Scrutiny Review 2024

Barking & Dagenham

An in-depth scrutiny review by the Health Scrutiny Committee into better supporting the Voluntary and Community Sector to play an active role in service delivery.

Foreword by Councillor Paul Robinson, Chair of the Health Scrutiny Committee

The Health Scrutiny Committee is one of two scrutiny committees of the London Borough of Barking and Dagenham. The Committee scrutinises health and social care outcomes for the Borough's residents to improve outcomes. We do this by working with partners to improve services and hold decision makers to account. This year as the Chair of the Committee, I oversaw an extensive scrutiny review into how the Council and its partners can better support the Voluntary and Community, Faith and Social Enterprise (VCFSE) Sector and enable the sector and residents to have a more meaningful role in shaping future strategy/service delivery. The VCFSE plays an integral role in delivering health and care services for residents (both independently and on behalf of the NHS and local councils) and its importance, value and support to residents cannot be underestimated.

Health inequalities between wealthy and deprived areas are longstanding and worsening in England as a whole. It is of particular note that Barking and Dagenham has amongst the greatest health inequalities in North East London (NEL), London and England. However, health inequalities by their very definition are avoidable, unfair and systemic differences in health between different groups of people. As Integrated Care Systems (ICS) are now responsible for planning and funding health and care services and as health inequalities continue to worsen in Barking and Dagenham due to factors such as the COVID-19 pandemic and the cost-of-living crisis, I regard this review as timely.

During the course of the review, the Committee met with representatives of the VCFSE to discuss their role in supporting residents and tackling health inequalities, to hear about the barriers as they perceived them to the wider system of joint working through the BD Collective, as well as what improvements and support, in their view, were needed. The Committee also learnt about a number of community-based health projects making a real difference to local communities and residents. There were also separate discussions with statutory health services partners to gain a greater understanding of the challenges they faced and how working with the VCFSE could be improved.

In conclusion, I hope that the recommendations from this review can build upon recent ICS governance changes, to enable the VCFSE and residents to have a greater voice in tackling local health issues.

Finally, I would like to thank all those persons who have contributed to this review including in particular Elspeth Paisley, Community Resources Health Lead and Member of the BD Collective along with others from the voluntary sector and our health partners, together with all the Members of the Health Scrutiny Committee, the Cabinet Member for Adult Social Care and Health Integration and those officers who presented evidence and contributed to the report.

Councillor Paul Robinson
Chair of Health Scrutiny Committee

Members of the Health Scrutiny Committee 2022/23 and 2023/24

The Health Scrutiny Members who carried out this review were:

Cllr Paul Robinson (Chair)

Cllr Donna Lumsden (Deputy Chair)

Cllr Irma Freeborn

Cllr Muhib Chowdhury

Cllr Michel Pongo

Cllr Manzoor Hussain

Cllr Chris Rice

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List of Recommendations arising from this Review

For ease of reference, the recommendations are set out below. The Committee as part of good scrutiny practice, will receive a monitoring report on the progress of all the recommendations approximately six months after the report is complete and shared with stakeholders and specific actions are developed as appropriate in response to the recommendations.

For ease of reference, the key recommendation themes and initial high-level actions arising from this Review are provided below **under 5 key headings**.

The Health Scrutiny Committee (HSC) recommends:

Continue to foster relationship with the voluntary and community sector and social enterprise (VCFSE) that focuses on commissioning, collaborating and co-designing together

1. Consideration to be given in all commissioned services / tenders to the qualitative evidence on overall impact on individuals and communities e.g. via case examples and stories.

2. Work with civil society groups via the BD Collective (which includes all the infrastructure organisations to facilitate more consortium approaches to funding bids that promote collaboration rather than competition and increase reach and breadth of the VCFSE contribution.

3. Commit to working with the community locality leads model as a platform to draw learning and to help shape the emergent locality model being developed by the Council and partners.

Developing community capacity and connections

4 Review existing grant and commissioned funding to ensure its reach is fair and supports the contribution and role of the VCFSE in addressing health inequalities.

5 Work with the VCFSE sector to develop clear and shared consensus of the role of the sector in co-design and delivery of system priorities e.g. the emergent locality model.

6 Commit to utilising the VCFSE sector to support activity aimed at increasing voice and reach of services to seldom heard.

Sharing information across the VCFSE

7 Establish training sessions for groups across the Borough to upskill and build capacity in bid writing.

8 Ensure that bid applications only ask the questions that need directly answering, reducing the time and resources required for groups to spend on drafting them.

9. Ensuring the VCFSE sector are aware of key developments within health and care and are able to respond appropriately and together discover and shape the best way to do this.

Developing common culture and language

10. Establish joint training sessions and working groups between the VCFSE sector, NHS, and the Council to allow for genuine collaboration and to develop stronger relationships between organisations, inviting the VCFSE to lead when and where appropriate.

11. Ensure VCFSE representation in co-design and subsequent implementation of Barking and Dagenham Committee in Common (Place Partnership) Engagement Strategy and Co-Production principles.

Ensuring longevity of funding

12. Contracts should aim to allow time for the VCFSE to create sustainable workstreams where staff members can develop projects before funding is cut prematurely.

1. Background to the Review

Why did the Health Scrutiny Committee choose to undertake an in-depth review on the potential of the Voluntary and Community Sector?

1.1 The Council's scrutiny committees decide what topic to undertake an in-depth review on based on the **'PAPER'** criteria. The section below explains why according to these criteria 'the potential of the Voluntary and Community Sector' was a good topic to review:

PUBLIC INTEREST	Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. Health inequalities are longstanding and worsening in England (e.g., the health gap is growing between wealthy and deprived areas, improvements in life expectancy have stalled for men and declined for women in the most deprived areas)[1]. It is particular note that Barking and Dagenham has amongst the greatest health inequalities in North East London (NEL), London and England. The VCFSE plays an integral role in delivering health and care services for local residents (both independently and on behalf of the NHS and local councils) and its importance, value and support to residents cannot be underestimated. As Integrated Care Systems (ICS) become responsible for planning and funding health and care services (from 1 July 2022) and as health inequalities continue to worsen in Barking and Dagenham due to factors such as the COVID-19 pandemic and the cost-of-living crisis, a review into how the Council and its partners can best support the VCFSE and enable the sector and residents to have a more meaningful role in shaping future strategy/service delivery is timely. Under the Public Sector Equality Duty outlined by the Equalities Act 2010, the Council also has a duty to advance equality of opportunity for all residents.	√

[1] February 2020, Institute of Health Equity, Health Equity in England: The Marmot Review 10 Years On.

