Our People,
Our Communities
Strategy 2019-2024
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## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>4</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>5</td>
</tr>
<tr>
<td>Introduction</td>
<td>6</td>
</tr>
<tr>
<td>1 Drivers</td>
<td>7</td>
</tr>
<tr>
<td>2 Our Partnerships</td>
<td>9</td>
</tr>
<tr>
<td>3 Key Principles</td>
<td>10</td>
</tr>
<tr>
<td>4 Engagement and Involvement</td>
<td>11</td>
</tr>
<tr>
<td>5 Our Objectives</td>
<td>13</td>
</tr>
</tbody>
</table>
People and communities are at the heart of everything we do. We live by our core purpose to make lives better – every day, at every stage of life.

Making lives better means a greater quality of life for the people we support, for our staff, and for our volunteers too. We are proud to be at the heart of our communities, touching lives in a huge variety of ways.

For everyone, for life

Our health visitors have the privilege of supporting babies from their first weeks, throughout their early years – providing crucial input and reassurance for families. Our school nurses support the health of children and young people in education, helping them develop to their full potential.

Our specialist nurses and therapists support those living with long-term conditions so they can take control of their health and manage it at home. Meanwhile, our Rapid Response and Rapid Assessment Emergency Care Teams (REACT) work closely with emergency departments and social care to treat patients at home and help them leave hospital sooner.

Our Community Navigators provide encouragement for people who are isolated, connecting them with local activities and groups to improve their wellbeing.

Our teams work holistically and sensitively with vulnerable groups including those in prison, asylum seekers, refugees and Gypsy, Roma and Traveller communities.

Our staff provide compassionate care for those at the end of their life and offer comfort to family and friends.

A new way of thinking

‘Our People, Our Communities’ is a new lens, a shift in thinking. We want to create a truly person-centred approach for the people we support, and we want to put the people who work for us at forefront of everything we do.

This means engaging, involving and sharing decisions with our people and our communities at every stage of our work. This strategy is about people being heard, people being connected and people feeling a sense of belonging within their community.
Executive Summary

Over the next five years, we will focus on:

• Understanding and improving the experience of people
• Engaging and involving staff, the people we support and our communities
• Removing the barriers that hold people back
• Advancing equality to be a truly inclusive provider
• Creating lasting social impact in our communities

Our key principles
The delivery of the strategy will be guided by six key principles (below).

Our objectives
For this strategy, we have identified five objectives to support us in meeting our core purpose to make lives better:

1. The experience of our staff, the people we support and our communities will support us to make lives better
2. Greater psychosocial support and opportunities for our people and our communities
3. A mainstream focus on equality and diversity
4. Sustainable collaboration with the voluntary, community and social enterprise (VCSE) sector
5. Realising the potential of our community purpose

These objectives will be delivered by our staff – from frontline to Board – and by working together with the people we support and our communities. We will provide an annual impact report on our delivery journey for our stakeholders.

Our key principles

<table>
<thead>
<tr>
<th>Design and deliver together</th>
<th>Experience as a force for change</th>
<th>Equality, access and inclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stronger partnerships with the VCSE</td>
<td>Psychosocial support complements our clinical care</td>
<td>Our community purpose guides all that we do</td>
</tr>
</tbody>
</table>
Both Bristol Community Health and North Somerset Community Partnership have been grounded in our missions to provide person-centred care from the day we were each formed as a social enterprise in 2011. Our organisations have grown significantly since then, meaning that we truly serve the whole community: from babies, children, young people, families, carers, adults of working age and older people – right through to end of life.

In the context of a growing population and tightened NHS budgets, there is a need to encourage greater collaboration between our staff, the people we support and our wider communities. These relationships are essential if we are to be successful in tackling health inequalities, improving outcomes and supporting people to live well – whatever their age, health or background.

Building a more inclusive organisation

It’s essential we understand the needs of our communities so we’re able to build trust and togetherness. This will also help us to create a more inclusive culture within our organisation – making staff feel valued, retaining talent and, ultimately, improving care.

We need to engage with our local communities in a way that informs our understanding and affirms our commitment to diversity, taking steps to build a workforce which is representative of the communities we serve.

Our work to date

Before the creation of this single strategy, Bristol Community Health developed and delivered on three key strategies: ‘Your Healthcare, Your Way’ (patient and public empowerment), ‘Valuing All’ (equality and diversity) and ‘Our Community Pledge’ (social value).

The progress we have made in understanding the experience of the people we support and our approach in engaging with our communities has been recognised by our stakeholders and the Care Quality Commission.

