

## **Planned work projects for the VCSE Health and Wellbeing Alliance 2024/25**

### **About the VCSE Health and Wellbeing Alliance**

The Voluntary Community and Social Enterprise (VCSE) Health and Wellbeing Alliance (HW Alliance) is a partnership between voluntary sector representatives and the health and care system. It is a key element of the Health and Wellbeing Programme, enabling the sector to share its expertise at a national level with the aim of improving services for all communities.

The projects outlined here will be co-designed and delivered this year in partnership with policy leads across the Department of Health and Social Care, UK Health Security Agency and NHS England. Read more about the VCSE Health and Wellbeing Alliance [here](#).

### **The big challenge – access to appropriate services and support.**

The HW Alliance's mission is to enable policy, commissioning and provider organisations to design services and support based on the needs of people and communities who face disadvantage and exclusion, including digital exclusion.

You can find this year's work projects sorted by theme below. We have also prepared a list collated by member, which you can find [here](#).

### **Planned work projects for 2024/2025**

#### **Digital and accessible communications**

##### **Addressing the belief and trust misconceptions that stop people from engaging with Digital Healthcare Services**

The key aims of this project from Good Things Foundation are to further understand the misconceptions, beliefs and trust that create a barrier for people in accessing digital health services, and to co-design approaches to addressing these misconceptions with best practice examples. This work will be supported by British Red Cross, Carers UK, Friends, Families and Travellers and Roma Support Group.

#### **Maternity**

##### **“Faith for a Safe Start” Health Inequalities Campaign**

FaithAction will collaboratively design, launch and implement a campaign to encourage faith communities and Local Maternity and Neonatal Systems (LMNS) to work together in reducing inequalities for Black and Asian patients in the UK.

The campaign will compliment and support the rollout of the toolkit produced last year, which seeks to engage a range of faith communities and national partners in local partnership work on improving timely access and reducing barriers to care.

They will then embed the work in local activity, identified in collaboration with campaign partners, which will provide best-practice examples of what strategic local work can look like. This work will be supported by Tommys and Sands Maternity Consortium and Locality.

### **Developing accessible infant feeding & early information resources for Gypsy, Roma and Traveller communities**

Friends, Families and Travellers and the Roma Support Group will co-produce a suite of accessible and culturally pertinent infant feeding and early information resources, designed for and in co-production with Gypsy, Roma and Traveller communities. The final product will be a suite of multi-media assets targeted at the communities to support informed parent choices in infant feeding. The resources will be cascaded to community members and to healthcare professionals who are working with Gypsy Roma Traveller communities across England and Wales. This work will be supported by Tommy's and Sands Maternity Consortium and the Good Things Foundation.

## **Mental Health and Suicide Prevention**

### **Addressing mental health inequalities through data collection and supporting Integrated Care Boards (ICBs) in advancing equalities at the regional level**

The Mental Health Consortium will work in partnership with the NHSE Equalities Team to support Integrated Care Systems (ICSs) and ICBs in the development of their equalities strategies and where they have been published already, they will support in their analysis and review for population data on mental health and inequalities. They will build on the data they have gathered from their earlier projects and add to this information, focusing on access, experience and outcomes. This work will be supported by the Suicide Prevention Consortium and FaithAction.

### **Core principles of suicide prevention from policy to practice.**

Building on their work to date, the Suicide Prevention Consortium will look to explore how core principles of suicide prevention can be implemented.

They will be looking to develop a deeper understanding of how we can move core principles from policy to practice.

They will look to explore these core principles alongside people with lived experience, practitioners and policymakers and building on their existing work as a Consortium to support the Suicide Prevention Team at DHSC and other governmental departments to deliver against their strategy commitments to these principles.

This work will be supported by the Mental Health Consortium and Locality.

### **Lived experience perspectives on avoiding hospital admission for autistic people during a time of crisis**

The first phase of this project will see The Complex Needs Consortium undertaking qualitative research with those with lived experience of all ages, asking what could have been done to prevent hospital admission. The second phase will provide feedback and support to NHS England as they begin to scope and shape guidance to health and care systems on potential interventions and therapeutic pathways for autistic people in the community. This work will be supported by the Valuing People Alliance, LGBT Partnership and the Race Equality Foundation.

### **Dynamic Support Registers**

The Valuing People Alliance will be working with people with lived experience to understand any barriers to the implementation of Dynamic Support Registers, and anything that needs to work differently to maximise implementation. This will primarily be in discussion with people with lived experience but also engaging with learning disability and autism leads in ICBs. The project will be co-produced and will inform any steps that NHS England may take to ensure improved access of the existing Care (Education) and Treatment Review and Dynamic Support Register policy. In addition, they will speak to other key stakeholders such as at NHSE who supported their development and regional leads in NHSE to find out where they are working well and why / what makes them work well. The project will be co-produced, inform government policy to improve access to services and ensure policy is inclusive. This work will be supported by the Complex Needs Consortium.

## **Primary Care**

### **Supporting children and families from Black, Asian and Ethnic Minority communities to tackle oral health inequalities.**

The Barnardo's consortium will work collaboratively to bring together insights, case studies and best practice examples for working with communities experiencing health inequalities and barriers to accessing support. These insights will underpin the

development of key recommendations for supporting Black, Asian and Ethnic Minority communities to tackle inequalities in oral health. This work will be supported by Friends, Families and Travellers.

### **Improving Uptake of Annual Health Checks for People with a Learning Disability from Black, Asian, and Minoritised Ethnic backgrounds**

The key aims of this project, conducted by the Race Equality Foundation, are to upskill specialist VCSE organisations supporting people with a learning disability from Black, Asian and minoritised ethnic backgrounds and to improve awareness of Annual Health checks (AHCs) and improve uptake amongst people with a learning disability. The project also seeks to support people living with a learning disability from minoritised ethnic communities to be upskilled to deliver training to other patients and carers on the value and impact of AHCs. This work will be supported by Learning Disability England.

