

**City Bridge Trust  
Cornerstone Fund**

**H4All - Stage 2 funding proposal**

C.I.C. number: 09792275



# Contents

## **(1) Proposal 3**

1.1	What we are proposing	3
1.2	Relevant skills and experience	3
1.3	Proposed systems change	5
1.4	H4All activities and associated aims	6
1.5	Potential delivery partners outside the system	9
1.6	H4All proposed structural change	10
1.7	The collaboration	13
1.8	Beneficiaries	13
1.9	Outcome measurement	15
1.10	Delivering the Cornerstones Outcomes Framework	16
1.11	Scale, sustainability and dissemination	18

## **(2) Overarching considerations 19**

2.1	Risk management	19
2.2	Equalities	21
2.3	Environment	22

## **(3) Financial information 23**

3.1	Supporting financial information	23
3.2	Due diligence	23
3.3	Supporting papers	23
3.4	Programme budget	24

## **Diagrams**

1	Summary of programme activity and outcomes/outputs	8
2	Proposed sector structure	11
3	H4All – links with existing work programmes	12

Declaration	25
Commitment from key stakeholders	25



## **City Bridge Trust Cornerstone Fund**

### **H4All - Stage 2 funding proposal**

#### **(1) Proposal**

##### **1.1: What we are proposing**

We are requesting this funding to support H4All in delivering its overarching objective of bringing together the energy, knowledge and resources from across the Third Sector to develop strong, local support systems for residents that:

- Address social issues;
- Better engage people with managing their own health needs;
- Tackle the wider determinants of health;
- Address loneliness and isolation, and;
- Embed the Third Sector in the newly-emerging coalitions of cross-sectorial working through eight or nine community health 'hubs'.

Additionally, we aspire to create the right environment to facilitate the use of the Sector's significant intelligence about community health needs to inform future health commissioning.

The H4All sovereign charities believe that the considerable work that we have undertaken to date in influencing systems-change in health commissioning puts us in an excellent position to use our influence as one of the four 'pillars' of the local Integrated Care System (Hillingdon Health and Care Partnership) to effect the necessary changes.

##### **1.2 Relevant skills and experience**

H4All is a Community Interest Company, registered at Companies House in September 2015 and formed by five leading third sector charities in Hillingdon – Hillingdon Carers, Age UK Hillingdon, Disablement Association Hillingdon (DASH), Harlington Hospice and Hillingdon Mind. The five sovereign charities aspire to create a borough where all residents have access to responsive, fully-integrated quality support and advice that helps them to stay independent and to take control of their lives.

We already work collectively to create successful and sustainable environments where people thrive. We combine the expertise of the member organisations - and work with others - to ensure that residents benefit from quality, holistic services that are value for money and that aim to reduce demand for primary care, secondary care and social services.

An investment from City Bridge Trust will enable H4All to make good our commitment to help to develop the many Voluntary and Community Sector groups and smaller organisations that can - and do - impact upon the health and wellbeing of Hillingdon residents. Additionally, through coordination and development of the sector, we will offer a viable, cost-effective social support programme that offers health and care professionals a credible alternative to clinical referral.

Our flagship project is commissioned by the CCG via Hillingdon Health and Care Partners (HHCP), our local Integrated Care System. Known as the Wellbeing Service, it provides support, advice, health coaching and active case management for residents over 65, living with one or more long-term condition(s) and who are frail and/or socially isolated or lonely.

Our Wellbeing Service uses the NHSE-funded Patient Activation Measure (PAM) tool to gather evidence of the impacts of our interventions on the health of the clients, their confidence in managing their health conditions, and to demonstrate more appropriate usage of primary and secondary care services. Data collected pre- and post-intervention is cross-referenced with GP-held patient records and, in its pilot year, we were able to demonstrate £681,940 of savings to the local health and care economy.

The service is now in its third year of funding and the outcomes have piqued the interest of commissioners to the degree that we have been commissioned to:

- Pilot the methodology for 500 residents with a diagnosis of diabetes that don't engage with services.
- Pilot a GP Information programme with three GP surgeries to actively encourage practice staff to refer to the Third Sector, if the primary need of a presenting patient is non-medical.

Additionally, we have recently submitted a further three business cases for inclusion of our social prescription model across the following areas:

- Musculo-skeletal services
- High Intensity Users of A & E services
- Active case management.

We are also in early discussions with the HCCP and CCG commissioners about how the Third Sector might deliver services more broadly across the whole system, including mental health and children and young people. As and when this comes to fruition, we will be in a position to actively broker an arrangement for new investment in the wider sector.

These multiple new business opportunities make this application both extremely timely and critical to our future plans; we need the expertise and the capacity of a broader

range of Third Sector partners to deliver a high quality service at scale. Our discussions with the sector at Hayes Mosque in November are summarised in **supporting paper A**, which also gives a flavour of the types of services offered by those present at the event, which could have a huge impact on population health and wellbeing. The list is by no means exhaustive.

### 1.3 Proposed systems change

It is widely recognised that the traditional medical model is no longer a viable methodology on which to base commissioning decisions. It has been agreed that there needs to be radical change in approaches to the commissioning and delivery of community health services. H4All has long been engaged with re-education of health professionals and has vociferously advocated the need to consider the impact of social issues on general health and, more broadly, on the transformational potential of the holistic approach to population health and wellbeing offered by the Third Sector.

