

London Borough of
Redbridge



Community chest

in Redbridge

Pilot impact report



**Transformation
Partners**
in Health and Care



01 Report scope



The Teashop in Redbridge

This report provides an overview of the Community Chest (CC) pilot in Redbridge and what the impacts were. It covers:

- the process behind setting up the CC grants
- the activity that was funded through the grants
- the outcomes that were achieved both through the process of setting up the grant programme and as a result of the funded activities
- learnings and next steps

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02 Approach

WHO WAS INVOLVED IN SETTING UP THE COMMUNITY CHEST AT PLACE-LEVEL?

- LB Redbridge Commissioning, (Tracy Rubery & James Bachmann, Nabilah Shahid).
 - **Roles:** securing funding, setting up disbursement mechanism to RCVS, aligning Community Chest with other Place Based Partnership Health Inequalities funded projects in Redbridge.
- RCVS Community Development manager and Social Prescribing manager (Jane Leighton, Shahida Begum).
 - **Roles:** managing the Community Chest grant at RCVS, gathering priorities from Social Prescribers, setting up the application form, supporting VCSEs, managing M&E reporting.

Black Woman Kindness Initiative
and Social Prescribers in Partnership

Invite you to their

Welcome Day
to launch the

Wellbeing Hub
A programme for Black and Minority
Ethnic Women in Redbridge

Tuesday 16 May 2023
12pm to 2pm
Gloucester Room
Ilford Central Library
IG1 1EQ

We want to hear Black and Minority
Ethnic women in the borough of
Redbridge!
This is an exciting opportunity to find
out more about the programme!

Lunch will
be served

This event has been funded through the
RedbridgeCVS Community Chest

RedbridgeCVS

Wellbeing hub flyer

02 Approach

WHAT WAS THE PROCESS FOR SETTING UP THE COMMUNITY CHEST? WHAT WAS UNIQUE ABOUT THIS GRANTS PROGRAMME COMPARED TO OTHER GRANTS PROGRAMMES?

The grant followed a classical grant model of apply - select - award. The project set up was initially managed by council commissioning (Tracy and James) and it was then agreed that RedbridgeCVS* would be the best organisation to manage the grant, given their role in leading Social Prescribing cross-coordination across the borough. There was some initial involvement of PCN Social Prescribers in the core groups, but RCVS managed the general process of the grant programme.

RedbridgeCVS led the gathering of insight and data from social prescribers in both the CVS and PCN context, asking questions to understand what needs in the area are. They already had a quarterly process of getting this insight, just put in place this year. The approach included a focus on identifying specific cohorts and needs from patients and residents going through social prescribing services, while also reviewing what services already exist across the borough to support these individuals.

Redbridge was using an already existing gaps exercise to complement their identification of cohorts in need to determine what type of VCSE and community group activity could be funded by the Community Chest in their area.

As Redbridge were in the second wave of Community Chests to launch, they used the toolkit materials (including priority setting guide, criteria selection guide, application form template, M&E template) to directly create versions in Redbridge.

RCVS used their existing online systems to adapt the toolkit materials/ forms for the VCSE application and grant awarding process.

***Since the Community Chest programme completed delivery, RedbridgeCVS has changed its name to Community Action Redbridge. [Visit the website here.](#)**

02 Approach

WHAT PRIORITY AREAS WERE SET FOR THE CC (IF ANY)?

Process: Redbridge's Community Chest was specifically designed to respond to Social Prescribing needs in the borough.

- These were collected through a quarterly process of collating data from Social Prescribing leads across PCNs and in RedbridgeCVS on gaps in support, what current patients are needing. This data collection was led by Social Prescribing lead at RCVS, Shahida Begum.
- The insight from Social Prescribers was presented back via a workshop where key stakeholders across the borough were invited (beyond the core team) to feed in their insight regarding wider borough priorities and ratify the priority areas of choice.
- The priority areas were fed back to the Place Based Partnership board meeting for final approval at Place Based Partnership level.

