#### Health inequalities

Improve understanding of the experiences, perspectives and needs of people and communities that experience the worst health inequalities, including inclusion health groups, and working together, beyond clinical boundaries, to develop solutions.

#### Data and insight

Accessing data and insight, including qualitative data from communities and the VCSE sector, to build knowledge of the communities we serve, and the impact of wider determinants of health.

#### Assets

Understanding the assets in our communities that will help to improve population health and wellbeing and to strengthen understanding of community needs and perspectives.

#### **Designing services**

Designing services in partnership with people so they meet their needs and preferences and reflect experience.



**Better population** 

health and

wellbeing

#### Approaches and solutions

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Jointly develop improvement approaches and solutions to concerns about quality, including patient safety and experience.

#### **Prioritising resources**

Prioritising resources to where they have the greatest impact, based on the needs, knowledge and experience of communities.



#### **Understanding barriers**

Understanding the barriers to access which impact on the efficiency and sustainability of services and working together on solutions to address them.



### **Shared Commitment**

Strong commitment by managing directors and leaders to commit to working together:



**Kent and Medway** 

Sheppey Primary Care Network























Medway Central Primary Care Network









### Our Pledge

- Ensure people and communities have an active role in decision-making and governance
- Involve people and communities at every stage and feed back to them about how it has influenced activities and decisions
- Understand our community's needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working
- Build relationships based on trust, especially with marginalised groups and those affected by inequalities
- Use community-centred approaches that empower people and communities, making connections to what works already
- Learn from what works and build on the assets of all health and care partners – networks, relationships and activity in local places

### VCSE MoU & Framework



### Medway & Swale H&CP PHM membership

Sign: R

Date: 05/04/2022

Print name and position: Robbie Goatham, Manager

Healthwatch Kent

Date: 31 March 2022

Print name and position: Martin Riley, Managing Direct

Medway Community Healthcare CIC

CAWLITO

Date: 29th March 2022

Print name and position: Christine White, Director Swale Community Voluntary Services

Print name and position: Dr Patel, Clinical Director

signed on behalf of SCEN. Swale Community Engagement Network

P. A. Birchal Date: 6/4/22

Print name and position: Patrick Birchall, Managing Director

1 Cillian

HCRG Care Group

Print name and position: Dr Aly, Clinical Director

Medway Central PCN (Lead PCN in Population Health Management)

Sign:

Date: Friday 25 March 2022

Print name and position: Emma Wiggins, Director of Regeneration

Swale Borough Council

Sheppey PCN (Buddy PCN in Population Health Management)

Sign: Sem. 1.PMC Date: 514122

22/03/2022

Print name and position: George Findlay, Chief Executive

Medway Foundation Trust

Date: 30/03/2022

Print name and position: James Williams, Director of Public Health

Medway Council

MARTYN REELES VCS CHAIRMAN

Print name and position: Martyn Reeves, Elected Chair & Jane Howard, MVA Chief

Executive Officer signed on behalf of Medway VCS Leadership Forum

Date: 01.04.22

Print name and position: Martyn Cheesman, Manager

Healthwatch Medway

Print name and position: Mike Gilbert, Executive Director of Corporate

Kent and Medway Clinical Commissioning Group

28/01/2022

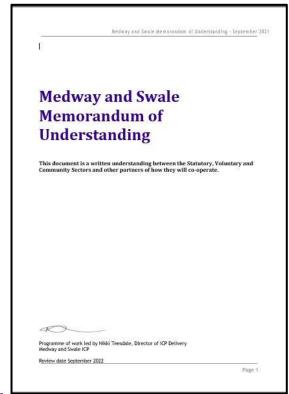
Nikki Teesdale: Director of Delivery Medway and Swale H&CP

Medway and Swale Health and Care Partnership

### Medway and Swale Voluntary and Community SectorMemorandum of Understanding

- Voluntary and Community organisations make a major and literally incalculable contribution to the social, cultural and economic life of Medway and Swale.
- They act as pathfinders for the involvement of our residents in the design and delivery of services and often act as advocates for those who otherwise have no voice. In doing so, they promote both equality and diversity.
- They help to alleviate poverty, reduce health inequalities, improve the quality of life and empower socially excluded people.
- The Voluntary and Community sector also makes an important direct economic contribution to the area.
- > The Voluntary and Community sector in Medway and Swale can operate most effectively if it has the understanding and support of the statutory sector, and vice versa.