For North Somerset Community Partnership, similar strategies have been developed and delivered, including the Patient and Public Involvement Strategy 2013-2016, the Patient and Carer Engagement and Involvement Strategy 2018-2023, Our Social Value Pledge, and the Equality, Diversity and Inclusion Strategy 2018-2021.

‘Our People, Our Communities’ brings together our ambitions and achievements to date. This strategy will guide our work over the next five years, focusing on:

- Understanding and improving the experience of people
- Engaging and involving staff, the people we support and our communities
- Removing the barriers that hold people back
- Advancing equality to be a truly inclusive provider
- Creating lasting social impact in our communities
1.1 Making Lives Better: A bold new strategy for a better future is Bristol Community Health’s overarching strategy, which guides the direction of our organisation and sets out what our future looks like. There are three pillars that make up this strategy which are described below. The delivery of the ‘Our People, Our Communities’ strategy will support each of these:

i. ‘People first’ culture: we will be better resourced, more empowered and able to flex to the needs of our communities

ii. Pushing the boundaries of care and wrapping around our communities: we will lead the way in pushing the boundaries of care delivered in the community. Our care will be more accessible, more approachable, and properly integrated with patients’ wider health and care needs.

iii. Educating and inspiring people to self-care: we believe that a sustainable future for the NHS depends on a model where more and improved self-care is a major feature

1.2 The North Somerset Community Partnership Strategy 2018-2023 sets out the organisation’s three strategic aims. Delivery of the joint ‘Our People, Our Communities’ strategy will support each of the three aims below:

- To deliver high-quality care by focusing on the needs of all individuals, promoting self-care and supporting people to remain independent
- To create a sustainable and inclusive workforce which is appropriately trained and supported to meet the needs of the people and communities we service
- To ensure the long-term sustainability of our services and company.

1.3 Prevention is Better Than Cure is a key policy setting out the government’s approach to prevent health problems arising and to tackle health issues earlier. Its aim is to stop them from getting worse by providing the right care in the community, putting more people in control of their health, and supporting the whole person through both physical and mental health. The policy is clear that the support available from those around us – our peers, friends, family and local community organisations – is as important as that from health and social care professionals.

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1 Prevention is Better Than Cure (Department of Health and Social Care, November 2018)
1.4 **Five Year Forward View** is a key forward plan by NHS England, which covers the period 2014-2019.\(^2\) It highlights that both the voluntary, community and social enterprise (VCSE) sector and patient and public involvement are vital to the health and wellbeing of local communities. The plan will soon be superseded by the NHS 10 year long-term plan.

Historically, the health service has been prone to operating a ‘factory’ model of care and repair, with limited engagement with the wider community. It has often had a short-sighted approach to partnerships, with underdeveloped advocacy and action on the broader influencers of health and wellbeing.

This strategy presents a challenge to redefine the ‘boundaries’ between the statutory sector and the VCSE sector. It also challenges us to redefine the relationship with people who use services, placing greater emphasis on lived experience as a driver for person-centred and effective local health services.

1.5 **The NHS Long Term Plan** describes a new service model for the NHS for the 21st century and sets out ambitions for the NHS over the next 10 years.\(^3\)

It aims to improve the quality of patient care and health outcomes by focusing on improving services outside hospitals and moving towards more joined-up, preventative and personalised care for patients.

There is a focus on reducing pressure on emergency hospital services, prevention, tackling health inequalities and on improving outcomes for major diseases, including cancer, heart disease, stroke, respiratory disease and dementia.

Digital health services are to become a mainstream part of the NHS, while continued improvements to maternity safety will ensure all children get the best start in life. Local NHS organisations will increasingly focus on population health by moving to integrated care systems to ensure greater collaboration between health and social care.

1.6 **Healthier Together** is the Bristol, North Somerset and South Gloucestershire (BNSSG) Sustainability and Transformation Partnership (STP). Bristol Community Health and North Somerset Community Partnership are 2 of 13 local health and care organisations that form the Healthier Together board. However, the partnership goes beyond just these organisations: the views of the public, patients, staff and voluntary sector form a significant role in shaping the future of our local health and care services.

One of Healthier Together’s ‘key areas for change’ is the implementation of an integrated community localities model. Both Bristol Community Health and North Somerset Community Partnership play a leading role in the development of this model, which aims to keep people healthy and living independently in the community, reducing reliance on costly hospital services.