Priority areas:

- Cost of living support for families
- Mental health support, particularly in long term crises
- Asylum seekers and refugees support
- Learning difficulties & disabilities support
- Elderly people support

Attendees of the priority setting workshop included:

- Tracy Rubery - Borough Director
- Adrian Loades – System Lead
- Jane Leighton & Shahida Begum - RCVS
- Dr Anil Mehta – Clinical Director, Redbridge
- Gladys Xavier - Public Health
- Ann Hepworth – BHRUT
- Amanjit Jhund – Whipps Cross



Aldersbrook Stables Community

Approach 02

REFLECTIONS AND LEARNINGS

The CC pilot included a significant amount of learning while establishing and carrying out the process, and a number of reflective sessions were included as part of this to develop a best practice going forward. There were a series of thoughts and considerations around the approach taken that may give insight to those who want to run a similar process, sharing what worked well and what didn't.

REDBRIDGECVS'S ROLE

RedbridgeCVS, the local infrastructure support organisation for the VCSE sector in Redbridge was well placed to deliver the pilot programme. RCVS has an existing Social Prescribing service and a role coordinating and collaborating with the wider social prescribing ecosystem across the borough. The programme provided an opportunity for Social Prescribing and Community Development teams to work together. Additionally, RCVS was already engaged in a Social Prescribing gap analysis, and this expertise streamlined the approval of priority areas with the Place-Based Partnership board, ensuring a smooth process.

EMPOWERING THE VCSE SECTOR

The initiative provided increased opportunities for small community organisations to access funding, empowering them to address local community needs, build capacity, and develop essential skills. The scheme not only facilitated better engagement with Redbridge's social prescribing services but also offered crucial support for VCSE groups through project visits, particularly in the context of Monitoring and Evaluation (M&E). In addition, the success of some groups in securing funding from the Community Chest scheme opened doors for them to directly apply for Health Inequalities funding through the Place-Based Partnership, thereby further increasing their capacity and impact.

ENHANCED UNDERSTANDING AND COLLABORATION

The programme fostered better understanding of Social Prescribing across Redbridge and actively encouraged engagement with Redbridge's social prescribing services. It also played a role in developing relationships between RedbridgeCVS, the London Borough of Redbridge, and Health, leading to the development of a joint referral mechanism.

Approach 02

REFLECTIONS AND LEARNINGS

Any challenges and how they were overcome:

BUY-IN AND WIDER INVESTMENT IN COMMUNITY CHEST PILOT

Lack of Engagement in ICS Funding Framework:

- **Challenge:** Limited involvement in the Integrated Care System (ICS) funding framework discussions about future Community Chest (CC) initiatives prevented the alignment of funding priorities.
- **How to Overcome:** To address this challenge, proactive partnership work is needed from the outset. Collaborative efforts should involve the ICS, local authorities, and relevant stakeholders to ensure that Community Chest objectives are integrated into the broader funding framework.

Misalignment of Community Chest Timelines and Future Funding Decisions:

- **Challenge:** The timelines and approach for the Community Chest were pre-agreed and did not align with future funding decisions.
- **How to Overcome:** To address this challenge, a review of the programme's timelines needed to better align with upcoming funding decisions.

Fragmented Funding Process and Uncertainty:

- **Challenge:** The funding process has been fragmented, leading to confusion about the timing and allocation of funding at place-level.
- **How to Overcome:** To mitigate this challenge there needs to be regular consultations with funding partners and clear communication channels to provide transparency about funding allocations and schedules.

M&E Out of Sync with Next Health Inequalities Funding:

- **Challenge:** Monitoring and Evaluation (M&E) activities are not synchronised with the next round of Health Inequalities funding.
- **How to Overcome:** Ensure that data collected through M&E directly feeds into the planning and decision-making for subsequent funding rounds, allowing for more informed and strategic allocation of resources.

Approach 02

REFLECTIONS AND LEARNINGS

Any challenges and how they were overcome:

DEMONSTRATING IMPACT:

- **Challenge:** Short-term funding hinders accurate impact assessment, especially for VCSE organisations addressing long-term health and well-being issues in marginalised communities. To measure their impact effectively, a longer timeframe is necessary.
- **How to Overcome:** VCSE organisations were able to involve the community in project planning and evaluation, demonstrate impact, engage stakeholders and diversify their income. M&E will showcase immediate benefits while advocating for long-term solutions.