### **Social Prescribing**

#### **Producing a Voluntary Sector driven strategy for Social Prescribing in the Criminal Justice sector**

Clinks will build on their earlier work, which explored the role of the voluntary sector in supporting people with lived experience of the criminal justice system using social prescribing. They will build on existing relationships to co-produce a voluntary sector driven strategy for social prescribing, which will consider the role of social prescribing in addressing health inequalities for people with lived experience of criminal justice, considering the economic reasons and social impact potential of a consistent model of care. This work will be supported by FaithAction.

### **System transformation and partnership working**

#### **Influencing on a local level: Supporting collaboration between LGBT+ organisations and ICSs.**

The LGBT Partnership will work with the Voluntary Partnerships team and LGBT health team at NHS England on a project to support LGBTQ+ groups to work with health and care organisations. The aim is to equip smaller, local and grassroots LGBTQ+ organisations to advocate for their communities about the things that matter to them most and ensure access to the health and care services they need. The partnership will create bespoke resources and workshops to support LGBT organisations in understanding and influencing health and care systems in their local areas, with a focus on ICSs. They also aim to co-develop some principles for health

and care systems about meaningful engagement with LGBTQ+ organisations. This work will be supported by Locality.

### **Integrated approaches to palliative, end of life and bereavement care that address inequalities in access for adults and children and young people.**

This work, conducted by the Palliative and End of Life Consortium, will involve producing a series of case studies of current models of palliative and end of life care and bereavement support that are reducing inequality in access to, and experience of, these services. The Palliative and End of Life Care Consortium will also draw out where these examples can help to reduce broader system pressures.

### **West Yorkshire Health and Care Partnership – Keep it Local development programme**

Locality are supporting West Yorkshire to become the first “Keep it Local ICS” in the country. This will include working with the West Yorkshire Health and Care Partnership and stakeholders to ratify the Keep it Local principles, assess current practice across the ICS, identify priority areas for action, work with practitioners to build on good practice, and create a long-term development plan. Locality will play a key role as expert voice on Keep it Local. They will produce and disseminate a learnings report to help other ICSs on this journey. Read about Locality’s ‘Keep it Local’ approach [here](#).

This work will be supported by Good Things Foundation, FaithAction, British Red Cross and Valuing People Alliance.

### **Supporting unpaid carers across health and social care and improving integrated system working**

The Carers Partnership will collate the existing resources that they have developed through their work with the Health and Wellbeing Alliance over the last three years, as well as other products that have been developed separately by Carers UK and Carers Trust into a single resource – the purpose of which will be to support local health and care systems to develop better practice with regard to including, supporting and involving unpaid carers. This work will be supported by Age UK, the Race Equality Foundation, NAVCA, Locality, Hospice UK, Good Things Foundation and the LGBT Partnership.

### **Integrating the NICE guidelines on intermediate care**

The Homeless Health Consortium will explore the enablers and barriers to the implementation of NICE guidance on integrated health and social care for people experiencing homelessness, in the context of the NHS Framework for Action on Inclusion Health, using recommendations on intermediate care as a case study. This work will be supported by British Red Cross and Friends, Families and Travellers.

### **Supporting government departments, ICBs, policy makers and VCSE organisations to co-produce more effectively with people with learning disabilities from minority ethnic communities**

The Valuing People Alliance are developing workshop sessions (and additional resources) about co-producing more effectively with people with learning disabilities from Black, Asian and minoritised groups. The workshops are aimed at government staff, policy makers, Integrated Care Boards and voluntary and community organisations. The workshops and resources will help attendees to better understand the health inequalities experienced by this group, better understanding what good co-production looks like and highlight the benefits of co-producing with this group. The workshops and resources will also support those that attend to better understand how to connect with these communities. The project is being developed in co-production with a lived experience working group and is supported by the Race Equality Foundation, Locality and other Alliance partners.

## **Urgent and Emergency Care and Hospital Discharge**

### **Developing preventative support for people frequently attending A&E.**

Building on their earlier research around people who frequently attend A&E services, which illustrated the scale and impact of the issue and provided insights on the cohort; the drivers; and the impact of interventions such as HIU services, the British Red Cross will work in partnership with NHS England and Dorset ICS to socialise, test and further develop policy and practice recommendations and ultimately support local areas to drive change. The central focus will be on using the findings and recommendations that arise from the research to engage a wide range of national and local stakeholders to build understanding and consensus about preventative solutions for frequent A&E attendance, particularly through improvements to the provision of care at community level. This work will be supported by the Suicide Prevention Consortium, the Mental Health Consortium and Locality.

**Understanding the wider determinants, health and care needs and experiences of older people prior to, during and on discharge from an emergency hospital admission**

The realities of people's personal circumstances as well as their support needs are often not understood by all parts of the system which can lead to older people developing a preventable acute health need; being discharged home in unsuitable or unsustainable circumstances; and after not receiving the support they need, ultimately ending up being readmitted. For many older people the cycle of emergency admissions and readmissions are avoidable with the right processes, support systems, integration and communication.

To explore these issues further, Age UK will work with 3-5 local Age UK's who support older people in their community either through a discharge service or similar, to explore what is happening for older people in the weeks before an emergency admission, their experiences at an emergency department during and an emergency admission.

*As the joint coordinators of the HWalliance, National Voices and NAVCA support collaboration and co-ordination between HWalliance members. This year this will particularly focus on demonstrating the collective impact of these projects.*