In the last three months, we have been working as part of a multi-disciplinary steering group to shape the development of eight or nine integrated Locality Neighbourhood teams. The proposed Neighbourhood Health ‘hubs’ will be led by General Practice and will align community and hospital services against the needs of the population in the identified neighbourhoods. This will allow the needs of the communities to drive commissioning, rather than trying to fit people into established, and often inflexible delivery systems. Each neighbourhood ‘hub’ will cover a population of around 30-50,000 residents and the CCG considers these to be the future basic delivery units of integrated care.

The agreed principles behind the proposed changes are:

- Rather than perpetuate the chasm between ‘primary’ and ‘secondary’ care, care will be organised around the communities they serve
- There is a need to better ‘know’ communities, including an understanding of how to address inequalities
- Understanding and taking a partnership approach to addressing social determinants of health.

The CCG is 100% supportive of the increased role of the Third Sector in meeting population health needs and, in fact, sees the sector as a critical new element to achieving requisite changes.

Simply put, the emphasis of Third Sector involvement is on addressing social issues, tackling the wider determinants of health and on prevention i.e. keeping people independent, socially-connected and healthy for as long as possible. We are currently involved in planning for three ‘prototype’ neighbourhoods, which will go live in April 2019 and will be delivered using a ‘Learning Lab’ methodology to inform the roll out more broadly across Hillingdon.

### **Stakeholder support: HHCP and CCG**

HHCP's Director of Integration and the CCG's Deputy Chief Operating Officer have personal experience of systems transformation driven by the Third Sector. It is due to their national learning and our local successes through our Wellbeing Service that have prompted their significant support for our work.

They have offered help from the CCG with in-kind resources, such as data analysis and information governance as we work to embed the Third Sector more comprehensively in the newly-emerging models of care. They also recognise and advocate the value of using the Sector's intelligence about the varying needs of the diverse communities across the borough.

They see their work with the Third Sector as a genuine opportunity to: improve health service commissioning through provision at a neighbourhood level; reduce pressures on clinical time across primary and secondary care, and; promote more appropriate use of health services through investment in social prescribing and prevention.

## **1.4 H4All activities and associated aims**

It is proposed that each Neighbourhood Health 'hub' will have a set of priorities based on the mental, physical and social needs of their particular area. These priorities will be coupled with a strong focus on preventing ill health, reducing unnecessary GP appointments and hospital admissions and, supporting people to gain control of their own health and wellbeing.

Each neighbourhood will have a team made up of local GPs, nurses, mental health practitioners, social workers, pharmacists, Care Connection teams and the Third Sector. H4All will support the development and structuring of the Third Sector to mirror the restructuring of statutory services. Additionally, we are actively negotiating a match-funding arrangement from the CCG to engage with local communities to ensure that they inform the setting of the local priorities for each 'hub', and to add their voice to the multiple small groups and organisations that will be representing the most disengaged and disadvantaged in our communities.

Our proposed activity is based on consultation with over 40 voluntary groups and organisations, plus a broader range of stakeholders from across the council, the CCG and the HHCP, as well as the private sector. We have been heartened by the appetite amongst voluntary community groups for this work and their willingness to engage with us. The sector was clear about their needs and what would help them to grow their capacity and engage with the emerging new structures and, are keen to engage with both H4All and statutory services in a more meaningful way.

### **Stakeholder support: voluntary and community groups**

At a consultation event at Hayes Mosque (14 November 2018) members of the Inter-faith Network particularly asked us to stress the role that Faith Groups have in supporting community health and wellbeing and to articulate just how far away they are from having a voice in health commissioning. They were genuinely excited about the potential for change that this programme would offer them.

H4All has learnt over many years that residents and community associations are not always the answer to the tricky challenge of engagement. Significant proportions of these communities attend places of worship and these are locations where service providers can engage with large numbers of people who might not otherwise be reached. For many of these communities their place of worship is also a community centre where they feel comfortable and confident to engage; leaders of the Hayes Muslim Centre have expressed a willingness to use their connections and their premises to promote the health and wellbeing agenda.

We were particularly excited by some of the services we heard about that could play a significant role in delivering this programme. For example, a local church runs regular sessions for newly-settled communities in upwards of 60 languages. The sessions are delivered with the express purpose of helping them to register with a GP practice, and on educating them on how to navigate the health and care system.

We have amended our proposed activity based on sector feedback. Support we will offer the Third Sector will include, but is not limited to:

- Increased capacity in delivering - and wider sector access to - the H4All Volunteer Hub: <http://www.h4all.org.uk/volunteer-hub>
- The launch of a support 'offer' for voluntary groups and organisations that will include: support to grow and develop; help with governance; access to policies and procedures; access to volunteers and ongoing training and support
- Development of a Health and Wellbeing Network for the Third Sector
- Closer working with a range of designated 'Health Partners' from across the Third Sector, the numbers of which we will grow each year and structure around the emerging Neighbourhood Health 'hubs'
- Development of a Mentoring Scheme through larger Third Sector bodies and, potentially, via local businesses
- Development of a pool of volunteer community translators.

Finally, we are actively seeking other resources and anticipate that we will be able to secure match-funding and in-kind support for the investment from City Bridge Trust if our application is successful. This application therefore details the minimum activity and outcomes that we expect to be able to achieve.

Diagram 1: Summary of programme activity and outcomes/outputs





## 1.5 Potential delivery partners outside the system

We have an excellent track record in partnership working and in identifying innovative new opportunities. In addition to the critical key partners detailed at 1.7, we are also actively engaging a new range of potential partners. Discussions are at varying stages of development but key new relationships are detailed here:

- **The Hayes Town Partnership** - a non-statutory group of key organisations brought together by Hillingdon Council to promote the economic and physical regeneration of the Town Centre.

