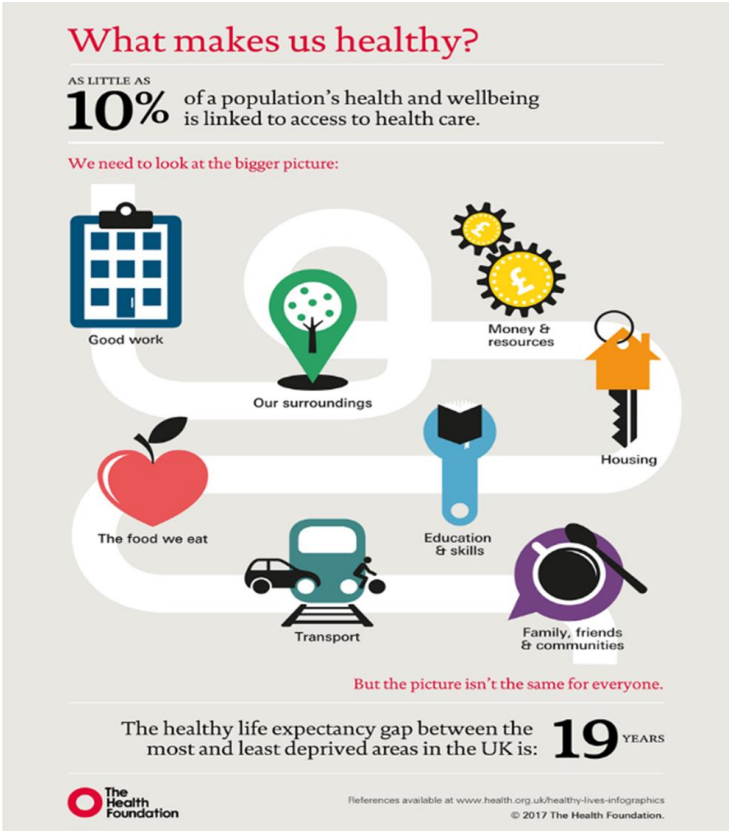# Who Creates Heath in Herts and West Essex?
Tim Anfilogoff, Head of Community Wellbeing, HWE ICB
Jo Marovitch, CEO Herts Mind Network and Chair of the VCFSE Alliance

Wider determinants of health modelling

Can Medicine do this?

'I have a reason to get up in the morning now.' *Social Prescribing user*

'You don't realise how much help there is out there; you're not alone – not just popping pills but being encouraged with these groups in the community. During the course I found that my sleep improved somewhat and I can't wait for the next one…' *Arts on Prescription User*

'A resident with long term health issues had fallen in to debt with his supplier. He made the decision to turn his heating off and didn't charge his mobility scooter or use his CPAP machine for two nights. CAB spoke with [provider] and client via conference call. Provider reassured him he would **not** be cut off and gave him £40 goodwill credit for his account. We are currently awaiting the outcome of a heating grant application' *CAB manager*

People's health at risk unless action taken on energy costs - NHS leaders (BBC, 19 August)
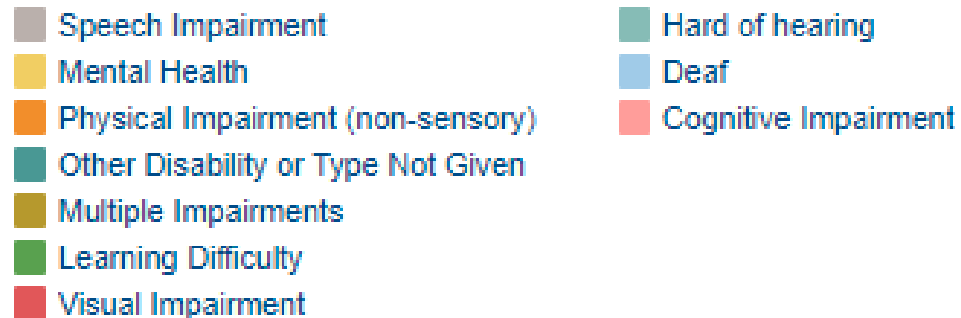
- They warn that if people are forced to live in cold homes and cannot afford nutritious food, then their health will quickly deteriorate and the NHS will be left to pick up the pieces.

- Cold conditions can lead to a rise in respiratory conditions, and in older people can also increase the risk of heart attacks, strokes and falls.