TIMELINES FOR DELIVERY:

- **Challenge:** Tight project timelines hindered project delivery on time, fostered reactivity over proactivity, missed opportunities for groups to develop new activities or test new approaches and limited outreach which would enhance engagement and community understanding.
- **How to Overcome:** Groups were supported to develop project plans that accommodated tight timelines whilst allowing for flexibility. Funds were transferred smoothly but improved communication about M&E guidelines and requirements was identified as important to address this challenge.

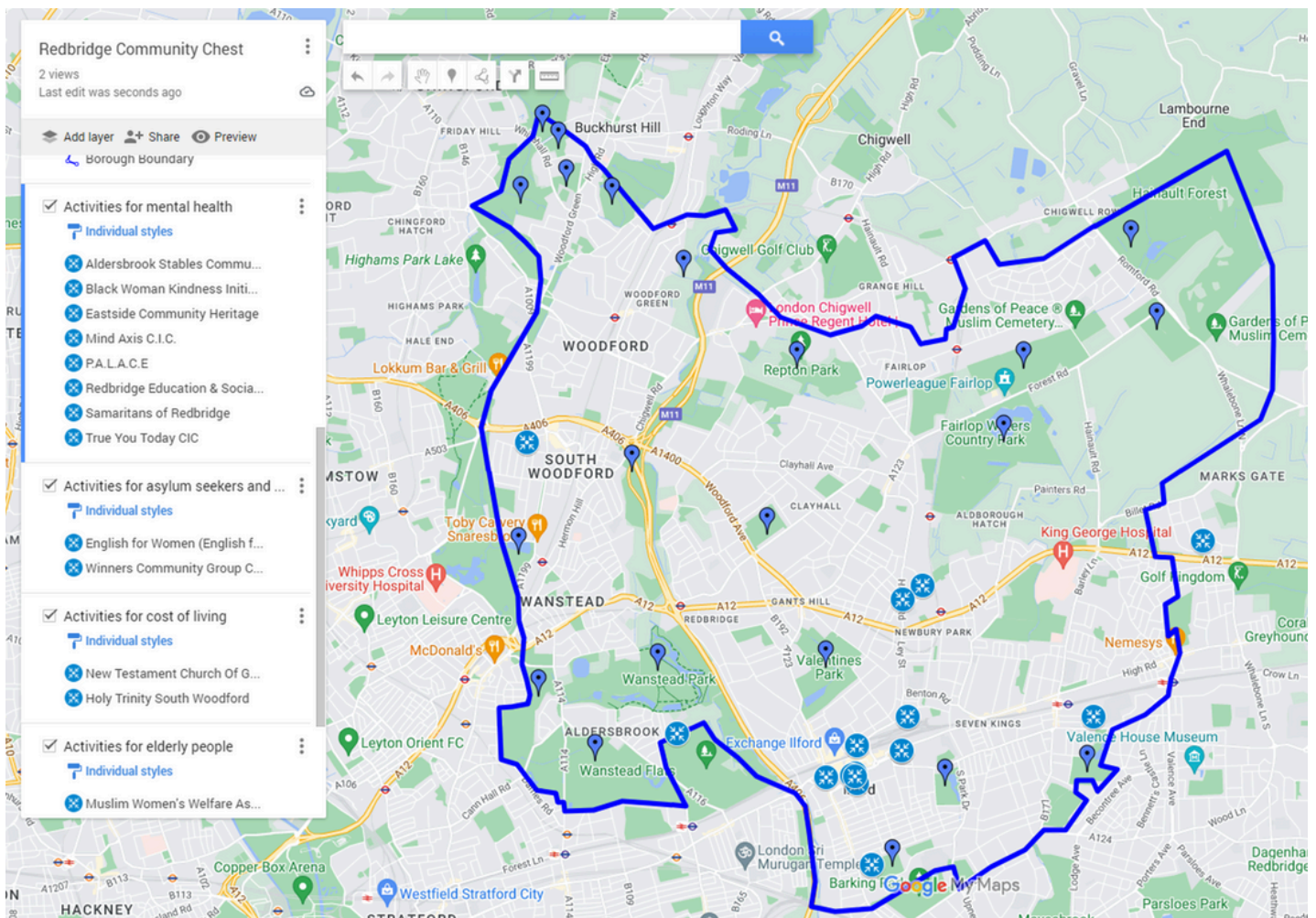
SOCIAL PRESCRIBING CAPACITY AND IDENTIFYING PRIORITIES:

- **Challenge:** The Social Prescribing service faced capacity constraints with the initial gap analysis which required effort to gather input from all SP views across Primary Care Networks and RCVS, compounded by a busy service. Clients were not always available to be referred, emphasising the need for a longer-term focus.
- **How to Overcome:** The service's operations effectively balanced existing commitments with the Community Chest in the short term. Future system improvements using digital technology will ensure that data is collected efficiently to support referral challenges creating more effective Social Prescribing pathways.