The Partnership has developed an informal network of over 400 local businesses, groups and individuals that work collectively to influence the regeneration of some of the most deprived wards in Hillingdon.

Whilst it is not immediately apparent just how we will engage the private sector in community health, we have a commitment from their Chair to support and publicise our programme and, when the time is right, to help us to better engage its members. He has attended all stakeholder consultation sessions, as well as Third Sector engagement workshops and is a firm supporter of our work.

- **Chamber of Commerce** - the local Chamber of Commerce has nominated H4All as the primary recipient of funds raised by the annual Business Expo held at Brunel University, which usually involves around 1,000 businesses of all sizes. They have reserved the Business Breakfast presentation slot for H4All as well as an exhibition stand for the day.

The Chamber is also keen to explore with us how they might offer business mentoring or in-kind support to small, local charities. For interested groups, this might be in the form of a personal mentor, budgeting and financial management, IT support, fundraising, HR advice or volunteer time.

- **Brunel University** - we have received an invitation from the Director of Brunel Partners Academic Centre for Health Sciences to attend a working group that is exploring the development of digital health solutions. They are working closely with the GP Confederation and wish to explore the potential for the delivery of digital health technology alongside our work on social prescribing.
- **Community Pharmacies** - the Local Pharmacy Committee is already working with the CCG and Hillingdon Hospital NHS Foundation Trust about linking their work with the management of long-term conditions.

Early discussions have seen them express considerable interest in the H4All model of supporting people to manage long-term conditions. We have a meeting arranged for 14 December 2018 to discuss future joint-working opportunities.

## 1.6 Proposed structural change (H4All)

The H4All Executive has long discussed how it might change its structures to both improve broader partnership working and help to create a collaborative and cohesive Third Sector for Hillingdon. It makes sense to base new structures around the overarching vision of improving population health and wellbeing, and of systems transformation for health and care; this is where there are opportunities for increased investment and closer working with statutory bodies.

The Executives took the following proposal about future structure to the H4All Board on 20 November 2018 and it was unanimously approved by Trustees. However, there is a consensus between the Executives and Trustees that we should proceed with caution; we need to carefully protect against failure due to inadequate resources and therefore capacity to deliver.

We will develop a two-tier structure that will enable trialling with a selected group of partners, whilst still offering basic capacity-building support to a wider network of groups and organisations:

- **Health partners**

Critically, we will work closely with the HHCP partners, in particular the Primary Care Confederation, to develop Third Sector structures that mirror and support the newly-developing Neighbourhood Health 'hubs'. We will engage other Third Sector organisations with the new locality structures by supporting Third Sector organisations to become H4All health partners.

There will be two possible ways to become an H4All health partner:

- 1) Existing health and wellbeing charities that have the infrastructure, capacity and governance in situ that means they are already ready to engage and deliver services, given the opportunity.

H4All will develop a due diligence process that will be applied as these organisations express interest in working in partnership with H4All.

- 2) Smaller groups and charities which, through investment in volunteering, capacity building and support with governance, we will help to develop and enable them to deliver services as part of the multi-agency Health 'Hubs'.

When they have achieved their desired capacity and we have a clear, shared idea of where their services might contribute to the programme, they will be subject to due diligence and then given H4All health partner status.

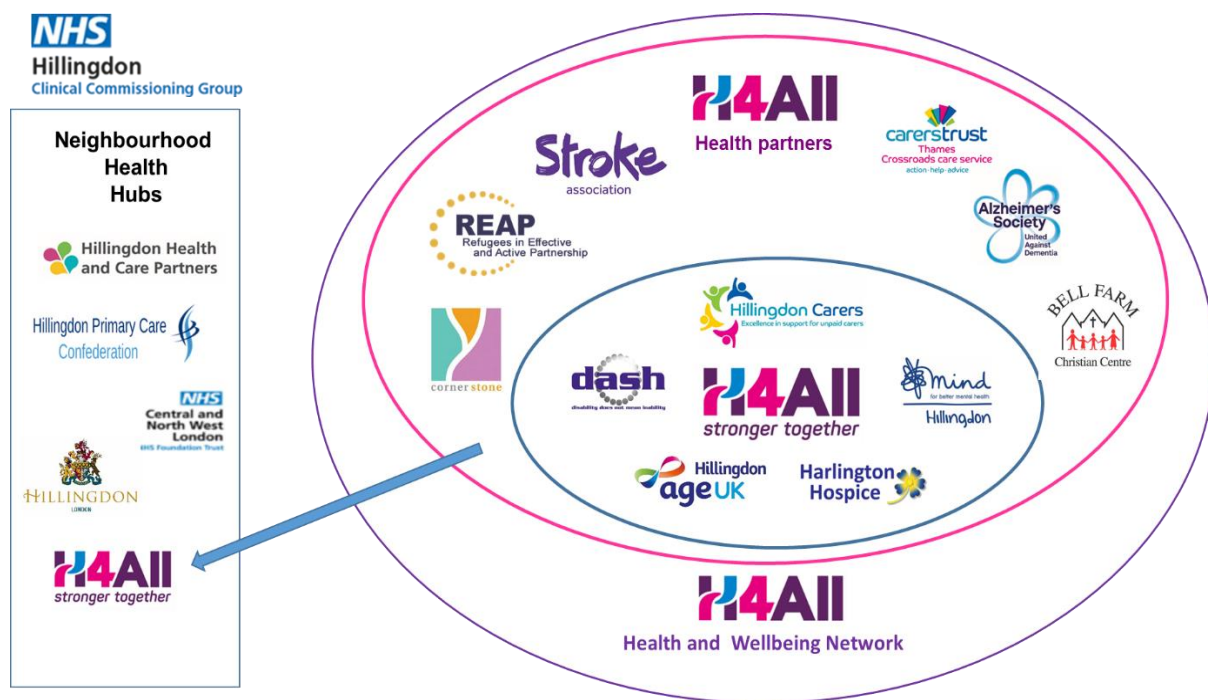
All new activity will be geared towards inclusion as part of the wider social prescribing programmes that are being developed by H4All and will be closely linked to the multi-disciplinary teams in each of the emerging Health 'Hubs'.