ABILITY TO CHANGE	Whilst positive work is underway to amplify the voices of local residents and the VCFSE, as well as to increase partnership working, it is clear that much more still needs to be done to address health inequalities within the Borough. Alongside recent ICS governance changes, the recommendations presented in this Review can be used by the VCFSE and residents to enable a greater voice in tackling local health issues.	✓
PERFORMANCE	Health inequalities and life outcomes continue to worsen within the Borough. The Health Scrutiny Committee wished to investigate the actions that both the Council and its partners could take to improve the life outcomes of its residents, as well as to best support the VCFSE and amplify the positive work that it is undertaking.	✓
EXTENT OF THE ISSUE	It is clear that health inequalities disproportionally affect residents living in Barking and Dagenham, and that there is a great need to continually consider how best to address these and improve partnership working in order to improve the life outcomes of our residents.	✓
REPLICATION	Whilst the means of best addressing health inequalities and how to improve partnership working have been under monitor and review internally, the Health Scrutiny Committee felt it was necessary to provide an overview of the current context, positive work that has already been undertaken and to provide a platform for itself, partners and the VCFSE to best work together in future.	✓

2. Scoping and Methodology

2.1 Scoping

2.1.1 This section outlines the scope of the review which includes the areas the Health Scrutiny Committee wished to explore and the different methods used to collate evidence for potential recommendations.

2.1.2 Having received a scoping report at its meeting on 14 November 2022, the Health Scrutiny Committee agreed the following key lines of enquiry:

(i) How is the VCFSE helping to reduce health inequalities within communities, both separately and in partnership with the statutory sector?

- What is the unique role of the VCFSE in improving health and wellbeing (i.e., how does it differ to statutory services, how can it compliment statutory services, what can it do that statutory services cannot),
- When should or shouldn't the statutory sector (local authority and NHS) partner with the community sector (i.e., it is not there to deliver statutory service on the cheap), and
- Within those appropriate functions, what is the VCFSE currently doing and what is it not doing to improve health, prevent ill health, improve outcomes for those with health conditions and reduce health inequalities.

(ii) How can we work better at 'place' (Barking and Dagenham) and sub-borough levels to ensure that the VCFSE and residents have an active and meaningful role in informing and shaping future strategy / service delivery?

- What are the enablers and barriers for the VCFSE in undertaking this work (e.g. the "V" in VCFSE does not mean it comes for free as resources are required),
- What is working to enable and empower VCFSE organisations and reduce barriers, and how can these be scaled up, and
- What levels (e.g. borough, locality, and community) is this support required and how can it best be delivered.

2.2 Overview of Methodology

2.2.1 The review gathered evidence during the Committee's meetings. Details of stakeholders and their contributions to this review are outlined below:

19 December 2022

Overview presentation from Rhodri Rowlands, Director of Community Participation and Prevention: National and local health context, the existing VCFSE landscape in Barking and Dagenham, strategic context and outcomes for action.

15 March 2023

First Evidence Gathering Session with VCFSE Partners:

- Community Resources
- Dagenham and Redbridge Football Club Community Trust
- Ekota Academy
- Future Molds Communities
- Harmony House
- Lifeline Projects
- St Chads

3 April 2023

Second Evidence Gathering Session with Health Partners:

- Adults' Services, London Borough of Barking and Dagenham
- Clinical Care Director, Barking and Dagenham Place-Based Partnership
- North East London Integrated Care Board (NEL ICB)
- North East London Local Pharmaceutical Committee (NEL LPC)
- North East London NHS Foundation Trust (NELFT)

11 July 2023

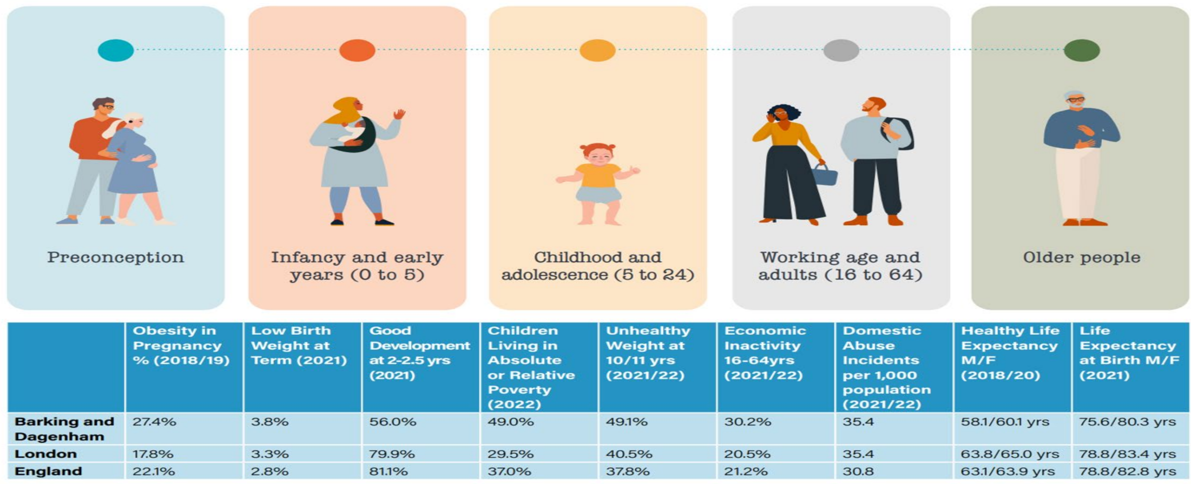
Third Evidence Gathering Session with VCFSE Partners including:

- LBBD Members
- Adults' Services, LBBD
- Public Health, LBBD
- Community Resources
- Thames Life
- Harmony Community Project
- St Chads
- Independent Living Agency

3. Introduction

What do we mean by health inequalities and why are these important to address?