- Cold homes are already linked to 10,000 deaths a year, the NHS Confederation said.

Health profile of clients with significant fuel debt or need for priority services registration

Disabled / Long term health condition

| 10% | 54% | 36% |

■ Disabled
■ Long-Term Health Condition
■ Not disabled/no health problems

Type of disability (% of disabled clients)

| 36% | 22% | 6% | 31% | |

■ Speech Impairment
■ Mental Health
■ Physical Impairment (non-sensory)
■ Other Disability or Type Not Given
■ Multiple Impairments
■ Learning Difficulty
■ Visual Impairment
■ Hard of hearing
■ Deaf
■ Cognitive Impairment

citizens advice

David (heart disease patient)

Link Worker visited David at home discovered:

- Hoarding and property unsafe
- Stockpiling food, much of it rotting
- Bedroom & bathroom unusable
- No heating or hot water
- Significant unmanaged debt
- Lonely
- Unable to use his garden - overgrown and cluttered
- Not healthy environment to recover from heart surgery!

David – what happened?

- LW **took** him to CAB for benefits advice
- *Step Change* to get debt restructured
- *Care 4 Freedom*, hoarding service – worked on psychological dependence on old stuff
- *Herts Healthy Homes* visit sorted emergency heater & finance re fuel poverty
- Linked to "Meal at Easter" (local CVS) and church coffee group for social life
- Greenaiders cleared his garden
- Community Hardship fund for repairs to heating and hot water system
- Heart operation now supported by improved living conditions for positive rehabilitation

Integrated Care Systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

Why a Voluntary, Community, Faith and Social Enterprise Alliance?

'The VCSE sector is a vital cornerstone of a progressive health and care system'

- *ICSs should ensure governance and decision-making support close working with the sector as a **strategic partner** in...delivering plans to tackle the wider determinants of health*
- *VCSE partnership should be embedded as an **essential part of how the system operates at all levels**...in governance structures, system workforce, PHM, service redesign, leadership and OD plans*
- ***...ICPs and ICS will develop a formal agreement for engaging and embedding sector in system level governance**...ideally working through a VCSE alliance to reflect the diversity of sector...build on the involvement of VCSE partners in relevant forums at place and neighbourhood level* **(NHSE 16 June 2021)**

https://www.england.nhs.uk/publication/integrated-care-systems-design-framework/

It's not just about Governance

- Statutory sector often doesn't see a lot of what the community/ VCFSE does (commissioning silos)
- Access to support is generally haphazard
- Information is time-critical (if only I'd known about this five years ago…)
- We need a whole system zero tolerance of leaving people with nowhere to turn
- Statutory sector feels 'besieged' – it has to be **easy** to refer

Fair Question?

'What's the point of treating people and then sending them back to the conditions that made them sick in the first place?'

Professor Sir Michael Marmot

The ICS wants to promote health and wellbeing
(not just 'fix' people when they get sick)

'Health Creation is the process through which individuals and communities gain a sense of purpose, hope, mastery and control over their own lives and immediate environment; when this happens their health and wellbeing is enhanced.'

West Essex		South and West Hertfordshire		East and North Hertfordshire	
Nominated	Elected	Nominated	Elected	Nominated	Elected
Sam Glover Healthwatch Essex	**Kate Robson** **Citizens Advice** Uttlesford	**Sarah Wren** Herts Independent Living Service	**Joanna Marovitch** Herts Mind Network	**Hannah Morgan-Gray** North Herts and Stevenage CVS	**Charlotte Blizzard-Welch** Citizens Advice Stevenage
Clive Emmet Uttlesford CVS	**Alison Wilson** Mind in West Essex	**Simon Aulton** Community Action Dacorum	**Rushna Mia** Herts Asian Women's Association	**Geoff Brown** Healthwatch Herts	**Mark Hanna** Age UK Hertfordshire

Steering Group Vice Chair
Kate Robson

Steering group Chair
Joanna Marovitch

Steering Group Vice Chair
Charlotte Blizzard-Welch

Hertfordshire and West Essex Voluntary, Community, Faith and Social Enterprise Alliance

info@vcfseAlliance.org

Key Themes of Strategy

1. Build on what is already working locally (community assets)
2. No wrong door (addressing inequalities in 'access' and reaching under-served)
3. Health Inequalities (preventable factors that cause ill health like cold homes or caring without support)
4. Making it easier to find help (Improved system-wide 'Wellbeing Offer')
5. Improving the health and wellbeing of family/unpaid carers
6. Volunteering (because it's good for the volunteer as well as society)
7. Good quality data (identifying need and showing the impact)
8. Making sure community voices are hear and have influence (Co-production and 'culture')
9. High Quality Commissioning (funding what's needed and what works, transparently)
10. Annual Planning and Reporting (what's been achieved: public value, return on investment, savings; blocks and challenges etc)