It is critical to the success of our proposal that we have the capacity to deliver excellent support to smaller charities and it is anticipated that the number of organisations that we can work with will have to be limited annually. This means that we need a different way – with a more limited offer – to engage with and support the many other groups and organisations in Hillingdon. It is therefore proposed that we also offer the opportunity to all groups to join a Health and Wellbeing Network.

- **Community Health and Wellbeing Network**

Joining the Community Health and Wellbeing Network will provide organisations with access to our central Volunteer Hub that will help with their volunteer recruitment, training and support needs. We will also develop a range of resources (such as ‘off the peg’ policies and procedures) that will be offered to the Network to help with their development.

**Diagram 2: Proposed sector structure:** *please note charity logos are for illustration purposes only, no decisions have yet been made about partnerships or membership*



By year two, we will also be able to offer:

- 1) A formal mentoring scheme, which will offer smaller groups access to mentoring and support to aid their development. Mentoring will be provided by a designated Health partner or a local business volunteer, if our negotiations with the Chamber of Commerce are fruitful.
- 2) Regular multi-agency Health and Care forums, potentially structured at a neighbourhood level to capitalise on local intelligence/provision and to better engage smaller groups with their local Health ‘Hubs’.

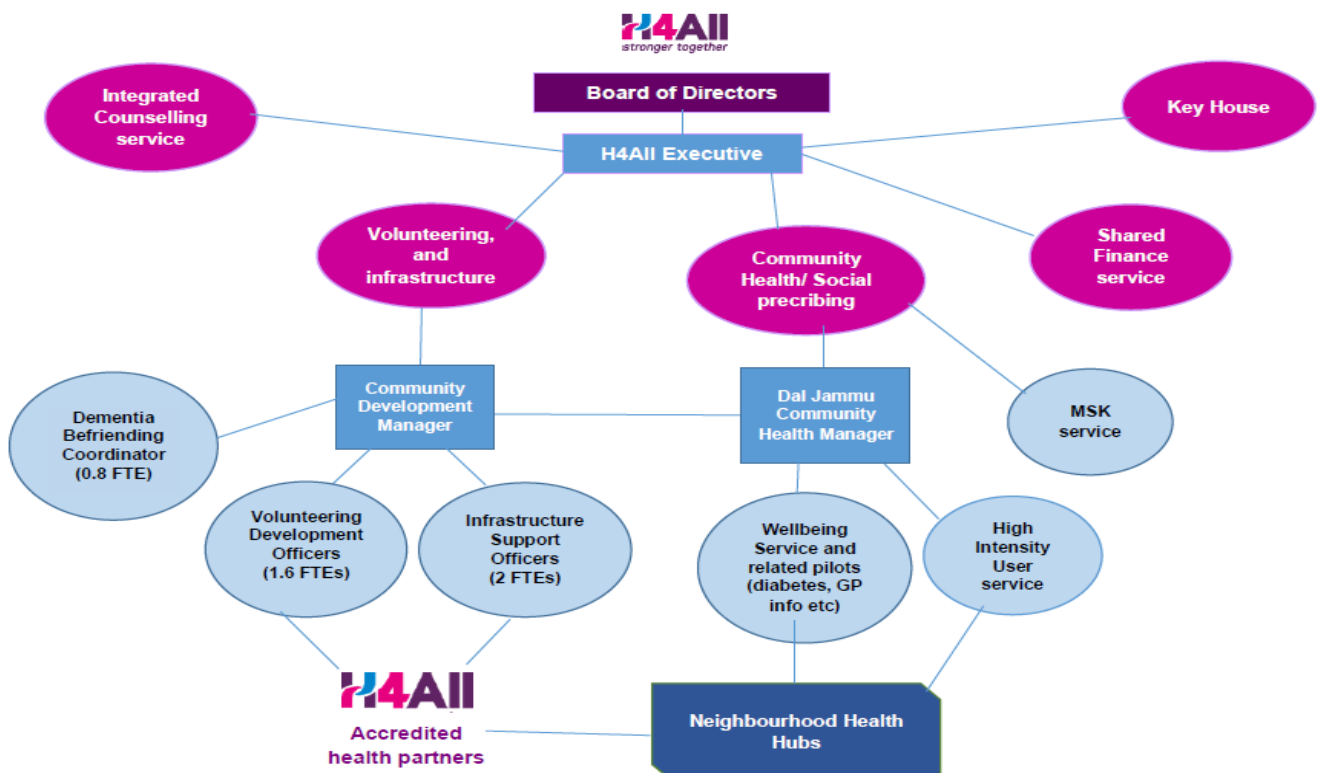
These opportunities will ensure that Network members are better supported and engaged and that they have access to up-to-date information about local and national developments. They will also have access to bespoke advice from a larger partner charity or private sector mentor.

