



Help us shape our health priorities: roundtable event

Monday 9th February from 2pm – 5pm
Voluntary Action Islington

Event report



1) Introductions and welcome

Professor Adrian Renton, Chair of [Community Voices for Health](#) (CV4H) network welcomed participants who were asked to introduce themselves.

The overall aim of the roundtable meeting was to identify possible areas for co-production between the CV4H, the public, the voluntary & community sector (VCS), academic and private sectors on health and care issues in London. The event also explored the role of the CV4H network in the new health and care landscape.

The event programme can be found [here](#).

Adrian Renton) explained the role of CV4H. It is a network of London voluntary and community sector (VCS) organisations, which work to promote community development and co-production approaches to improving health and well-being. It was originally developed under the auspices of the Greater London Authority to inform the London Health Commission. LHC was dismantled a couple of years ago. LVSC has since taken over hosting the network but it has had no funding attached to manage the network beyond the summer of 2013.

Adrian has always been actively involved with the Network and has been Chair since its inception. Mark Harrod was the Vice-Chair and has also been involved from the start.

2) Brief overview of Community Voices for Health and initial negotiations with UCLP

Mark provided a potted history CV4H. After LVSC took over the network it re-launched in March 2013 and met several times as a steering group but has been dormant for over a year. It has informally continued as an influencing body to help shape health and care policy in London but lacked the resources to deliver and develop. LVSC, with input from Adrian and Mark have been negotiating a Service Level Agreement / strategic partnership with [UCLPartners](#) (UCLP). UCLP is an Academic Health Science Partnership, with over 40 higher education and NHS members, and a central team providing operational support and clinical academic leadership through a not-for-profit company. UCLP are an [Academic Health Science Centre](#), [Academic Health Science Network](#), an [Education Lead Provider](#) and aligned with the [NIHR Collaboration for Leadership in Applied Health Research and Care](#) and the [NIHR Clinical Research Network North Thames](#). They are the only academic health science partnership in the country to align these NHS and Department of Health designated roles under one umbrella. The negotiations, if successful, will come with some resources. Mark said that there is a clear recognition of the potential role of CV4H which is about connecting around health and care issues in common with smaller, larger, local and pan London groups. The negotiations are the beginning of a relationship with UCLP.

3) UCLP current work and future plans and opportunities with CV4H and the wider VCS – Fiona McKenzie, Patient Insight and Involvement Lead, London Cancer

[Link to Fiona's presentation](#)

UCLP brings together 100,000 health professionals and academics from our distinguished hospital and university member organisations to work in partnership and further collaborate with patient groups, commissioners, primary care, community care, the third sector, government and industry on a portfolio of health programmes. These programmes address the needs of our local population and are aligned to the requirements of our designated roles. Beyond serving our population of six million people, the healthcare solutions developed by our members can be applied across the UK and globally. We work with our member organisations to shift the mind sets and behaviours of both patients and professionals, and to break down traditional cultural and institutional barriers.

UCLP has been working with the VCS and is part of its on-going programme of partnership working. For example we are working collaboratively with National Voices, Age UK, Alzheimer's Society, NHS England, etc to find out what [matters most to older people](#).

[Link to UCLP business model](#)

Areas of concern and gaps in patient, population and community involvement:

- UCLP could do more about involving and engaging the “seldom heard” voices – it's been challenging to recruit people from these communities
- Need to work more to link into community groups that are not directly health related – for example, working with the population to understand what drives good self-management and prevention of mental and physical health problems in the future.
- Need to be able to demonstrate impact of involving and engaging patient, population and community
- Need to be able to offer our 100+ involvement or engagement leads comprehensive training, support and guidance to help them fulfil their potential

4) Questions / answers and discussion

- What is “hard to reach” – means different things to different people? The issue for us to tackle is that we need to go out to people. We also need to avoid jargon.
- What can be measured in terms of impact? It is often assumed that “soft” activities can't be measured but that is not always true as it depends what indicators are used to measure change and impact.



