

# Vibrant & Healthy Communities

## Our Mission

Our mission is to reduce health inequalities and deliver the aspirations of the Health and Wellbeing Strategy



## Our Goals

- Build strong relationships and a shared culture with the VCS
- Enable a model of working that starts with people, early intervention and prevention
- Maximise the use of assets in the community and VCS
- Develop capacity and infrastructure in the VCS to support community participation



## Our Principles

We adopt a community powered approach and focus on the wider social determinants of health

## Placing power in the hands of the community

Currently public services are held back by two paradigms which became dominant when the challenges and opportunities for these services were very different to those that exist today:



**The market paradigm**, which came into being from the 1980s onwards, injects a focus on efficiency and cost, reducing interactions to transactions and viewing the individual as a customer.



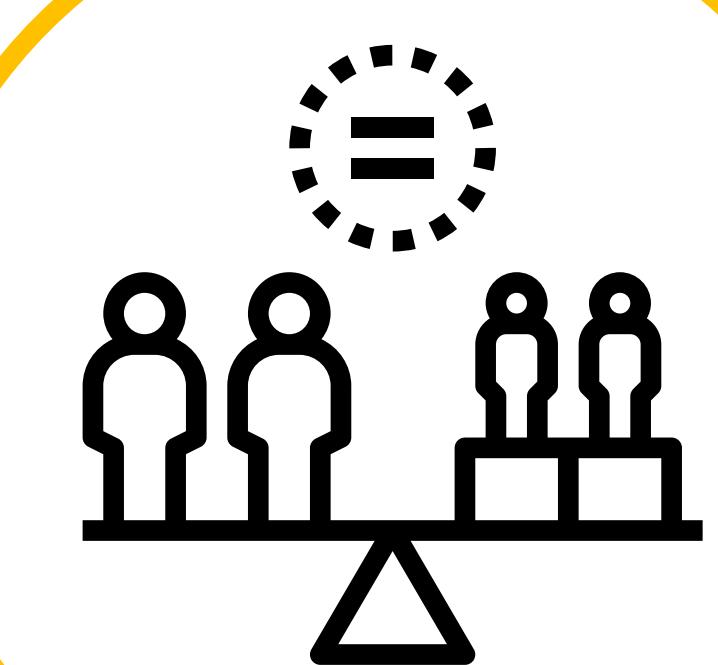
**The state paradigm**, which came about in the 1940s, instils hierarchy, creates professionally dominated silos and treats people as largely passive service users.

## Challenges

### Health Inequalities

In the bi-borough (RBKC & Westminster) **life expectancy for people living in the most deprived wards is up to 18 years less** compared with those who live in the most affluent wards. For men in Westminster, that is highest life expectancy gap in the country.

- Almost 1 in 3 children in Westminster live in poverty, 1 in 4 in RBKC
- Residents identifying from a Black ethnic background have almost double the rate of hypertension, and almost 3 times the rates of diabetes and obesity than those from a White background.
- Rates of depression are higher among residents from a Black and Black British or Mixed (particularly Caribbean) background.