Network members will be provided with regular opportunities to make the transition to Health Partner status, as central capacity allows. They can start their journey through the Network and access opportunities as their management committees and trustee boards see fit. We also expect that some groups will choose to accept the support that Network membership offers them and remain at a suitable size for the client group(s) they serve. We do not want to change the make-up of Hillingdon’s vibrant Third Sector, just improve how we work together and support each other.

Finally, we are clear that, initially, we are creating an alliance of the willing. Appetite for engagement might start small but, as the profile of the work grows, more groups might wish to engage. The opportunity to join the Network will be open to all as and when they are ready to commit, so that nobody feels pushed into working in ways that they are not comfortable with. However, through consultation activities at both stage 1 and stage 2 of our proposal development, H4All Executives have been pleasantly surprised at the positive response from the sector, and are confident that a start-up Network will have upwards of 30 member organisations and groups.

A selection process for initial Health Partners has not yet been established, as we will consider the particular community needs identified through the Health ‘Hubs’ and identify the most critical areas of need, when selecting appropriate Health partners.

**Diagram 3: H4All - links with existing work programmes**



## 1.7 The collaboration

H4All has a proven track record of working closely with the CCG and, as one of the four 'pillars' of the Hillingdon Health and Care Partnership, of working with the other three 'pillar' organisations:

- Central and North west London NHS Foundation Trust
- The Hillingdon Hospital NHS Foundation Trust
- Hillingdon Confederation of GPs

A copy of the Alliance Agreement is included as **supporting paper B**. The agreement better demonstrates the established and legally-binding ways we work across the HHCP and with the CCG, and is submitted in lieu of a Memorandum of Understanding.

Additionally, all five H4All sovereign charities have long-established relationships with the London Borough of Hillingdon, and have worked closely with the Voluntary Sector Partnerships team to develop this proposal and our work to date. The Senior Officer for this team also has a council-wide remit as Head of Health Integration and is extremely supportive of our proposals for the sector. He has attended all wider stakeholder meetings in the development of our proposal and has been instrumental in helping us to clarify our thinking, and to shape our submission.

## 1.8 Beneficiaries

It is impossible at this stage to quantify the profile or numbers of beneficiaries. To deliver this model of working at scale across all clinical pathways and population groups will take longer than three years and is dependent on movement of existing resources within the system.

As part of the work undertaken to develop our stage 2 submission, we have worked with the CCG and GP Confederation to analyse health data from across the borough, in order to both establish logical geographical boundaries for the Health 'hubs' and to gain a better understanding of the population health profiles in differing parts of Hillingdon.

A proposal for nine 'Hubs' is currently being presented to the 46 GP practices in the borough at a series of engagement events, before final boundaries are firmed up. The key features of the 'Hubs' that are being proposed are:

- Population sizes of roughly 30,000-50,000 based around natural geographic boundaries
- A primary focus on residents rather than on professionals or organisations
- Led by multi-sector leadership teams from health, social care and the Third Sector

- Use of asset-based approaches that take full advantage of community-based resources and respond to local need
- A skilled and flexible workforce that is empowered to think and act differently
- Clearly specified budgets and resource availability.

As a baseline, our Wellbeing Service has worked with 4,000 older residents in its first 2 years of operation, as well as 500 residents via the Diabetes pilot. Much depends on the outcome of the three business cases currently being considered by the CCG, and the outcomes from the discussion about a whole-population social prescription programme. It is entirely possible that our programme will be supporting the whole population of Hillingdon (approximately 300,000) over the next five years.

The following is a directive from the CCG's Deputy Chief Operation Officer (dated 7 November 2018):

### **Stakeholder support: Hillingdon Clinical Commissioning Group**

From our conversations locally across the patch, our governing body and with North West London, we are now working towards having three 'prototype' neighbourhoods running by April 2019.

As discussed, these will be used to 'test and prototype' the neighbourhood design and also allow us time to refine and iterate the model. Key areas to consider are:

- Engagement and buy in in the overall concept and the 'Learning Lab' approach for review and roll out
- Identifying three neighbourhoods to accelerate with the prototype
- Back-fill for practices, community and voluntary sector staff
- Project management and active facilitation for the neighbourhood team members
- Resources to engage with local communities - and community assets - for the prototype
- Further develop our population health analytics and business intelligence.

This is the critical foundations of our Integrated Care System work. This is agreed with our Primary Care Board and we need to show progress on this exciting agenda.

This highlights the commitment from the CCG and illustrates their proposed timeframes. These realistic timeframes allow H4All to undertake necessary engagement and development work and also allows time for our continued negotiations with the CCG about a scaled up, whole population model. We will also take advantage of the space to continue the series of discussions we are having with potential partners from outside the system (detailed at 1.5).

## 1.9 Outcome measurement

For the activity with health and care partners detailed in this submission, we will have to sign up to a comprehensive, multi-agency Outcomes Framework for the delivery of the social prescribing programmes that we develop. We would be happy to share this with funders.

