

<p>How can the NHS link in better to community resources to reduce health inequalities?</p>	<ul style="list-style-type: none"> ▪ Guide on working with council to help build place-based action to reducing HI.: This guide produced by the Local Government Association will provide inspiration to everyone seeking to build a more inclusive, healthy and prosperous economy in their local area. ▪ How the NHS can work with communities and people: King's fund guidance ▪ Report by Prof Chris Ham on creating the conditions for success in systems leadership and partnership working. ▪ Identifying community assets: TLAP's paper on the asset-based area makes the case for adopting an asset-based approach to care and support with practical examples of steps to shift in the direction of an building asset-based communities and support whole system change. ▪ Bromley by Bow centre resources (Guides to developing integrated health hubs; Engaging communities, co production; Case studies).
<p>What are some resources to help ICS and the NHS work closer with the voluntary sector?</p>	<ul style="list-style-type: none"> ▪ Innovation Unit resources page (about partnerships, how to overcome challenges, tips for influencing for VCSE) ▪ Institute for Voluntary Action Connecting Health Communities ▪ The King's Fund Healthy Communities Together.
<p>What does joint funding between health and the voluntary sector look like?</p>	<ul style="list-style-type: none"> ▪ Health budgets could fund social prescribing activities. ▪ Please see the Community Chest for social prescribing paper and how to guide. ▪ Health and VCSE could join in commissioning a service or activities.
<p>What is a specific example of how the VCSE sector has worked with the ICS, ideally through being part of an ICS Voluntary sector alliance?</p>	<ul style="list-style-type: none"> ▪ There are multiple examples in Black Country: ▪ Established VCSE Alliance that is informing System strategy. ▪ Mental health Winter Pressures funding, following a system and then place based meeting we initial secured £140,000 for one place and based on the strength of the proposal leverage the same funding (totalling £560,000) for the other three places in the system. ▪ VCSE representatives on numerous system condition specific transformation and development groups/pathways. ▪ Appointment of VCSE to executive and non-executive roles within the ICS. ▪ Extension of ICS Engagement & Partnership funding for a further three years.
<p>How should areas / partnerships develop between ICS and VCSE without the benefit of funding and the support of organisations like the King's Fund?</p>	<ul style="list-style-type: none"> ▪ Firstly, engage with the VCSE alliance structure – it should be in place or developing – at System and place level, the CVS or equivalent would be the most likely link in. ▪ Be generous in terms of the skills and experience VCSEs bring, NHS is increasingly being pushed into transactional interactions with patients and welcomes insight form VCSE and social care who have long term relationships. ▪ BUT, be clear that your time has a cost and what you are willing to contribute and what would require funding, there are emerging models where VCSE partners are paid for their time to not only attend development meetings, but canvas community insight and engagement. ▪ A pilot was run in Black Country regarding a set amount of engagement funding being allocated to VCSE organisations to inform the People & Communities strategy and an emerging West Yorkshire & Harrogate have a model of reimbursement (although I question the rates). This is not a new concept other partners including GPs are paid to attend meetings and events, so don't be afraid to ask. ▪ Recommended approach to VCSE reimbursement.PDF (wypartnership.co.uk)
<p>Funding and governance</p>	<ul style="list-style-type: none"> ▪ Check the governance structure of VCSE organisations that the personalised care roles are referring patients to. ▪ Grants and service level agreements may be able to fund small projects and pilots. ▪ Where formal services are “prescribed” contracts with clear expectations and standards should be created. ▪ A useful checklist to assess infrastructure and capacity of the local VCSE sector can be found on page 77 in this guide by the University of Westminster on “making sense of social prescribing”.