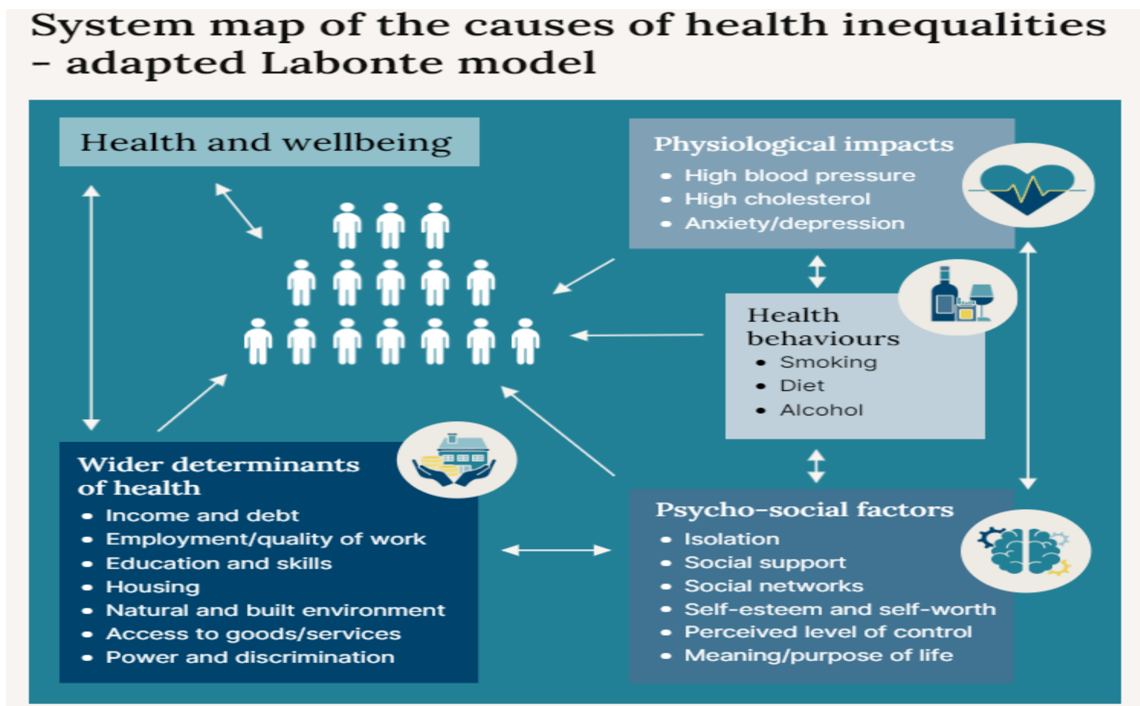
3.1 Health inequalities are avoidable, unfair and systemic differences in health between different groups of people. It can be a broad term, in that it refers to unjust differences in overall health outcomes, measured by, for example, life expectancy or healthy life expectancy (HLE) – the number of years an individual can expect to live in "full health" by taking into account years lived in poor health – as well as contributing factors to health.



	Obesity in Pregnancy % (2018/19)	Low Birth Weight at Term (2021)	Good Development at 2-2.5 yrs (2021)	Children Living in Absolute or Relative Poverty (2022)	Unhealthy Weight at 10/11 yrs (2021/22)	Economic Inactivity 16-64yrs (2021/22)	Domestic Abuse Incidents per 1,000 population (2021/22)	Healthy Life Expectancy M/F (2018/20)	Life Expectancy at Birth M/F (2021)
Barking and Dagenham	27.4%	3.8%	56.0%	49.0%	49.1%	30.2%	35.4	58.1/60.1 yrs	75.6/80.3 yrs
London	17.8%	3.3%	79.9%	29.5%	40.5%	20.5%	35.4	63.8/65.0 yrs	78.8/83.4 yrs
England	22.1%	2.8%	81.1%	37.0%	37.8%	21.2%	30.8	63.1/63.9 yrs	78.8/82.8 yrs

3.2 The above diagram identifies stark health inequality for B&D residents in all contributors of health and wellbeing in comparison to London figures. In relation to services, health inequalities are impacted by individuals' access, experience and outcomes of the service, relative to their needs. Behavioural risks may further impose health inequalities – smoking, alcohol consumption, diet and physical activity (lack of) are included in this. It is evident that B&D performs much worse in the latter two behavioural risks, as shown in the diagram.

3.3 Health outcomes are greatly influenced by social determinants of health; these include social, economic and environmental factors. The exposure of inequality within these factors consequently contributes to health inequalities amongst the population. Below is an adapted Labonte model displaying the causes of such health inequalities – this model which is also used by the UK Government neatly maps the causes of health inequalities.[2]



[2] NICE [NICE and health inequalities | What we do | About | NICE]

3.4 The King's Fund notes that health inequalities can include differences in:

- Health status, for example, life expectancy;
- Access to care, for example, availability of given services;
- Quality and experience of care, for example, levels of patient satisfaction;
- Behavioural risks to health, for example, smoking rates; and
- Wider determinants of health, for example, quality of housing[3].

3.5 Furthermore, it notes that health inequalities can also be experienced by individuals grouped by a range of factors, such as:

- Socio-economic factors, for example, income;
- Geography, for example, region or whether urban or rural;
- Specific characteristics including those protected in law, such as sex, ethnicity or disability; and
- Socially excluded groups, for example, people experiencing homelessness.

3.6 These often overlap, meaning individuals may experience a combination of the above factors, and this can compound the severity of the health inequalities experienced. It is important to note that no experience is universal; for example, not all individuals living in unstable housing conditions will experience the same health needs and outcomes. Nonetheless, at a population level, certain risk factors, such as smoking and disadvantages such as poor-quality housing or being of a racially minoritized group, are closely linked to poor health outcomes and such drivers often intersect. Structural inequalities will overlap and compound, particularly, as the stark disparities in the impact of the Covid-19 pandemic between different ethnic groups showed, the dynamic between ethnicity, racism, and deprivation[4].