Strategic Context: integrating VCFSE support (No Wrong Door)
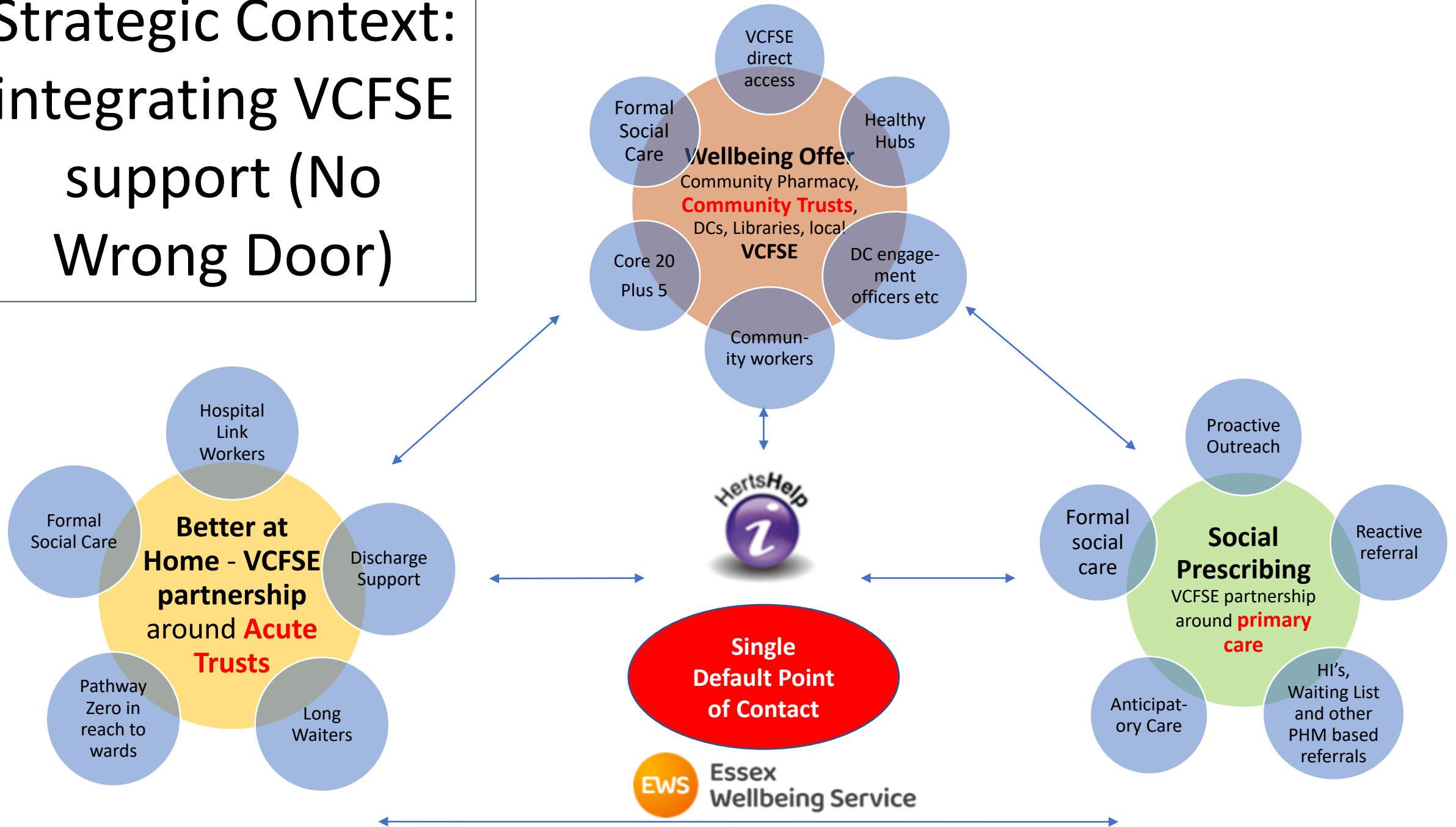
Health Inequalities: *HertsHelp* and SP clients and HWE population by deprivation
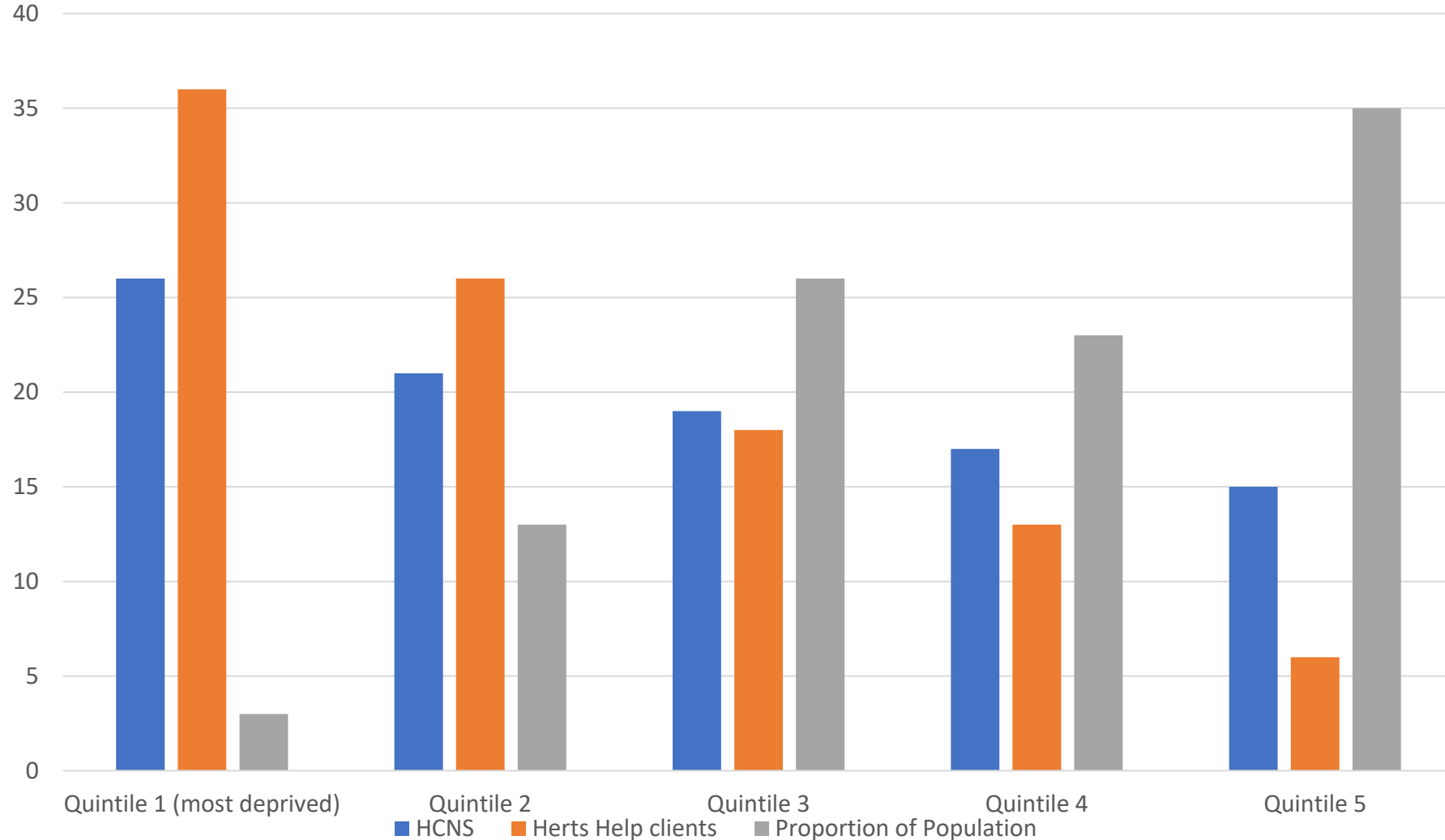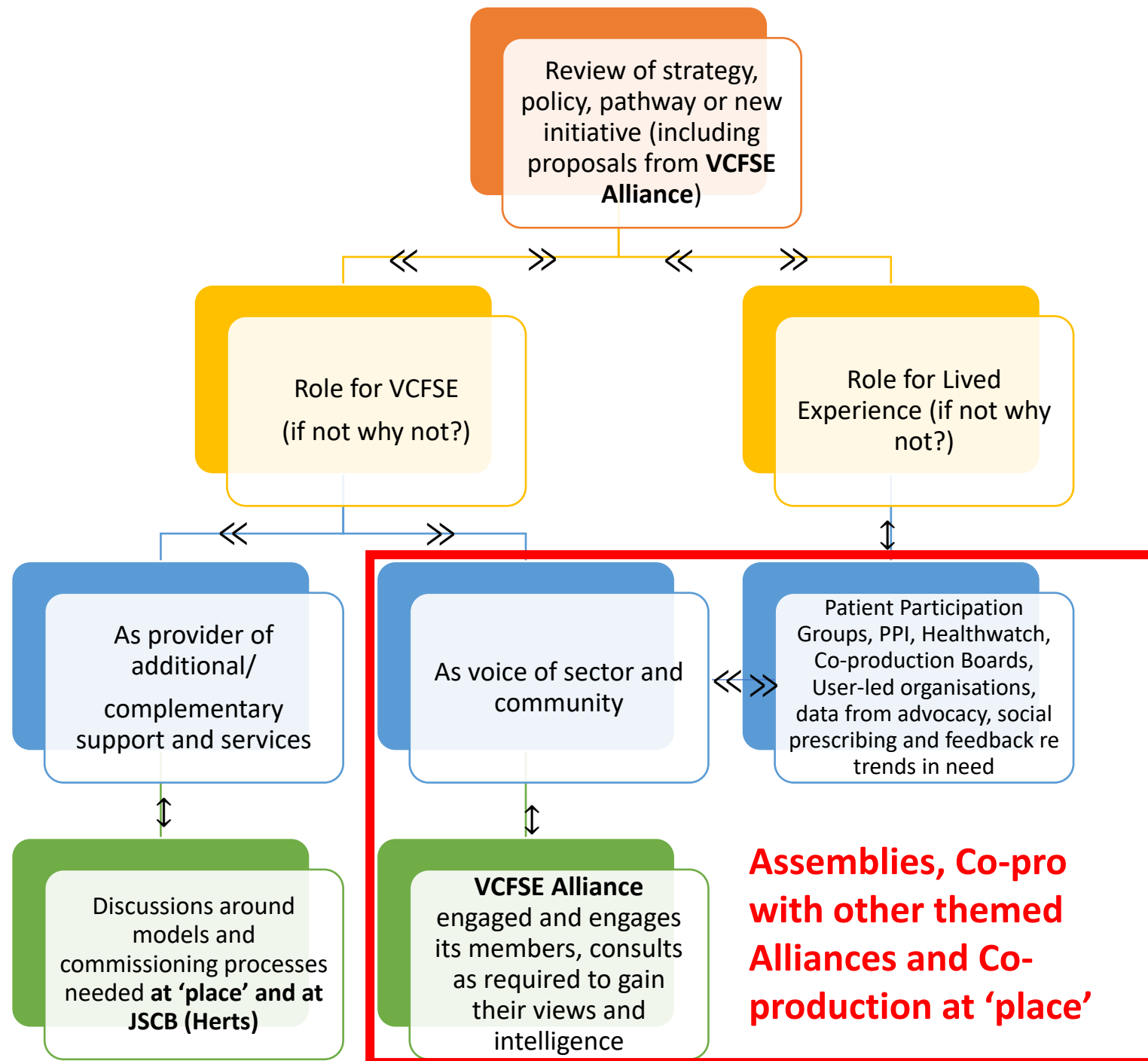
Infrastructure of Alliance

- £120k full year funding from ICS (50% NHS, 50% LAs)
- Full time co-ordinator (from November?) hosted in Community Development Agency
- Part time admin
- Backfill for committee members
- Engagement events funding
- Additional £10k of NHSE monies for equalities outreach

Conclusion

- Alliance is building visibility of the sector using aggregated data about outputs and outcomes
- Alliance is a partnership of the willing who want to influence the ICS
- Health Creation Strategy co-produced with ICS is setting direction of travel, including improved joint strategic commissioning of the sector, focused on what it does best
- Helps the NHS to engage in meaningful discussions about the wider determinants
- First success = £1m for additional money advice this winter – mixture of Winter Resilience and Local Authority monies