- Prevention is a key issue and is particularly important in relation to single mothers, refugees, migrants, etc and the best way to achieve this is through outreach. [Wand UK](#) can help with this work.
- A dialogue between UCLP, the wider health economy, LVSC, CV4H network and the wider VCS is important to break down the silos, open doors and opportunities. Adrian said he would like to see UCLP embed community development in all its work as it's not just about treating patients but looking at communities, including where they live, what the language barriers are, social issues, health employment etc. For many people their immediate priorities are not about health. We could reach out to those communities and work with UCLP.
- Some universities do provide outreach but others have far more limited capacity. [Brunel](#) has [a public engagement programme](#).
- People with various disabilities are hard to reach but we ([Inclusion London](#)) have a [network of user led organisations](#)
- LVSC has just produced a [directory of health related forums](#). Currently this comprises: health and wellbeing, BME, faith, refugee and LGBT. I will be expanded to include others like disabled, older people, homelessness etc.
- There are older people forums across London.
- Do you work with children's centres? Perinatal mental health is a big issue. Fiona affirmed this – e.g. work with mum's groups and will pass on information.
- Concerns were raised about integrated health care. What are the relationships like with local authorities, London Councils, and with the GLA and the [London Health and Care Collaborative](#)?
- Other regional forums have been disbanded – e.g. housing, employment etc. Can we bring them into the remit of CV4H?
- [OCP Ltd](#) (Organisation Change Practitioners) work with people to use learning for making a difference, in relation to what they do. People have also benefited from having access to the resources of academic institutions, public service organisations, networks, and individuals or groups involved in fields including health and community development. We are well placed to provide good practice and support this work.
- Fiona stressed the importance of social care - e.g. the Better Care Fund. There has been overly focus on health as supposed to care. [Bromley by Bow Centre has a social prescribing project](#).

- Do you work with [community pharmacies](#)? Fiona said that hasn't been a huge focus for UCLP up till now but that wasn't due to lack of interest. More work has been done by [Kings' Health](#) one of the other 3 London AHSNs.
- The AHSNs do meet and liaise and produce newsletters about their work as well.
- Important to link in with self-care and health and social care networks and forums.
- Training staff is really important. The [HEAR network](#) is really concerned about frontline staff and their lack of knowledge about refugees and asylum seekers and their rights. They often don't know about the rights of these communities.
- Fiona added that this is linked to wider issues of wrong referrals – e.g. sending people to A& E unnecessarily. Much more needs to be done to get the right people into the right service at the right time.

5) **LVSC – current state of play with UCLP, LVSC health related work and opportunities with CV4H and the wider VCS – Eithne Rynne, CEO LVSC**

Eithne stressed the importance of VCS engagement which has formed part of the discussions with UCLP – e.g. around engaging smaller VCS groups. Each programme at UCLP is working with different groups. There are opportunities for LVSC to become a strategic partner through input into decision making. The CV4H network is in a good position to become the conduit between the VCS, especially smaller organisations and UCLP.

LVSC also leads on other health related areas of work that will be brought into these negotiations including:

- Constituent membership of [Regional Voices](#), which is one of the Strategic partners of the Department of Health, Public Health England and NHS England. [Sandra van der Feen](#) leads on this work. More information can also be found on [LVSC's website](#). One of the priority areas are around data and health inequalities.
- [London Employment & Skills Policy Network](#) - which also includes mental health and employment as a health issue which is relevant for UCLP's priorities
- [London for All](#), led by [Tim Brogden](#) and supported by [Deirdre McGrath](#) – this work includes a number of health and related initiatives including data, Social Value Act training, etc.

The key to all these work areas is partnership work. Other key policy areas include inequalities and poverty.