3.7 Estimates of the factors around health frequently place great emphasis on the social determinants of health. Whilst the exact percentage in different analyses of the relative contribution of the determinants may differ, all are agreed that health services, or clinical care, make a lesser contribution to overall health, frequently cited to be 20% of what makes health.[5] It follows that the factors that contribute most to health inequalities follow a similar pattern; inequities in quality and access to healthcare are significant, but socio-economic factors explain health inequalities more. The European Health Equity Status Report by the World Health Organisation concluded that income insecurity is the largest contributor to health inequalities, and consistently contribute to the largest portion of the gap in people's self-reported health, mental health and life satisfaction.[6]

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[3] What are health inequalities? | The King's Fund (kingsfund.org.uk)

[4] Nuffield Trust (2022) Review of the Mayor of London's Health Inequalities Test 1667818147_nuffield-trust-mayor-of-london-s-health-inequalities-test-web.pdf (nuffieldtrust.org.uk)

[5] LGA (2016) Health in all policies: a manual for local government health-all-policies-hiap--8df.pdf (local.gov.uk)

[6] WHO (2019) Healthy, prosperous lives for all: the European Health Equity Status Report Healthy, prosperous lives for all: the European Health Equity Status Report (who.int)

3.8 More recently health inequalities have been exacerbated by the COVID-19 pandemic and the cost-of-living crisis. Whilst much positive work has already been undertaken to address this, continued action is needed to ensure that individuals have the best possible life chances and outcomes. The additional strain of the rising cost of living means the need to ensure that action on the social determinants of health alongside sufficient healthcare provision and services for health and wellbeing that work best for residents only grows more imperative.

4 Health in Barking and Dagenham

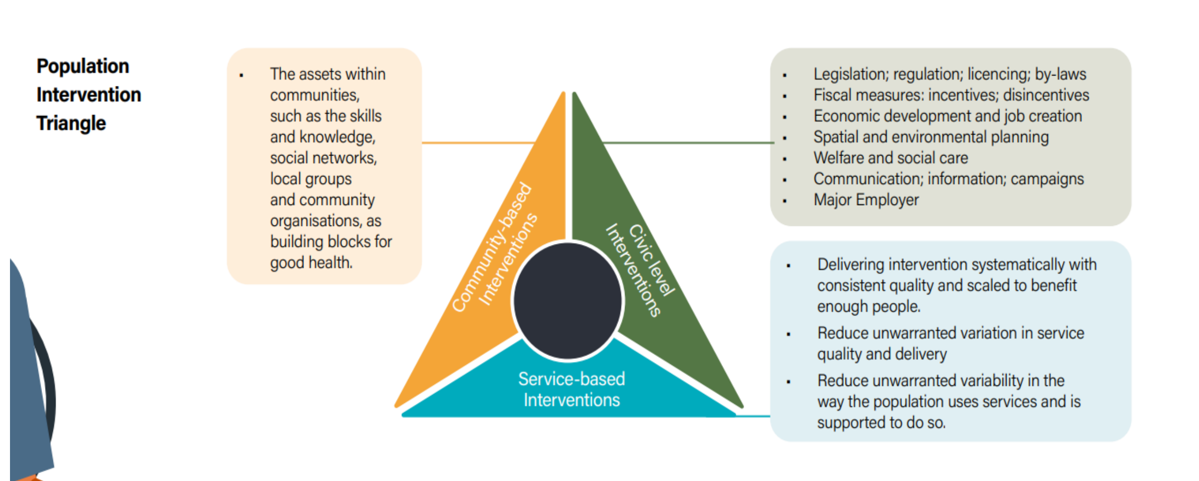
4.1 The Borough is ranked the fifth most deprived local authority in England, and the most deprived in London. The Index of Multiple Deprivation (IMD 2019) measures the lack of necessities individuals in a neighbourhood have. Factors including income, employment and education are used as Quantifiable measures. The IMD shows that some neighbourhoods in the Borough experience from higher levels of national income deprivation and a lack of education, skills and training. Moreover, the majority of B&D neighbourhoods are categorically in the most deprived 10% of neighbourhoods in England when considering barriers to housing and services. Barriers expand to the impact of housing affordability, overcrowding, homelessness, and distance to amenities including GP surgeries and supermarkets to measure deprivation.

4.2 Health is bound up with deprivation as evidence shows that there is a social gradient in health: the more deprived an area of residence, the lower an individual's socio-economic position, which generally equates to poorer health and shorter life expectancy. Unsurprisingly, on several health metrics, Barking and Dagenham has poor outcomes and there are significant differences with wealthier areas of London short distances away. Some disparities in health outcomes within the Borough may also follow this social gradient. National analysis of NCMP data shows that there is a strong relationship between deprivation and childhood obesity[7]. Locally, Barking Riverside, the ward with the highest percentage of obesity amongst children in Reception year, contains some of the most deprived neighbourhoods in the Borough.

4.3 Barking and Dagenham has amongst the greatest health inequalities in North East London (NEL), London and England. This can be clearly seen in The measure of healthy life expectancy - the year a person has "good" or "very good" health, based on how people perceive their general health. In Barking & Dagenham, healthy life expectancy is just 58.1 for males and 60.1 for females, around 5 years less than the average for London. The prevalence Of unhealthy weight (including obesity) of children and adults is significantly higher than the national average. 49.1% of Barking and Dagenham children in Year 6 were classified as overweight or obese during the academic year 2021/22 - the highest proportion of all local authorities in the country.

[7] Part 4: Deprivation - NHS Digital

5. What role does the Voluntary and Community Sector play in supporting residents?



5.1 Community partners play a critical role in supporting and improving the health and wellbeing of residents, including but not limited to navigating services. Many residents may have little contact with or trust in the Council and statutory partners, but frequent contact and trust in community and faith groups close to them and their families (i.e. trusted voices). These organisations maintain close, trusted connections with those that they help and hold knowledge of the needs and demands of their specific communities. To help as many local people as possible from a diverse range of backgrounds, we must listen to these groups, partners, and indeed, residents themselves.

5.2 The North East London NHS Joint Forward Plan[8] recognises the opportunities which closer working between health, social care and the Voluntary Community and Faith Sector and Social Enterprise (VCFSE) organisations can achieve and that these are essential to the planning of care and to supporting a greater shift towards prevention and self-care. The VCFSE work closely with local communities and are viewed as key system transformation, innovation, and integration partners of equal value with other statutory partners.

5.3 Health and wellbeing remains a key priority for the Council and the Borough, as outlined in both the Joint Health and Wellbeing Strategy[9] and the 2022 Joint Strategic Needs Assessment (JSNA)[10], where a gap of meeting the demands of those with greatest need is identified. The review recognises that a refocusing of services and transformation of those undergoing challenges in capacity and funding may be required to bridge this gap.