Through this program we aim to further develop the VCS and statutory relationship by exploring data links and intervention opportunities to support our local communities to health and well being.

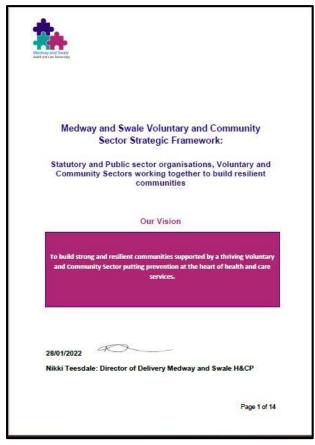




### Medway and Swale Voluntary and Community Sector

#### Framework

- Builds on the memorandum of understanding in setting out the actions as to how we will achieve the agreed principles.
- Addresses more difficult conversations such as procurement, commissioning and funding.
- Details challenges faced by smaller organisations and identify plans to support equality of opportunity.
- Allows us as a system to radically rethink how we support our communities health and wellbeing.
- Moves our thoughts into action





## Key Achievements & Deliverables to date



### **Highlights to date**

#### **Budgetary support**

- Development of a Stat/Man Training Matrix to all VCSE organisations, to help reduce budgets on training requirements and free funding for charitable initiatives.
- > Exploring how we can use the **Apprenticeship Levy**, to allow it to be an accessible fund that VCSE organisations can apply for.
- Developing an estates strategy utilising all assets within the locality.
- Exploring joint funding applications between statutory and VCSE sectors

#### **Volunteering strategy.**

- Operational Aspect of Youth Volunteering how the H&CP can get more young people involved in understanding how the NHS works in different capacities by offering volunteering opportunities, for the mutual benefit and engagement between organisations and the young people
- Begun to explore appetite for reciprocal-like opportunities, for people to volunteer or common-shadow across all organisations to gain skills, as potential benefit across both statutory and VCSE.
- Supporting volunteer passport discussions, that meets all agencies employment check needs in order to allow volunteers to work across agencies.
- Developing a joint system social policy

### Highlights continued

- ➤ A Theory of Change model has been drafted, to identify the short, medium and long-term outcomes for engagement to measure the change in relationships and culture.
- ➤ Evaluation tool to measure the impact of VCSE service provision.
- Designing and testing of reporting metrics for the VCSE to demonstrate system benefit.
- Moving from a transactional to partnership working relationships with voluntary services.
- Codesign of a fluid engagement strategy
- VCSE leaders voting members on all H&CP boards.

### **Next Steps**

Greater involvement of VCSE in solutions based commissioning/service planning.

Ensuring the contributions and viewpoints of all residents and organisations are fairly represented, ensuring a bottom up approach to transformation.

Design our PHM long term strategy as equal partners.

Changes in delivery / engagement mechanisms to reflect needs of targeted communities.

Work with VCSE leaders to see how we can more effectively use estates across the locality Work to develop joint funding applications across Health and the VCSE

Level up the health outcomes for identified targeted communities within Medway and Swale.

Review data linkage between organisations, to see and quantify the direct results between provision of services and better health outcomes.

Produce and develop upon a gap-analysis for the VCSE in terms of volunteering needs.

Finalise the volunteering strategy for the Health and Care Partnership.

Health and social care services planning processes change to reflect greater collaboration with VCSE.

Greater visibility of VCSE across range of platforms and within services strategic planning.

Publication of the H&CP joint system social policy, applying The Public Services (Social Value) Act 2013, and Social Framework 2020.

Progress on delivery of the volunteer passport.

Progress on the
Apprenticeship Levy, to allow
it to be an accessible fund that
VCSE organisations can apply
for.

Continuing to share the Framework at all levels, and the reinforcement of the message that VCSE organisations are equal partners.