6) **Roundtable discussion to identify key health & care themes, gaps and opportunities from the presentations and discussion**

There were 3 table discussions tasked with identifying:

- Key themes that have emerged from the discussions and presentation

- Gaps and opportunities in the context of the discussions and within the current health and care policies and new models of care

Full table discussions can be downloaded [here](#)

Feedback and discussion

Key health & care themes

- Coordination of networks
- Dissemination of information at local level
- How do we build partnerships?
- Access – to primary care; mental health uses including ex-offenders and other groups; mental health and 1st aid training; look beyond the first symptoms; new pathways
- Health & Social Care – integration for the “seldom heard”
- Data – what is the right information? How do we capture qualitative data; what data is missing?
- Patient participation groups – how do people get involved? How do we activate / engage clinicians?
- Preventative – work/engage upstream; help people stay well
- Variety / diversity of sector
- Work with primary care clinicians – training
- Link to Fiona’s work
- Link to Healthwatch – importance of feedback loops
- Capacity / funding / assets – e.g. funding and research for the VCS. Can health systems assets be made accessible and available for community groups?

Gaps

- Community health pathways – support /capacity / funding
- Geographical boundaries need to be overcome
- Prevention
- Access
- Integration / holistic, communities (including cultural differences)
- Carers
- Asset / resource partnership – co production development approach

Questions

- In the future health models community become more important - where is the strategic VCS engagement? – New model of care through NHSE, UCLP/VCS/PHE/CCGs etc co-production and enablement. Model should focus on access and prevention - “One size doesn’t fit all” – bottom up approach needed. What works? We need a roadmap!
- Early intervention – exemplar: test and treat before serious illness happens – e.g. carotid artery tests for those at risk
- How do we work with communities? Health activists - e.g. there is a Danish example of training hairdressers or though volunteers. Dealing with the whole person and their carers’ and families.

- Involve VCS in primary care training (e.g. through Health Education Authorities?)
- Promote screening – increase access to screening
- CV4H – conduit to information / processes and exemplars

7) Action and next steps

Roundtable:

- Write report and add policy docs links to the report

Event 16th April:

- Fiona to send [Samantha Jones](#) (NHSE new Director of new care models) contact details to SvdF
- Draft event outline to include roadmap and health and care manifesto
- Agree other speakers

CV4H:

- Support for grassroots organisations? How do we work together? Develop links with Education (workforce training and development)
- Whole systems change – are there any international models /examples?
- Develop partnership with UCLP and keep participants, CV4H members and the wider VCs in the loop

Links to policy documents, guides & research

- [Better health for London](#) – The London Health Commission
- [Five Year Forward View](#) – NHS England
- [Simon Steven's vision](#)
- [Integrated Care: London's Programme of Change](#) – NHS London
- [Transforming Participation in Health & Care](#) – NHS England
- [Improving General Practice: a call to action](#) – NHS England
- [Social Prescribing for Mental Health: a guide to commissioning & delivery](#) – Care Services Improvement Partnership
- [Social Prescribing Briefing Paper](#) – RAISE
- [Bromley by Bow Centre: Social Prescriber](#)
- [Social Prescribing: integrating GPS & Community Assets for Health](#) – University of East London

Participation list

First Name	Last Name	Organisation name
Claire	Pollak	Brent Horn of Africa Refugee Group
Mary	O'Connor	Hillingdon Mind
Kayann	Porter	Hopscotch
Shane	Britton	Revolving Doors Agency RDA
Bob	Green	Stonewall Housing
Annette	Ashley	Women's Health & Equality Consortium (WHEC)
Laura	Austin Croft	Greater London Authority GLA
Henrietta	Doyle	Inclusion London
Colin	Bowen	Haringey Association of Voluntary and Community Organisations HA
Badia	Barhdadi	Moroccan Youth UK
Rachael	Yearwood	St Joseph's Hospice
Chloe	Gay	Camden & Islington LA
Christine	Goodall	HEAR
Gladys	Jusu-Sheriff	Wand UK
Georgina	Bream	Healthwatch England
Paul	Munim	Changing Faces
Hament	Patel	OCP Ltd
Fiona	McKenzie	London Cancer Fiona.McKenzie@londoncancer.org
Mark	Harrod	M &KH Consulting
Sandra	van der Feen	London Voluntary Service Council - Your United Way in London
Patricia	Turner	Kingston Voluntary Action
Adrian	Renton	University of East London
Eithne	Rynne	London Voluntary Service Council - Your United Way in London
Lynn	Strother	Greater London Forum for Older People/City of London Healthwatch