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[8] https://www.northeastlondonhcp.nhs.uk/wp-content/uploads/2023/06/NEL-Joint-forward-plan-June-2023-vFINAL.pdf

[9] https://www.lbbd.gov.uk/sites/default/files/2023-06/LBBD%20JHWS%202023-28.pdf

[10] https://www.lbbd.gov.uk/sites/default/files/2022-10/BHRJSNA2022_LBBD_Final_%20version.pdf

5.4 The Borough Manifesto[11] includes a theme on health and social care which recognises that the local community face long-term challenges because of unhealthy lifestyles. Consequently, the Manifesto includes targets to improve male and female health life expectancy, outcomes where, as already stated, B&D suffers inequalities and targets to determinants of health inequalities. To buck these trends, the approach to health and care must be viewed differently; health and care services need to work more closely together being fully integrated and seamless, reducing the barriers that currently exist. By embracing and driving this transformation, the Council aspires for B&D to become a place which supports residents to achieve independent, healthy, safe and fulfilling lives.

5.5 Highlighting the work already provided by the VCFSE and further establishing better relationships between community groups and statutory partners will be key to achieving this. Put simply, the VCFSE can play a role in providing what statutory partners cannot.

5.6 Recent NHS Confederation reports[12] and guidance[13] show how integral the voluntary sector is to achieve integrated care in health and care services.

6. The existing VCFSE landscape in Barking and Dagenham

6.1 The capacity of the VCFSE in Barking and Dagenham has grown significantly over the last few years. Participation and Engagement became a priority in the 2020-22 Corporate Plan and a new social infrastructure contract was commissioned to the BD Collective - a values driven movement focussed on creating an environment that facilitates collaboration. The movement does this via a network of networks, seeking to redress the balance of power sharing between the state and civil society.

6.2 At the beginning of the COVID-19 pandemic, a collaborative model of support was set up between the Council and the BD Collective, coordinating local volunteers, voluntary and faith groups to deliver a support system for the community, by the community. This model catalysed a pattern of undertaking work with the VCFSE, having conversations as equal partners and making decisions together.

6.3 The Council's collaborative work with partners enabled the setting up of the participatory grant funding organisation, BD Giving. The organisation seeks to make it easier for local people and organisations to fund what matters to them, using participative grant-making processes directly involving residents.

6.4 Most recently, Community Resources on behalf of the BD Collective, worked alongside the Council in setting up the Community Locality Leads Model to address health inequalities and provide cost-of-living support. During the first discovery year five VCFSE organisations acted as Locality Leads across six geographical areas, providing local connections in communities and triaging

[11] https://www.lbbd.gov.uk/sites/default/files/2022-09/Barking-and-Dagenham-Together-Borough-Manifesto.pdf

[12] The voluntary sector: a game-changer in integrated care systems | NHS Confederation

[13] The voluntary sector – the secret weapon for integrated care? | NHS Confederation

support with a network of community partners, to ensure that residents in need can access the most appropriate support.

6.5 Addressing the issue of health inequalities and enabling wellbeing has proved successful for the B&D Partnership with the inclusion of the VCFSE. However, to further improve, it is essential that we continue to work with the VCFSE to produce better outcomes for all, so that together we enable residents to make informed decisions, shape services and create a supportive system so as to work together effectively in an environment of collaboration.

7. What is the role of the new Integrated Care Systems (ICS) in amplifying the voice of the VCFSE?

7.1 On 1 July 2022, Integrated Care Systems (ICS) became statutorily responsible for planning and funding health and care services. These are led by two related entities at system level: an ‘Integrated Care Board’ (ICB) and an ‘Integrated Care Partnership’ (ICP), which are collectively referred to as the ICS. Their purpose is to integrate care across different organisations and settings, joining up services and leading the following on behalf of their population footprint:

- Improve outcomes in population health and healthcare,
- Tackle inequalities in outcomes, experience, and access,
- Enhance productivity and value for money; and
- Help the NHS support broader social and economic development.

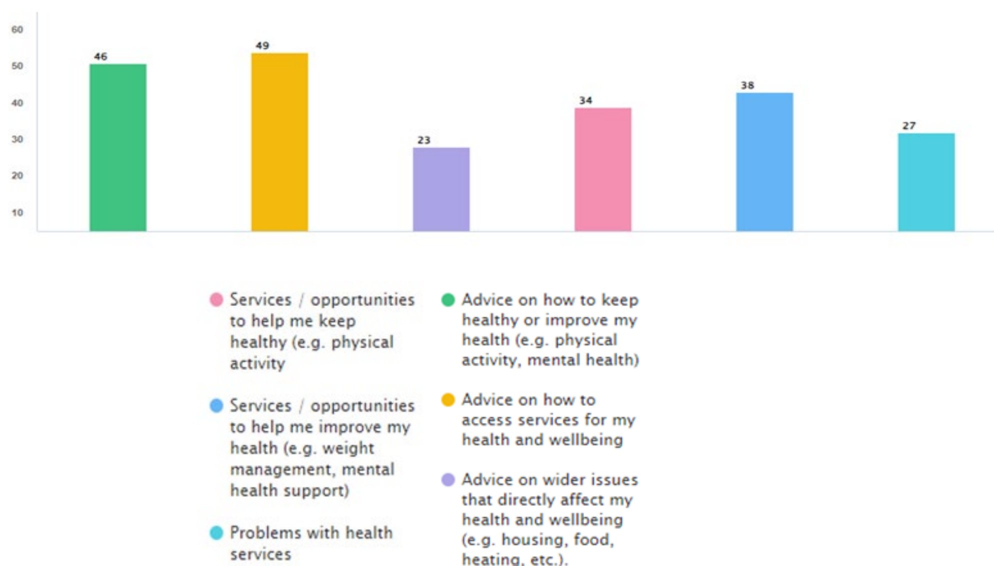
7.2 The ICP, which brings together key system partners for health and social care, including VCFSE organizations', represents an opportunity for the VCFSE sector to become more embedded in-service design and decision-making for health and wellbeing. This will also be strengthened through VCFSE representation on the ICB Place Sub-Committee and on the Partnership Board, enabling the sector to have a greater voice in health planning and service delivery.