Screen, Detect, Protect 2023-24

Our work

3 key enablers for 2025-27

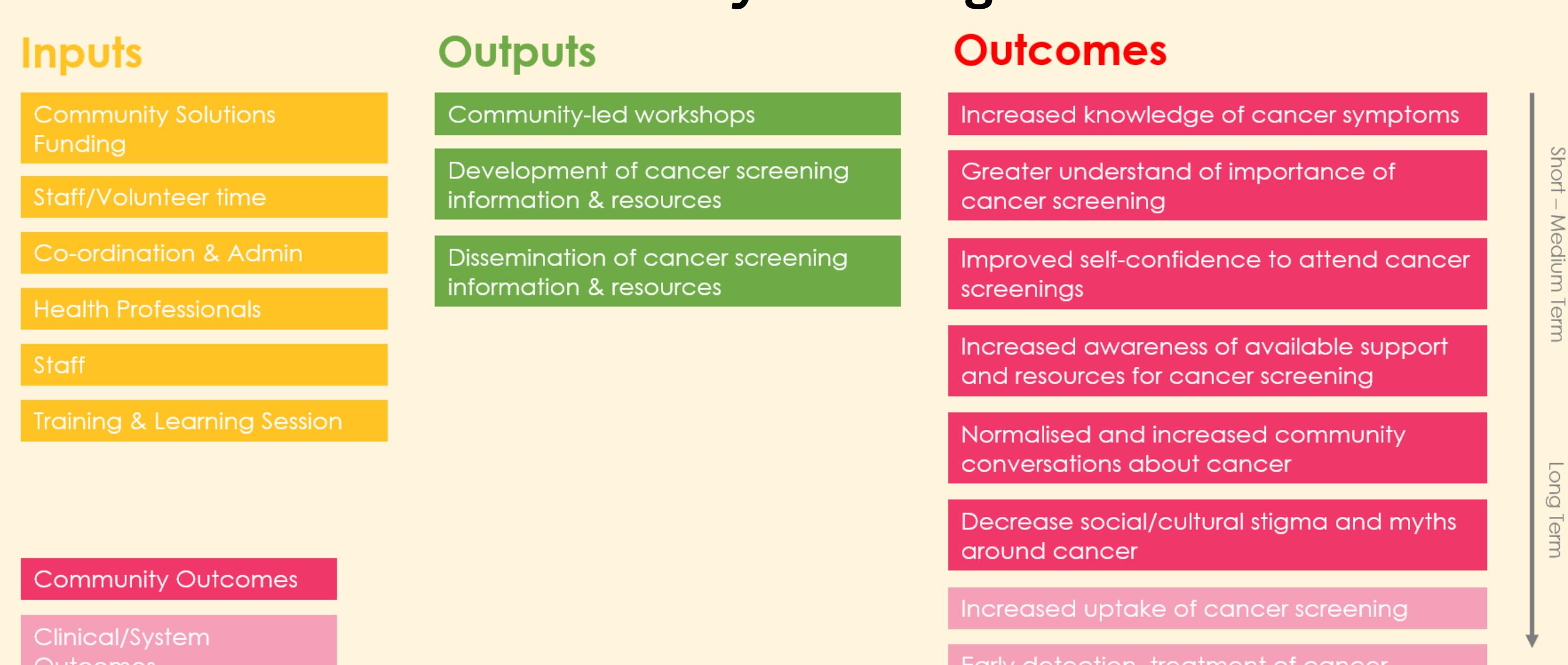
## Community Solutions Approach

**Community Solutions** is an approach that partners VCS organisations to design and deliver initiatives to address health inequalities, focusing on early intervention and prevention.

**'Screen, Detect, Protect' (SDP)** In the bi-borough, cancer screening, particularly breast, cervical and bowel cancer, is among the lowest in the country. The SDP programme therefore aimed to improve early cancer detection in marginalised communities, through VCS-led initiatives.

16 VCS organisations became partners and received funding, ranging from £19k to £40k (Total £229k), to implement community-specific interventions which were designed in collaboration with NHS professionals.

## Screen Detect Protect: Theory of Change



## Screen Detect Protect: Impact & Evaluation

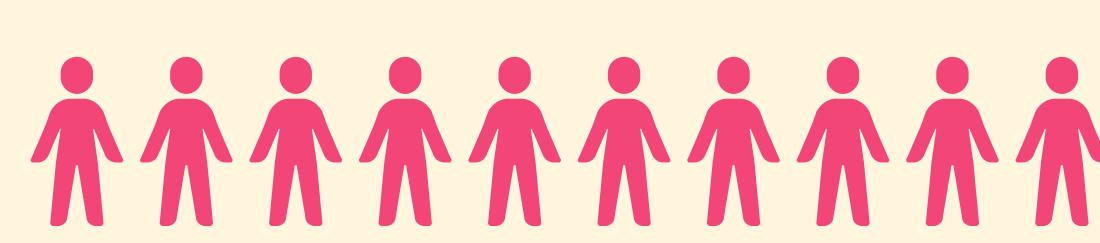
1) **WSIC batch tracing**: We identified a proxy population group for each VCS partner to track cancer screening uptake trends through WSIC.