1.7 **The Building Health Partnerships programme** provided funded support to enable seven STPs – including Healthier Together – to engage with the voluntary, community and social enterprise (VCSE) sector and local citizens on wellbeing and self-care priorities. It was jointly funded by NHS England and the Big Lottery Fund, and delivered in partnership with Social Enterprise UK and the Institute for Voluntary Action Research (IVAR).

Locally, Bristol Community Health played a leading role in this programme.

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\(^2\) Five Year Forward View (NHS England, October 2014)

\(^3\) The NHS Long Term Plan (NHS England, January 2019)
The boundaries between health and social care are becoming increasingly blurred, and for good reason. We already plan and deliver services alongside a range of statutory and VCSE sector organisations: working closely with local authorities; facilitating timely discharge from hospital with acute trusts; and, increasingly, providing wrap-around care in local communities through our partnerships with primary care and the VCSE sector.

Over the life of this strategy, maintaining and developing these relationships will be paramount. Sharing resources, avoiding duplication and bringing expertise together will provide significant opportunities for us to strengthen our impact further.

This means partnership working on areas where there is a single shared system vision. Existing examples of this include Healthier Together (opposite) and the Bristol Equality Charter, which works across organisational boundaries to advance equality and reduce health inequality.

It also means playing our part in the delivery of local and regional plans, such as Healthier Together’s Sustainability and Transformation Plan, as well as local authority strategic plans.
The delivery of this strategy is underpinned by six key principles. These principles will remain a constant throughout this strategy and will act as reference point for reviewing our progress.

They will help guide all of our staff, from frontline to Board, to work collaboratively with the people we support and with our communities.

### Key Principles

1. **Our starting point** is to design and deliver solutions in partnership with our staff owners, the people we support and our communities.

2. **Our approach** is that the experiences of our staff, the people we support and our communities are understood; that they feel heard; and that their experience is a valuable, positive force for change.

3. **Our focus** is on advancing equality for the people we support and our communities by providing accessible services, and for our staff through our approach as a diverse and inclusive local employer.

4. **Our plan** is to grow strategic partnerships across the voluntary, community and social enterprise (VCSE) sector to improve the health and wellbeing of our communities.

5. **Our offer** is person-centred care, always. We believe people’s needs are best met holistically through psychosocial support that complements our core service – creating the conditions for volunteering and social action to thrive.

6. **Our decisions** are grounded in our role as an employee-owned social enterprise in our community, creating social value and a positive impact in all that we do.

These principles will help guide all of our staff, from frontline to Board, to work collaboratively with the people we support and with our communities.
As we outline in our key principles (opposite), the starting point of this strategy is to design and deliver solutions in partnership with our people and our communities. We want engagement and involvement to be a cornerstone of our culture: embedded within our behaviours and the way we make decisions.

Our approach to involvement values lived experience, and uses this to influence the decisions we make. This includes making effective use of people’s unique skills and capabilities and their diverse perspectives, experiential knowledge and insights.

Working together with the people we support and our staff, this approach will help us set priorities, identify issues and find solutions which may not otherwise be apparent.

**Our approach**

We will continue to build on our established engagement and involvement approaches, as well as creating new ones. This includes:

- The growth and development of our participation community of patients, young people, carers and the VCSE sector
- Our partnership with Barnado’s, which supports us to design and deliver our services together with children and young people as part of the Community Children’s Health Partnership (CCHP)
- Our healthcare involvement groups in each of our five prison health services
- A rolling programme of focus groups at a service or care pathway level
- Use of technology to hear from a wider range of people
- Working with partners to share information and resources – avoiding duplication of effort and ensuring people only need to tell their story once, for example Healthwatch, acute trusts and primary care
- Meaningful engagement with carers and the groups that support them to ensure we do all we can to provide the right level of support, information and signposting
- Our annual quality priorities community forum event, which helps us to develop our ideas together with the people we support and the VCSE sector
- Strengthening partnerships with VCSE sector organisations that represent the people we support (including user-led organisations) so we learn from their experience, improve the quality of our care, and design and deliver inclusive services together
- Bringing the voice of the community into strategic decision making in our community interest company (CIC), and realising the value that this brings through expanding our community forum model so that it is responsive of the diversity of the services we provide

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4 The Value of Lived Experience in Social Change (Baljeet Sandu, July 2017)
• Ensuring that the people we support are involved in developing our policies, plans and quality improvement approaches, supported by a **mandatory ‘engagement and involvement gateway’ check** at the start of any new project

• **Designing and delivering staff training together with the people we support** – an approach that values lived experience as a tool to improve practice

• **Involvement in recruitment** panels for key posts

• **Promotion of the Staff Council** as a communication channel for staff ideas and innovation

• Reinforcing the feeling of ownership and responsibility of our staff owners, ensuring they have the **information they need to be able to effectively influence decision making** at the appropriate level and in a timely way

In addition, we will introduce a new patient and public involvement (PPI) reimbursement policy to help further recognise the contribution people make in shaping our services.
1. The experience of our staff, the people we support and our communities will support us to make lives better.