8. Resident Engagement

8.1 In a local survey completed by 83 people online support was shown for community-led healthcare and for more involvement of community organisations in shaping services. Most people felt that community organisations should have a role in seeking the views of local people and working with the NHS to inform health and wellbeing services. There was overwhelming support for the VCFSE to provide advice on health and wellbeing issues and improvement, more than doing so through the NHS.

8.2 Most respondents felt that they had never been able to influence health services. Given the response to question 3 set out below, the VCFSE could play a significant role in changing this sentiment.

Q3 What kind of advice or support on health and wellbeing would you like to be able to access through your community rather than through the NHS?



9. Feedback and Findings from Sessions

9.1 First Evidence Gathering Session with VCFSE Partners: 15 March 2023

9.1.1 Members of the Health Scrutiny Committee met with partners from a range of Voluntary and Community Sector organisations on 15 March 2023, to discuss their perspectives as to:

- The role of the VCFSE in supporting residents and each other in tackling health inequalities;
- The current barriers between the VCFSE and the wider system in joint working, and how colleagues felt that all partners could begin to navigate challenges such as differences in culture and language, to be able to work better together;
- How the relationship between all partners could be strengthened;
- The best means of placing people and communities at the heart of decision-making regarding services and community-centred approaches to health and wellbeing; and
- The support needed by the VCFSE as a sector, to be able to have a more meaningful and active role in shaping future strategy and service delivery.

9.1.2 During the session, Members also learnt more about the establishment of the BD Collective, which had been created four years prior, as a response to a report by Julia Unwin on the future of civil society. The values of connection, trust, accountability and power sharing, as endorsed by Julia Unwin, were adopted by the BD Collective as the defining ethos of its model, creating an open and welcoming environment, for VCFSE partners to come together as a network.

9.1.3 The BD Collective model marked a crucial change in the operation of the VCFSE; Members learnt that previous commissioning models had encouraged the VCFSE to compete against each other, rather than to work

collaboratively to realise their collective strengths. As such, the BD Collective presents an innovative and new space for VCFSE partners to collaborate around aspects such as service delivery and consortia funding bids.

Key Messages from the session

- VCFSE service advertisement could prove difficult; colleagues struggled with their time and capacity to promote their work and often did not know how best to get messages out to the local community. Furthermore, increased service take-up could also create issues in terms of the necessary staffing to support additional service delivery.

- Working in silos acts as a barrier. Working together on issues like commissioning is more productive to the VCFSE, as is having direct relationships with people in the Council and social sector (e.g. NHS) – more willingness to work together and keep each other updated.

- Colleagues struggled to navigate the wider systems. Joint training and doing more things together would help each other’s worlds, especially understanding the integrated care system and of equal importance, helping statutory colleagues to understand the strength and diverse nature of the VCFSE sector.

- Colleagues struggled to get the message out to the local community about what their groups were offering/activities they were running. They also found it difficult to find the right person to talk to, to support them with getting the messages out. There doesn’t seem to be a central point at the Council either- e.g., Council website is not very good.

9.2 Second Evidence Gathering Session with Health Partners: 3 April 2023

9.2.1 Members of the Health Scrutiny Committee and officers met with statutory Health Partner colleagues on 3 April 2023, to hear their thoughts and learn ideas as to:

- ***The role of statutory health and care system and the VSFCE sector***

9.2.2 Since the ICB was established, Place has had a strong presence in the way the statutory system works and has expanded the remit of health formally beyond healthcare. The Place-based Partnership has a remit around addressing health inequalities.

9.2.3 Work has started at the Place-based Partnership that has highlighted it cannot achieve anything without the VCFSE. Currently with the involvement of the VCFSE, five Locality Leads have been established across six localities, allowing on the ground connections to over 500 VCFSE groups which are co-producing ways of addressing health inequalities with residents. Whist this is producing some short-term benefits, in order to make a real difference, it will take 4-5 years.

9.2.4 The emergent system led priority to establish a more coherent locality model and approach, offers further potential to draw on the learning and impact of the locality leads in working with and alongside system partners to address health inequalities in and around our neighbourhoods.

- ***Commissioning the VSFCE***

9.2.5 Barking and Dagenham has many small voluntary community- based groups. However, the reality is that in the main the statutory services are unable to commission and/or fund them as these groups in the main do not have the necessary governance arrangements in place that would merit/allow public funds to be allocated. This is incredibly challenging and frustrating at a time when trying to grow and develop the voluntary sector locally.

9.2.6 There does exist the Social Prescribing Community Chest Fund, financially supported through the Health Inequalities Grant which could be used to support the community to grow its capacity. Whilst a level of due diligence/governance is required, it is set much lower and there is also support available to assist with bid writing. The BD Collective is actively exploring becoming an entity. This would be advantageous in the governance of the distribution of funding to smaller community groups.

- ***How can the statutory system better support the VCFSE***

9.2.7 The Statutory system has a lot of estate. Partners can act as an enabler, looking at shared assets with the community. As an example, the Council is about to open its first two Community Hubs within health-owned buildings.

- ***Barriers to joint working***

9.2.8 The NHS is not a single cohesive organisation, just like the VCFSE is not. Understanding how organisations relate to one another, and what services are available is a challenge. Other more practical challenges include the limited ability of the community to volunteer when their working environment is either insecure, unsociable hours and/or longer hours.

- ***Culture and language barriers***

9.2.9 The use of language and terminology and jargon in the NHS needs to be reviewed with a particular issue around the use of acronyms. There is merit in the NHS arranging training for the voluntary sector about terminology. Also using the voluntary sector to directly engage with the communities on behalf of the NHS can have a real positive impact as they have the experience of working at that level.

- ***Beyond funding and resources, what support does the VCFSE need as a sector to be able to have a more meaningful and active role in shaping future strategy and service delivery***

9.2.10 The key for the statutory services is about transparency and honesty and having the voluntary sector at the table at every opportunity. It is about giving the likes of community groups the opportunity to be heard and the influence to create change instead of the statutory partners just telling them what to do.

- ***How to improve communications with the VCFSE to enable them to have a greater voice***

9.2.11 The BD Collective is important as a network of networks to help identify what is out there. There is not yet one place to go to know what is going on, when it operates, and who is who. The Collective serves as a conduit and communication channel, given the ever-changing sector of the VCFSE.

9.2.12 Technology can play a vital role. An example being the Joy app, a social prescribing software application which is being rolled out and enables health and social care professionals to link clients to local services and demonstrate outcomes.