2) **Partner surveying**: Each VCS provider conducted surveys with the individuals they engaged to understand changes in knowledge, attitude and behaviours.

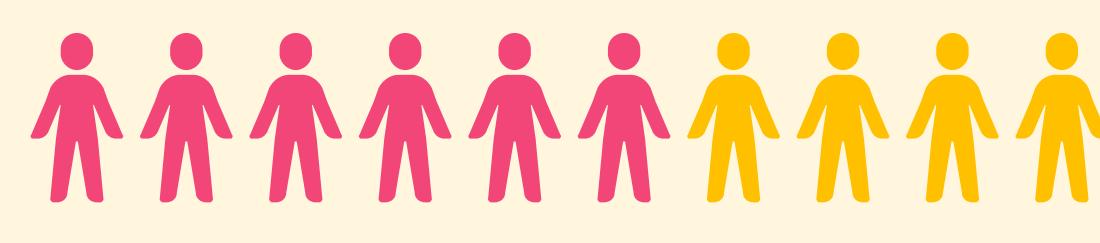
VCS Organisation	WSIC Proxy Population	Total Residents reached by SDP Project	Dec 2023		July 2024		% Change
			Eligible Bi-borough Population	Uptake (%)	Eligible Bi-borough Population	Uptake (%)	
Advocacy Project	People with learning disabilities Notting Dale Ward	60	195	30.8%	257	35.6%	15.77%
VCCK		900	1,712	59.0%	1,675	65.0%	10.26%
Groundswell Health	Dr Hickey / Great Chapel GP Practices	137	300	39.7%	321	42.1%	6.05%



9 in 10 were more likely to undergo cervical cancer screening (Mosaic)



100% of people said they were more likely to seek medical advice if they experienced symptoms (FAWA)



Just over 6 in 10 people said they were likely to book a screening based on the information in the leaflet (Age UK)



View the Screen, Detect, Protect Evaluation Summary Presentation

View the Screen, Detect, Protect Full Evaluation Report



Read Case Studies (2 min read)



## Community Solutions 2025-2027

Launch a grant programme to increase awareness and breakdown mental health stigma in global majority communities, through VCS designed and led initiatives. The programme will focus on children, young people and families aiming to increase the likelihood of accessing mental health services, increase awareness of mental health and increase conversation about mental health in the community.

### Key milestones in the next 6 months

- Gather insights on current approaches gathering information from communities (i.e. surveying, PPGs, engagement events, community research etc) and how the data is processed and stored
- Conduct research on use of AI to autonomously gather, analyse, and report data and commission expert partners
- Draft a process map to theorise how community insights can be gathered, coded and stored in a single digital space

## Co-Production & Community Engagement Implementation Plan

Develop a co-production and community engagement implementation plan with system partners and local residents, integrating the NWL ICB approach. The plan will build around active resident groups and engagement forums such as Patient Participation Groups, Community Champions and residents associations aiming shift the dial towards shared decision making, design and deliver with communities.

### Our Key milestones in the next 6 months

- Appraise current level of skills & knowledge across INTs
- Review current best practise, including NWL approach
- Establish a co-design group of system partners and local residents

## SDP Case Study; Si's Story

[After attending 2 sessions hosted by FORWARD]...I still felt frightened about screening. I kept these feelings to myself and went home. A month later, I saw an advertisement for another cancer awareness session delivered by FORWARD. Determined to confront my fears, I attended the session. However, the fear remained.

A week after the session, I mustered the courage to call one of the FORWARD staff members. She was an Arabic speaker, which made it easier for me to express my feelings. I poured out my fears and anxieties to her. She reassured me, telling me I was in the right place and safe hands. She offered to provide emotional support, and we began a series of six sessions.

With her guidance and support, I started to feel more confident. Finally, I booked my appointment for a cervical screening. When I actually went through with it, I couldn't believe myself—I had done it! I felt so impressed and proud of my accomplishment.