03 Outputs

HOW MANY APPLICATIONS WERE RECEIVED?

The Community Chest in Redbridge received 20 applications and funded 16 VCSE organisations, 8 projects focused on Mental Health, and 2 projects within each of the other core Themes - Learning Difficulties and Disabilities, Elderly People, Cost of Living and Asylum Seekers and Refugees.



Scan the QR code with your mobile phone camera to interact with the map

Or visit: <https://bit.ly/3QdCiQ0>



03 Outputs

SUMMARY OF PROJECTS FUNDED

Organisation name	Amount	Priority	Project Summary
True You Today	£5,900	Mental Health	Free workshops including dance, mindfulness, circus, coaching and photography, to connect on physical and mental health, wellbeing, confidence and self-esteem – online & in person.
MWWA (Muslim Women's Welfare Association)	£4,964	Elderly People	Get Together weekly drop-in to relieve women of depression, isolation and befriend with other women.
P.A.L.A.C.E	£3,907	Mental Health	Let's Play Ball – A two - hour weekly Basketball training and scrimmage session for women to learn, play and compete.
Udichi Shilpi Gosthi	£5,352	Elderly People	Udichi will provide health, legal, benefit, education & employment advice, and referrals for Bangladeshi (Bengali/Sylheti speaking) residents and other Asian Communities in L.B Redbridge.
Winners Community Group CIC	£5,646	Asylum Seekers and Refugees	Redbridge Together project's main focus is on elderly women of asylum seeker and refugee backgrounds to deliver services and activities around health and well-being.

03 Outputs

SUMMARY OF PROJECTS FUNDED

Organisation name	Amount	Priority	Project Summary
AWAAZ (Redbridge Education & Social Welfare Support Group)	£5,850	Mental Health	Our project Stepping Together is to support women to attend weekly sessions to participate in exercise session, lunch and workshops.
Vision Ability	£4,040	Learning Difficulties and Disabilities	We are planning to run a monthly drop-in coffee morning where we will offer support and advice with benefits eligibility and applications, IT/accessibility features training, CV building, career advice, and more.
Holy Trinity South Woodford	£2,000	Cost of Living	Open Table is an initiative drawing people from all walks of life together round a free meal. People are welcomed in and able to contribute food, or to Redbridge Foodbank. We sit together, eat together, and talk together. The aim is to build community, get to know local need and to meet it where we can.
Eastside Community Heritage	£4,957	Mental Health	To provide 8 guided walking tours, where people can meet others, take part in physical activity while learning about local history.

03 Outputs

SUMMARY OF PROJECTS FUNDED

Organisation name	Amount	Priority	Project Summary
Mind Axis CIC	£5,000	Mental Health	The Teashop empowers people to achieve mental wellness together, over a cup of tea. Participants gather during “Tea Breaks” to connect through enjoyable activities associated with improved mental health.
Black Woman Kindness Initiative CIC	£5,000	Mental Health	Wellbeing Hub. This project aims to prevent and improve mental health in women from BME communities by reducing isolation through socialisation.
New Testament Church of God	£6,883	Cost of Living	Ilford foodbank and community fridge; Community fridges offer free food — from fresh produce to home-cooked meals — along with sanitary products and other health-related supplies to communities in need, no questions asked.
Suvai Deaf East Community	£7,060	Learning Difficulties and Disabilities	Lunch club for Deaf people.