Key Messages from the session

- Often people arrive at statutory health and care services in a place of need, which in practice makes the statutory system more of a “sickness service”. Whilst the statutory system does have a preventative element, we need to think about how a person might manage a condition or live with it in a manner that prevents further sickness. In that sense prevention means addressing further deterioration and that is where the VCFSE can play a vital role in addressing health inequalities.
- Greater use of technology to improve communications.
- Better signposting opportunities re voluntary and community groups that can support residents.
- Produce welcome packs for all new residents specifically, around the locality and the services available in them.
- Better support through the Council and the BD Collective for smaller organisations to enable them to bid for contracts.
- Use the VCFSE to directly engage with communities on behalf of the NHS.

9.3 Third Evidence Gathering Session with VCFSE Representatives: 11 July 2023

9.3.1 Members of the Health Scrutiny Committee together with a number of officers met for a second time with partners from a range of voluntary and community sector organisations on 11 July 2023. The session was introduced by Rhodri Rowlands, Director of Community Participation and Prevention and led by Elspeth Paisley, Community Resources Health Lead and member of the BD Collective Leadership Team.

9.3.2 The presentation outlined the background and role of the BD Collective, bringing the social sector of Barking & Dagenham together in partnership with others. By doing this, it seeks to build trust between people and organisations

through shared challenges and accountability, and importantly aims to shift power to devolve decision making for those most impacted by those decisions.

9.3.3 The combined efforts of the networks aim to shift the balance in the Borough from individual organisations to collective endeavour, moving away from traditional public service commissioning which pits groups and individuals against one another and does not allow the collective benefit to come through, to a model of shared accountability and power. Thoughts and comments from the session included:

- Do we really see what the value of the voluntary and community sector is?
- There are circa 5,000 groups in the Borough; the value of what they do is huge and often untapped.
- Positive bias towards residents doing small projects.
- 40% of people presenting to a GP did not actually need to see a doctor – they can be better helped and supported in the community.
- Building friendships when activities are in groups – this provides extra benefit to health support.
- Residents can find solutions themselves; they are creative. Statutory providers need to put their trust in them.
- The aim should be to steer a path away from becoming another bureaucracy – the sector offers different opportunities.
- To improve healthy life expectancy, we must have a long-term vision.
- Funding: ideally, this would be longer-term as well, so as not to lose good people on short-term contracts.
- It is important to be willing to fail and try again. Change doesn't happen overnight, and we can't work out what works well that quickly.
- We need to make sure that we're measuring the right things. Impact is important but needs to be thoughtfully measured.
- We need to be open to continuous learning – there's still much more to learn, and,
- It can never be just about numbers and how many people, but case studies of the journeys and quality of programmes, examples of which were presented as follows:

9.4 Independent Living Agency

9.4.1 Mr A was a 65-year-old gentleman who was discharged from hospital on a Friday. On return home he was taken back to hospital as his home was in a state of disrepair. We were asked by the LBBD hospital discharge team to support the gentleman as soon as possible, as they wanted him discharged from hospital due to bed shortages. We visited him in Queen's Hospital within an hour of the referral and agreed to start work. The gentleman told us that he had money but needed to get cash out. He was keen to go home so agreed for us to access his home and get his card. On entering the premises, we realised it needed cleaning. We sent photos to the social work team who agreed to fund the clean the following day.

9.4.2 Our support worker went to hospital on the Friday night with the gentleman's bank card, and he gave us permission to buy a bed and fridge. On Sunday,

we went back to hospital and the gentleman allowed us to get new bedding and household items and cooking items plus a new microwave and curtains. He was due to be discharged on Monday and called his support worker when leaving the hospital at 6pm. We met him at his flat to support his move and liaised with the care agency to ensure they were aware that he had arrived home. We went shopping for food and items he needed.

9.4.3 By using our local connections and knowledge that we have built up over twenty-five years, we were able to secure a quick discharge into a safe home space.

9.5 Harmony Clinic (HCP)

9.5.1 Alex (not his real name) first encountered Harmony Clinic in the last quarter of 2022 when he dropped in for a free health check at the Dagenham Library (Community Hub) where health care volunteers from Harmony Clinic offer fortnightly health checks.

9.5.2 During the consultation, it was found that Alex's blood pressure was over 190 systolic and over 100 diastolic. He smoked 20 or more cigarettes a day, enjoyed coffee, Coca-Cola, and regularly had takeaway lunches. Alex rarely did any physical activity. Alex was strongly encouraged to see his GP due to his high blood pressure. He was also given health advice regarding diet and exercise and was told to visit the clinic in two weeks' time.

9.5.3 Alex returned a month later and informed Harmony Clinic that he had seen his GP. He started treatment on amlodipine and had started going to the gym, taking packed lunches to work, but was struggling to give up coffee. After another blood pressure check, Alex's result had improved (140/86). He was advised to continue checking his blood pressure regularly. On his third visit, he had stopped smoking and his coffee intake had decreased. He substituted coca cola with sparkling water. Alex described feeling much better in himself as a result.

9.6 Thames Life Community Development Trust

9.6.1 Matt Scott, CEO and Lucy Lee, Locality Health Lead from Thames Life provided an overview of the Group's Community Drop-In Clinic, a new model of care. In the absence of a purpose-built Health Clinic in the Barking Riverside ward and as the existing clinic in Thames View is overwhelmed with patients, the waiting times for GP appointments are long. As a result, Matt and Lucy were invited towards the end of last year to look at a new model of care. As part of the consideration Dr John (Aurora Medicare) and Zoinul Abidin (Head of Universal Services & Community Solutions, LBBD) brought their thoughts to the conversation and suggested that a drop-in session on a Friday be established facilitated by Thames Life with support from the likes of paramedics, GP's, massage therapists etc. A pilot drop-in session took place at Thames Community Hub on 17 March 2023.

9.6.2 The pilot was a great success and despite only three days of leafleting and marketing, hundreds of people attended and commented as to how great it was. People were happy to not only get a free massage, but to also be able to

get in front of a doctor and have their minds put at ease, which positively impacted the community. So much so, that in partnership with Thames Life, Zoinul and Dr John and now supported by Barking Riverside Ltd (BRL), the drop-in sessions are now taking place once a month in various locations/venues, now partnered with local community groups and organisations.

