



Kings Fund and National Lottery Healthy Communities Programme: Tackling health Inequalities through building VCSE partnerships

6 programmes funded nationally for 9 months. Then a further competition down to 4 at which point when £450k becomes available

Our partnership is made up of Grapevine, our Health and Care Partnership, Coventry City Council, CWPT

What we are trying to do and how we are going about it

The problem we want to unstuck is both about health inequalities - which are persistent and relationships between our sectors - which are stuck

Our relationship tends to get stuck in "compact" style conversations between the bigger players about how we transact with each other ie the *terms* on which we partner

Meanwhile small and neighbourhood based formal and informal groups – the kind who came to the fore in the Lockdown - have little funding, recognition or ability to influence the system. Yet they are arguably more important to the people we want to help who often won't venture more than a mile or two from their doorstep. If we are to address their needs we need to be building VCS and statutory partnerships that are structured and robust from that ground level upwards

So what we want to do together is answer the fundamentals – what's the real purpose around which we partner? and once we agree on that - who is missing from our partnerships?

We can only answer those questions well by building out from lived experience of poor health

That's where our approach comes in. It makes lived experience in a place the catalyst for partnership development

The idea is to listen and acts on the story of a real person, in a real place whose:

- Story typifies the inequalities, outcomes and disempowerment we are seeking to improve

- Service journey typifies common experiences and system challenges we want to change.

We will gather a vertical slice of the system around 'a real person for three large, powerful place-based conversations. This includes their friends, family, neighbours, local VCS groups and services (primary/secondary, NHS/social care). For the first time the whole system will be together:

- Stories. Hearing and understanding their story. Exposing each participant to powerfully feel the inequality, unfairness and service failure Sam experienced. Provoking emotion, agitating status-quo relationships, catalysing commitment to change.

- Solutions. Together exploring what an improved story would look like and how to create it as a whole system

- Action. Deciding on action, and planning it across each ring of the system radiating out from Sam. Implementing through continued involvement via groups.

In the first 9 months we will road test this in a place with an individual, representing a larger cohort. The key practical outcome we're aiming for is having a refined and tested model that we apply consistently across our health and care system, for all sorts of health conditions / issues. Strategically "picking" areas and cohorts during the 3 years, then embedding as practice.

We think this model will give us more effective robust, diverse and inclusive partnerships and the community sector a more empowered role within the health system. It is the way to bring in new assets, change relationships and tackle the wider determinants of health. The £450k will be spent on strengthening the community sector.