For illustrative purposes, our Wellbeing Service reports extensively on:

- Quantitative data – numbers of clients, referrals by GP practice, onward referral data, numbers and types of interventions
- PAM (Patient Activation Measure) assessments completed pre-intervention
- PAM assessments completed after 3/6/9 months post-intervention
- Journey travelled via movements in PAM scores (these are cross-referenced by the CCG with GP records in order to monetarise savings to the health economy)
- Qualitative data – GP satisfaction, outcomes data, client satisfaction and case studies

We expect that we will have to report on this as a minimum requirement of new contracts/services.

In terms of monitoring of the immediate and direct impacts of the grant funding from City Bridge Trust we would propose the following metrics as evidence:

- An annual narrative report, with selected case studies to highlight the narrative
- Statistical data - numbers of organisations involved and capacity-building activities delivered (training sessions, volunteers placed, new services developed etc)
- An annual Outcomes Survey of all Health partners
- An annual Outcomes Survey of all Health and Wellbeing Network members
- Full financial report detailing grant spend
- Other measures as required by - and agreed with – the funding body.

## 1.10 Delivering the Cornerstones Outcomes Framework

Theme:	H4All proposed activity:	Short-term outcomes:	Long-term outcomes:
<b>Capacity and capability</b>	<p>Improved access to infrastructure support and a central source of volunteers</p> <p>Help with governance and access to 'off the peg' policies and procedures</p> <p>Third sector mentor scheme via Health partners and local businesses</p>	<p>Centralised support for smaller organisations to develop their capacity, including peer support</p> <p>Improved governance and therefore quality across the sector</p> <p>Free in-kind help and support leading to increased knowledge and skills across the sector</p>	<p>Community and voluntary sector groups effectively supported and working closer together</p> <p>Improved use of civil society assets and resources due to improved strategic planning</p> <p>Greater impact on community health and wellbeing being delivered via a coordinated and skilful Third Sector</p>
<b>Co-production</b>	<p>Engagement programme for developing the Cornerstones bid for a range of stakeholders (Dec 17-Nov 18)</p> <p>Proposed project structures that enable others to influence and shape new health and care programmes for wider cohorts of the population</p>	<p>Third sector infrastructure support programme And bid co-designed by stakeholders from the VCS and beyond</p> <p>Social prescription programmes for differing cohorts of the population co-designed by both voluntary sector and by residents</p>	<p>Improved buy-in and engagement from wider Third Sector partners due to a sense of co-design and ownership</p> <p>Services designed by those that use them leading to improved health outcomes, less waste and, through the voices of the most marginalised, better engagement across all communities</p>
<b>Data and intelligence</b>	<p>Restructuring of the sector round the newly-emerging Neighbourhood Health 'hubs'</p> <p>Shared use of PAM and GP-held data</p>	<p>Primary care services recognise the extensive intelligence held by the sector about community health needs</p> <p>Increased impact evidence across sector</p>	<p>Future health commissioning shaped by Third Sector and the communities they serve</p> <p>Longer-term investment in prevention</p>



<p><b>Voice and influence</b></p>	<p>Building on the credible voice that H4All has fostered, restructuring the sector round the Neighbourhood Health 'hubs' to nurture new relationships and improve cross-sector communication</p> <p>In year 2, the development of multi-agency Health and Care Forums at a neighbourhood level to encourage cross-sector learning and improvement</p>	<p>Third sector groups have increased, skills, knowledge and confidence to engage with decision-making in health and care commissioning</p> <p>The voice of the Third Sector is strengthened and organisations have a regular dialogue with health and care providers and are respected for their knowledge of local community health needs</p>	<p>Hillingdon residents have increased voice and influence and there is both improved engagement with health services in some communities and more appropriate usage in others</p> <p>Community health needs genuinely drive commissioning</p> <p>Neighbourhood Health 'hubs' become the basic delivery units of integrated care</p>
<p><b>Collaboration</b></p>	<p>H4All will help to restructure the sector and use its influence to engage statutory services with the wider Third Sector</p> <p>We will engage the extensive range of specialist services offered by the wider sector with meeting community health needs through social prescription and improve reach into marginalise communities</p> <p>We will explore new and potentially game-changing partnerships that engage others with community health and wellbeing, for example, private sector, academia and local business</p>	<p>There will be improved coordination and collaboration both across the Third Sector and cross-sectorially</p> <p>More organisations will contribute to social prescription programmes and the range of support will be significantly increased. This will be provided for new cohorts of the population</p> <p>Other disciplines will start to engage with health and wellbeing and share their skills, expertise or resources to grow the skills and capacity in the sector</p>	<p>There will be improved collaboration between organisations and across sectors that deliver real change to systems</p> <p>There will be greatly improved capacity for support across different cohorts of the population</p> <p>There will be new skills, outlooks and resources drawn into the emerging new structures, causing far wider recognition of their roles in community health and wellbeing and ensuring they identify it as 'their business'</p>

## 1.11 Scale, sustainability and dissemination

The model we are proposing for Hillingdon is replicable across larger areas and, with the right resources, can be scaled up to whatever geography demands.

Most London boroughs have infrastructure organisations that provide the types of support that is being proposed here. What is unique about our submission is that the support we are proposing is:

- Targeted specifically at community health and wellbeing, rather than being about general capacity in the voluntary sector
- Unlike traditional infrastructure support bodies, we have extensive delivery experience in social prescribing and can take the sector with us on the next phase of the journey
- We have a strong, credible voice with statutory services and they are genuinely committed to supporting our proposal and for the Third Sector to be part of their forward plans
- We have an excellent track record in data collection and evidencing impact to health commissioners in a way that is meaningful to them.