03 Outputs

SUMMARY OF PROJECTS FUNDED

Organisation name	Amount	Priority	Project Summary
English for Women (English for Women is a project of Chelmsford Diocese Mothers' Union)	£900	Asylum Seekers and Refugees	English for Women provides a safe and welcoming space where learners can improve their language skills, make friends, and learn about British life.
Samaritans of Redbridge	£7,774	Mental Health	Our Redbridge Samaritans Supporting Social Prescribing project will increase our capacity to support social prescribing through: <ul style="list-style-type: none"> • Outreach activities, raising awareness of Samaritans. • Training ten new volunteers to increase our response capacity. • Carrying out essential premises' work to resume, following the pandemic, the option of face-to-face sessions with those seeking help.
Aldersbrook Stables Community CIC	£4,766	Mental Health	Our project aims to develop Aldersbrook Riding School and Stables into an effective resource for social prescribers and provide benefit to the community and those in need. We will develop structured support and training for participants and enhance the skills and knowledge of the team in order to deliver this.

Outputs 03

69% (11/16) of the VCSE organisations did not receive referrals from social prescribing services previously. At least 9 of the 16 received SP referrals through the project. Of those that didn't receive referrals all groups had an improved connection to services in Redbridge.

84% of survey respondents rated their experience of activities as a 9 or 10 out of 10
95% of survey respondents rated their experience of activities as at least an 8/10

FEEDBACK FROM APPLICANTS/GRANTEES ON THE PROCESS

FEEDBACK THEMES

1. Application Process

The simple application process and quick finance payment worked well, and groups appreciated that the team was accessible and gave good feedback. The baseline survey and questionnaire to capture experience of residents was good but the clarity and flow of information didn't always work well, and the timescale was problematic.

2. Relationship Building and Engagement:

Building relationships with people was identified as essential. Groups appreciated the end-to-end discussions in the engagement process. Challenges in engaging some groups with the SP service were also noted.

3. Client Referral and SP Presence:

The client referral process was highlighted as a crucial component of the programme. The presence of Social Prescribing teams at sessions organised by groups was valued.

4. Communication and Collaboration:

The need for timely and improved communication was emphasised. The suggestion of establishing a common place, such as a Forum, for regular gatherings to share information and develop collaborations was well-received.

5. Premises Costs and Budget Allocation:

Concerns were raised about the high costs of hiring physical premises, which resulted in a significant portion of the budget being allocated to this expense.

04 Outcomes

This section shares how the grants impacted capacity and skills of VCFSEs as well as the residents they served, what were gaps filled, how this related to their ability to tackle health inequalities. And on the individual person level, what was the impact of activities on the recipients, in terms of health, wellbeing and more.

WHAT WERE THE OUTCOMES OF THE FUNDING FOR VCSFE CAPACITY?

Grantees reported the following outcomes:

- This fund allowed them to offer training to broaden scope of service
- Allowed the service to be offered free of charge so more consistency in attendance/new people trying the service.
- Allowed organisations to expand their network to include SP referrals and build connections across the community to work collaboratively and better serve their residents.
- Allowed organisations to run focus groups to improve service delivery.
- Allowed promotion of services through other community groups and paid for promotion on social media which resulted in more people accessing the services.
- Hired additional staff to deliver further sessions/deliver sessions with more relevant skills and experience.

SOME QUOTES FROM GRANTEES:

"As a result of the grant, we are now better known in the local area, and have made contact with and provided our services to other groups in the community. We are continuing to promote the CIC and its services to both local residents and those in other London boroughs and are very happy that we are able to do this."

"This effort has meant being able to build connections with community members, service providers and health professionals and gain a deeper understanding of how working collaboratively and creating clear signposting can benefit the residents attending the hub and it has allowed me to tailor my programming to better serve the community and create more impactful experiences for the women involved."

"This funding enabled us to hire 3 facilitators who got paid for delivering sessions, transition from online delivery to in-person delivery in the borough of Redbridge and increase the number of sessions provided to 1-2x per week."

04 Outcomes

WHAT WERE THE OUTCOMES OF THE FUNDING FOR RESIDENTS?