Key Messages from the session

- How can we scale what we know can make a real difference? This is an opportunity for both the Council and NHS.
- Can we start doing more in more locations e.g., near stations?
- How can we build sustainability within these projects and how can we shift resource from statutory partners to the sector in the future?

Looking to the next steps:

1. Engage and design **WITH**, rather than do to. Harness collective knowledge of variety of groups.
2. Focus on discovering what works: we know that some things aren't fit for the 21st century.
3. Commit to commissioning via consortia (opening door to wider range of providers) to benefit from collective wisdom.
4. Release community power. By doing so, you improve wellbeing of the community, and
5. Invest in the long-term. Focus on what we collectively want to see in Barking and Dagenham.

10. Key themes and recommendations from all sessions

10.1 Continue to foster relationships with VCFSE that focuses on commissioning, collaborating and co-designing together

10.1.1 Members of the VCFSE described deeply entrenched ways of working in a service-delivery model rather than one of working in collaboration. Rather than being there to support the Council or statutory partners in delivering their services, the VCFSE offers something different and deserves a place at the table to work in collaboration with those partners. More willingness to work together and share power between partners offers the possibility of harnessing the best of every sector. It is the Council (and NHS) that holds the responsibility of relinquishing some of their resources and power to allow the community to do what it does best.

10.1.2 As a requirement to providing services to statutory partners, the VCFSE are regularly asked to work towards specific metrics and outcomes. It was felt that sometimes, these targets were not realistic, particularly within short timeframes. These targets force groups to respond in more of a business style than that of a VCFSE organisation. Groups argued that VCFSE organisations focus more on connections and improved quality of life rather than on quantitative measures around process, such as how many contacts their

organisation had with individuals, which may not communicate the full picture of how their work helps people. In addition to this, VCFSE representatives argued that reporting to specific numerical targets may detract from the values of the organisation and what the programme really aims to achieve. Allowing groups to showcase their work through more qualitative measures such as case studies and testimonials would help to reveal the impact of their work in a less restricted manner.

10.1.3 One knock-on effect of this service delivery model is that groups feel they act in competition for access to funding pots, instead of working together towards shared goals. This often means that smaller organisations are unsuccessful at securing funding bids while in competition with larger organisations, despite both having similar aims. Consortium approaches to funding pots allow more groups to access funding, leading a step closer to fully utilising the unique potential and expertise of every group.

Recommended actions:

- *Consideration to be given in all commissioned services / tenders to the qualitative evidence on overall impact on individuals and communities e.g. via case examples and stories.*

- *Work with civil society groups to facilitate more consortium approaches to funding bids that promote collaboration rather than competition and increase reach and breadth of VCFSE contribution.*

- *Commit to using the community locality leads model as a platform to draw learning and to help shape the emergent locality model being developed by council and partners.*

10.2 Developing community capacity and connections

10.2.1 We all need to work in collaboration, recognising that we need each other and that each sector has something to offer. It is important to have more open conversations between the different sectors, discussing issues and encouraging greater collaboration.

10.2.2 Often people aren't aware of the other groups that are operating in the same spaces as them, especially if these other groups are booking independently. How can we publicise the offer more and help groups to make those connections?

Recommended actions:

- *Review existing grant and commissioned funding to ensure its reach is fair and supports the contribution and role of VCFSE in addressing health inequalities.*

- *Work with VCFSE sector to develop clear and shared consensus of the role of the sector in co-design and delivery of system priorities e.g. emergent locality model.*

- *Commit to utilising the VCFSE sector to support activity aimed at increasing voice and reach of services to seldom heard.*

10.3 Bid writing and sharing information across the VCFSE

10.3.1 The competitive nature of bid writing means that it is often the larger groups and organisations that are successful. Those smaller groups tend to have less access to the resources and capacity needed to draft lengthy funding bids and fall short of those where an employee with specific bid-writing expertise wins the funding. Frequently, the organisation must weigh up the time spent completing a lengthy bid application and the potential of being successful or not, with focusing that time elsewhere. This may result in fewer organisations feeling compelled to apply to pots of funding, in turn encouraging a pattern of the same, larger groups being successful.

Recommended actions:

- *Establish training sessions for groups across the borough to upskill and build capacity in bid writing.*
- *Ensure that bid applications only ask the questions that need directly answering, lessening the time and resource required for groups to spend on drafting them.*
- *Ensuring the VCFSE sector are aware of key developments within health and care and are able to respond appropriately.*

10.4 Developing common culture and language

10.4.1 There was an acknowledgment that the VCFSE does not always speak in the same language as the NHS, and that the worlds both sectors operate in can vary significantly. Currently the VCFSE feel that there are not enough opportunities to have joint conversations and there is a lack of knowledge about who to contact at the Council for support unless there is an existing direct relationship. Of course, we cannot rely on direct relationships, for when that person leaves, the relationship between organisations ceases to exist.

10.4.2 Joint training sessions and conversations where colleagues from all sectors can work together would help to mitigate against these obstacles to partnership working. These conversations would help all sides understand how other sectors operate, and what they're working on. It should be noted that the VCFSE seldom has the resources to lead things like joint training sessions but would be keen to join such things if the Council or NHS were willing to set these up.

Recommended actions:

- *Establish joint training sessions and working groups between the VCFSE sector, NHS, and the Council to allow for genuine collaboration and to develop stronger relationships between organisations.*
- *Ensure VCFSE representation in co-design & subsequent implementation of B&D Committee in Common (Place Partnership) Strategy & co-production principles.*

10.5 Ensuring longevity of funding

10.5.1 Groups expressed frustration at the “stop-start” nature of funding. Short contracts and pilot projects mean that often organisations recruit staff on short-term contracts with uncertainty as to whether they will be able to retain that member of staff post contract completion. The knock-on effect of this is that it becomes more difficult to recruit staff in the first place with only a fixed-term position available, and staff morale is hampered when turnover is high, and projects are cut before much work can develop.

10.5.2 Strong relationships take time to fully develop, and when organisations are commissioned to do this with local people, one or two years to do this thoroughly is rarely enough. One representative from the VCFSE concluded that “the community are tired of being experimented on”.

Recommended actions:

- *Contracts should aim to allow time for the VCFSE to create sustainable workstreams where staff members can develop projects before funding is cut prematurely.*

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