We are working closely with the council's Voluntary Sector Partnerships team, which has successfully developed a strong and thriving Third Sector in Hillingdon, with generous financial support from the London Borough of Hillingdon. In terms of shared learning, our primary focus will be on the dissemination of our learning across the Third Sector in Hillingdon to ensure the continuation of the sector's reach, reputation and vibrancy.

However, we are also aware of the potential for changes in health commissioning, most notably the work that is being undertaken by NHS England. We have already hosted two meetings of a NW London network (on the Sustainable Transformation Partnership (STP) footprint) to scope the appetite for replication at a broader level. We are currently exploring this opportunity with other strategic partners and would be happy to include interested funders in these discussions.

Finally, in terms of sustainability, much of the future of health commissioning is not within our gift. However we are confident that all activity, at the very least will result in:

- The sharing of our significant learning in improving population health with the rest of the sector
- Improved ways of working for the Third Sector through networking and better quality communication and coordination, which will result in empowered and more skilful organisations beyond the five sovereign charities

- Closer working between the Third Sector and health and care services with a stronger 'voice' for both residents and the Third Sector in the health and care system
- New and improved ways of working across the sector and central support established through the Volunteer Hub and infrastructure support programme
- An established and sustainable Mentor scheme that will continue beyond the life of grant funding
- A range of new partnerships engaged with population health and wellbeing. We are confident that those potential partners detailed at 1.5 are only a snapshot in time. We have an excellent track-record both collectively and independently as five charities in creating new and innovative partnerships. After three years, we expect this list would be considerably longer.

## **(2) Overarching considerations**

### **2.1: Risk management**

H4All has a comprehensive Risk Register (available on request), which assesses the risks to both H4All Community Interest Company and to the five sovereign charities, in terms of their work as part of the CIC. This is supported by the five individual Risk Registers maintained by the individual organisations, managed by the five independent Boards of Trustees.

Each new contract, investment or activity undertaken by the CIC is risk-assessed at the beginning of the new work and the Risk Register is updated and taken to the H4All Board. This will be the same for this grant if we are successful on our application.

The H4All Executive has considered the key risks to undertaking the proposed programme. Headline considerations are:

#### **a) Ability of H4All to deliver within the capacity of funding**

##### **Mitigation:**

- Careful structuring of the delivery of the programme to manage expectations and to ensure we can deliver on promises (see proposed H4All structure at 1.6)
- A continued approach to drawing down new resources (for example through negotiation with CCG for a Community Engagement post to support Neighbourhood Health 'hub' development)

- The development of new and different partners to support plans (for example by engaging the Chamber of Commerce to support a mentorship programme for the sector)
- Regular review of activity and impact to ensure corrective actions are taken when challenges are encountered.

#### **b) Lack of buy-in from the wider Third Sector**

##### **Mitigation:**

- We have been careful to engage the sector at every step in the application process to inform our proposal and to ensure that our proposal is partially 'owned' by potential partners
- We have shaped our submission based on feedback from all stakeholders and believe our proposal has been strengthened through the excellent suggestions and changes to our plans that they have proposed. We have been extremely gratified by the sectors' interest and willingness to engage.
- We have been careful to detail different ways of engaging so that each group or organisation can choose how they work with us, if at all
- We have kept timeframes open for joining the Health and Wellbeing Network so that organisations can work to their own timetables.

#### **c) Buy-in from Health and Care partners and barriers to movement of monies across the system**

##### **Mitigation:**

We are confident that we have the commitment from commissioners to effect the necessary systems-change. However we are acutely aware that the system also faces these challenges at a difficult time financially, with both Foundation Trusts and the CCG facing significant budgetary deficits this year and next. There may be resistance to movement of money into prevention. However we are confident that all activity, at the very least will result in:

- H4All disseminating its significant learning on improving population health to the rest of the sector
- Improved networking and coordination of the sector, with empowered organisations beyond the five sovereign charities
- Closer working between the sector and health and care services with a stronger 'voice' for both residents and the Third Sector in the health and care system

- New and improved ways of working across the sector and central support established through the Volunteer Hub, infrastructure support programme and Mentor scheme.

## 2.2: Equalities

- **Involving London's diverse communities, including excluded and discriminated against communities and their organisations**

H4All commenced consultation with Hillingdon's health and care-facing voluntary and community groups back in December 2017, when we hosted a Third Sector Health and Wellbeing Conference. Our intention was to provide the many voluntary groups and organisations in Hillingdon with the opportunity to work closer together and to shape how sector development might look, subject to H4All being able to secure relevant resources.

Representation at the Conference from the multiple BAME groups in the borough was disappointing and so we quickly followed the event with a questionnaire and visits to selected groups. This generated a better response.

These activities informed H4All's submission to stage one of City Bridge Trust's Cornerstones Fund.

Learning from these activities prompted a different approach when engaging and consulting with the sector for the Stage 2 submission. We offered all voluntary sector community groups the opportunity to feed back on our draft proposals in the following ways:

- At a sector consultation event held at Hayes Muslim Centre (14.11.18), where we issued personal invitations to the surrounding BAME groups and charities, as well as those that either attended the Conference or whom completed a questionnaire.
- Via advice and support staff from our five sovereign charities who collectively speak seven community languages. As well as being available to host discussion groups at the consultation event, multi-lingual staff also conducted a series of visits to BAME groups that had not otherwise engaged
- Via email and post.