- 9 out of 16 organisations collected resident level feedback, including 8 that provided both baseline and follow up data
- 369 residents completed baseline ONS-4 measures and 154 completed follow up measures, this is equivalent to a 44% follow up rate
- Across all ONS-4 measures, there were group level improvements in wellbeing, anxiety and life satisfaction

ONS-4 MEASURES

Around 70% of respondents rated their life satisfaction at least an 8 out of 10, compared to just 39% before

The average rating for how worthwhile residents felt things in their life increased from 7 out of 10 to 9 out of 10

82% rated their happiness at least a 7 out of 10 compared to just 53% before the community chest activities

Over 50% of people rated their anxiety as less than a 3 out of 10, compared to only 36% before

Anxiety scored reduced from 4 out of 10 to 2 out of 10. However proportion of people with high anxiety (scores over 8 out of 10) didn't change

04 Outcomes

WHAT WERE THE MEDIAN IMPACTS ON ONS-4 MEASURES FOR RESIDENTS?

- Across all ONS-4 measures, there were group level improvements in wellbeing, anxiety and life satisfaction.
- For 3 organisations, more people felt their life was more worthwhile after. For two it was roughly the same, and two it slightly decreased. (This may not be very accurate due to small sample)
- For 4 organisations, more people felt satisfied with their life. For two it was roughly the same, and one it slightly decreased. (This may not be very accurate due to small sample)
- For 5 organisations, more people felt happy. For one it was roughly the same, and one it slightly decreased. (This may not be very accurate due to small sample)
- For 4 organisations, more people felt less anxious. For two it was roughly the same, and one it slightly increased. (This may not be very accurate due to small sample)

WHAT WERE THE OUTCOMES OF THE FUNDING FOR VCSFE STAFF?

Grantees reported the following outcomes:

- Improved knowledge of social prescribing and wider community needs.
- Gained confidence and feeling empowered.
- Stronger sense of belonging within the organisation and community.
- Role satisfaction.
- Supporting with mental health and wellbeing.

SOME QUOTES FROM VCSE STAFF:

“I have gained so many life experiences that I will never forget, and it has helped me grow into a person of dedication, integrity, determination and compassion.”

‘My understanding of how important & pivotal social prescribing is for the community has greatly increased after this Chest Funding grant. I can now see how important this pot of funds is in order to help organisations/individuals in the community and to serve the community.’

05 Relationships and Social Prescribing

WHAT WERE THE OUTCOMES OF THE CC PROCESS FOR PARTNERSHIP WORKING BETWEEN VCFSE AND STATUTORY PARTNERS?

The successful development of the Community Chest in Redbridge has led to closer working relationships and increased understanding across the different partners in the place-based system. It has also increased the profile of small organisations and showcased their potential. Statutory partners involved with the Community Chest are now more aware of the work of some of the small, grassroots organisations in the borough and are able to see, firsthand, the diversity and wealth of innovation these organisations bring.

In turn community groups are becoming more engaged with some of the local opportunities for funding. A big win has been the development of the Health Inequalities fund from the ICB which is administered at a place level by the Redbridge Health Inequalities Steering Group. This year the fund was opened up to direct applications from the voluntary and community sector and as a result of these 15 applications to the fund (48%) were from voluntary organisations, with 5 of these being small groups who had previously received funding through the Community Chest. Of these 5 groups 3 were successful and awarded Health Inequalities funding, demonstrating a progression from Community Chest as a pilot phase to one year funding with the potential for two future years via Health Inequalities. This demonstrates the potential of the Community Chest to grow expertise and sustainability for local groups.

The Community Chest experience has not only provided funding for important projects for local people but has also started to nurture the relationships, understanding and partnerships needed to build longer term collaboration between some of the smallest voluntary and community sector organisations in Redbridge with larger statutory partners.

06 Summary

KEY CHALLENGES

Short-term funding hinders accurate impact assessment, especially for VCSE organisations addressing long-term health and wellbeing issues in marginalised communities

Tight project timelines restricted support, missed opportunities for groups to test new approaches, and limited outreach which could enhance engagement and community understanding

The Social Prescribing team faced **capacity constraints** compounded by a busy service. Clients were not always available to be referred, emphasising the need for a longer-term focus

ANY KEY LEARNINGS FROM THE APPROACH?

Redbridge CVS with its existing Social Prescribing service and coordination role in the wider ecosystem, efficiently managed the programme, enabling collaboration

The initiative empowered small community organisations with funding, capacity building, community support and monitoring and evaluation which led to further funding opportunities

The programme fostered better understanding of Social Prescribing across Redbridge and played a role in developing relationships and established a joint referral mechanism