In addition to engagement with 17 statutory and private sector stakeholders via a series of meetings and planning workshops, H4All has also engaged with 43 Third Sector groups and organisations. Their collective feedback shaped the final proposal for the stage 2 submission.

The five H4All Executives have also spent considerable time with HHCP partners and the CCG attending a range of time-limited task and finish groups to inform thinking, shape the newly-emerging structures and to ensure that the Third Sector remains firmly at the centre of plans.

- **Reflecting the priorities of excluded communities and ensuring services are accessible and inclusive**

The very essence of our proposal is to ensure that health and care services will reflect the priorities of all communities by establishing new models of working and commissioning that:

- Better meet the varying health needs of the communities they serve rather than forcing people into established systems and pathways. By establishing nine neighbourhood Health 'Hubs' and through the restructuring of community teams from district nurses to social services - mirrored in the Third Sector through the work H4All is proposing – more needs-responsive systems will be developed. This is driven and supported through the CCG's commissioning intentions.
- Capitalise on the collective intelligence held by the Third Sector about the health and care needs of the populations they serve in a specified geographical area. This will be achieved by a systematic review of what works for marginalised communities and embedded in social prescriptions and multi-agency delivery 'hubs'.
- Provide developmental opportunities for smaller groups and organisations to engage with a more systematic approach to improving the health and wellbeing of all Hillingdon's diverse communities. Support offered by H4All will be in the form of access to volunteers, access to policies and procedures, support to improve governance, support to access funding and general help to build capacity in the organisation.
- Ultimately, we will facilitate a flow-down of new investment to secure relevant services from the H4All health partners proposed at 1.6.

## **2.3: Environment**

- **Maximising economic impact**

- Local workforce: The H4All partners together employ 203 FTE staff in Hillingdon. On average across the five partners and the Wellbeing Service, 76% of staff members live within the borough, spending a large proportion of their income in Hillingdon, supporting local shops, businesses and community facilities.
- Volunteers: Our extensive use of volunteers contributes significant unpaid delivery time per year, adding substantial support capacity to the paid workforce. Currently, the five sovereign organisations benefit from an estimated combined total of 92,516 volunteer hours per year, which, calculated at the London minimum wage of £10.55 per hour equates to an additional £976,044 of service value.

Our proposal will greatly increase this and facilitate access to volunteer time for the wider community and voluntary sector.

- Local suppliers: We support the local economy by using local suppliers wherever possible. On average 71% of the money we spend on suppliers is spent within Hillingdon.
- Raising additional funds: In addition to the well-established track record of the five sovereign charities in drawing down extra resources, H4All is also adept at leveraging additional funding and creating partnerships that secure in-kind resources such as external skills and knowledge and free consultancy time.
- **Minimising environmental impact**
- Our Environmental Policy has clear targets for the recycling of consumables (e.g. paper, printer cartridges) for all five partner organisations and for the core H4All services
- Our Transport Policy encourages the use of public transport and car sharing wherever possible
- We renegotiate our energy contracts on a three-yearly basis. We monitor our use of energy and set targets for year on year reduction in use
- We use digital technology to reduce the requirement for paper documents and materials and the associated environmental impact of production and delivery.

## (3) Financial information

### 3.1: Supporting financial information

Please find attached the following documents as requested. Please do not hesitate to contact us should you have further queries or documents you would like forwarded.

- H4All audited accounts, 2017-18 - attached as **supporting paper C**
- City Bridge Trust financial table - attached as **supporting paper D**
- H4All 2016/17 and 2017/18 budgets - attached as **supporting paper E**

### 3.2: Due diligence

- Your organisation's constitution - attached as **supporting paper F**
- Your organisation's Safeguarding Policy - attached as **supporting paper G**

### 3.3: Supporting papers

- A) Additional health and wellbeing services (Hayes Mosque)
- B) HHCP Alliance Agreement
- C) H4All audited accounts, 2017-18
- D) City Bridge Trust financial table
- E) H4All 2017/18 and 2018/19 budgets
- F) H4All Articles of Association
- G) Safeguarding Policies

## Declaration:

We hereby certify that, to the best of our knowledge, the information contained here accurately reflects our plans and we have consulted with a range of external stakeholders including health and care groups and organisations from the wider third sector, statutory partners (London Borough of Hillingdon, CCG, GP Confederation, Hillingdon Health and Care Partnership) and other relevant bodies, such as the Hayes Town Partnership. This proposal has been agreed by the H4All Board of Trustees:

Signed:  Date: 26/11/18

Ian Edwards, Chair of Trustees, H4All on behalf of the H4All Board

Signed:  Date: 22/11/18

Sally Chandler, Executive Officer on behalf of the H4All Executive

## Commitment from key stakeholders:

We hereby agree to working with H4All and its partners to effect the necessary systems-changes needed for them to achieve their aims of embedding the Third Sector in newly emerging health structures. They are already working closely with us to develop our thinking and we welcome their proposals detailed in this submission.

Signed:  Date: 26/11/2018

Joe Nguyen, Deputy Chief Operation Officer, Hillingdon CCG

Signed:  Date: 26/11/2018

Keith Spencer, Director of Delivery and Integration, Hillingdon Health and Care Partnership

Signed:  Date: 26/11/2018

Kevin Byrne, Head of Health Integration and Voluntary Sector Partnerships, London Borough of Hillingdon

Signed:  Date: 22/11/2018

Kathleen Sadler, Chief Operating Officer, Hillingdon Primary Confederation