Our core purpose is to make lives better – through the delivery of a ‘people first’ approach for our staff, and person-centred wrap-around care for our communities. In order to achieve this, we need to hear, understand and value the experience of everyone within our communities, both internal and external.

We provide services in a wide range of settings; for the whole local population; and across both urban and rural communities. Our approaches in understanding the experience of the people we support and our staff must be broad, timely, proportionate and accessible.

We will do more to show how our understanding of people’s experience is being used to improve the quality of care we provide. This will include equipping our staff with the quality improvement tools they need to bring about concrete changes. For the first time, we will bring together the feedback from staff and the people we support to better understand the experience of our people.

How we’ll achieve this objective

1.1 We will broaden our understanding of patient experience to ‘people’ experience. We will work towards a culture where understanding and learning from people’s experience supports us to make lives better.

Our people

When we talk about ‘our people’, we mean everyone who comes into contact with our services or who lives in our communities. This includes:

- Our staff
- Our patients and service users
- Carers and families
- Children and young people
- People in prison
- Volunteers

We know that the experiences of staff at work directly correlate with how the people we support experience our care. We want to explore how we can capture and understand the experience of staff in real-time – integrating this with patient experience data to learn more about the performance of services and our organisation, and find opportunities to improve quality.

Approaches will include:

- Developing ways for staff to share their experience of working for us
- Celebrating the contribution of staff to making lives better through quarterly nominations for outstanding commitment from the people we support
- Sharing staff and patient stories at our induction for new starters, and ensuring people’s experiences remain a focus throughout their career with us
- Giving staff access to a library of patient stories, feedback and best practice guides to support shared learning.
1.2 **We will review and improve the way in which the experiences of our staff and the people we support thread through our governance structure** and inform our decision making.

We want to consider different methods for this, including the best practice of other health organisations and the further development of our patient and carer experience and involvement forum to provide a space to bring staff and the people we support together. The group will consider the latest evidence base and recommendations from key national and local reports – ensuring we adopt a best practice model for improving experience and sharing learning across the organisation.

1.3 **We will review our complaints policies and processes** and put in place additional measures to ensure a high-quality and responsive complaints service. These measures include:

- A clear and consistent approach for managing complaints that involve multiple organisations. Working with our partners, we will share best practice and monitor system-wide actions and improvements being made.

- Working proactively with the Parliamentary and Health Services Ombudsman (PHSO) to log any reviews being undertaken – monitoring and reporting on these, and seeking feedback from reviews of our complaints in order to provide assurance that our process is fair and effective.

- Ensuring the mechanisms for collecting feedback about the complaints process are accessible to all complainants. This includes reviewing our questionnaire and considering new methods to better understand the experience of complainants, such as working with feedback volunteers.

- Providing bespoke investigation training to support staff with high-quality complaints investigations. This training has been co-designed with the Patients Association, the Patient Experience Team, and a range of staff and patient representatives.

- Ensuring improvements are being made as a result of complaints by adding all actions and recommendations to our complaints management system, and ensuring these are followed up and reported.

1.4 **We will ensure that quality improvement approaches (QI) are underpinned by the expertise and views of those it will affect.** Feedback will then be gathered and reviewed to evaluate impact. Approaches will include:

- Identifying opportunities to co-design services and pathways in partnership with the people we support (sometimes referred to as ‘experience-based co-design’). We will ensure teams are equipped with the right tools and are supported to learn together through peer-to-peer support and action learning sets.

- Supporting services with ‘quick wins’ to make small improvements rapidly – for example, using a real-time care improvement model. This involves engaging staff in an open conversation with the people we support to understand what improvements they would make to the service. Then, working with the Patient Experience Team, the service will identify any improvements that can be actioned immediately.

- Ensuring staff receive training to help them understand and improve the experience of the people we support. Those with lived experience will help co-design the training where appropriate.
1.5 We will clearly communicate how feedback has been used to improve quality of care and to share good practice. This will be done through effective use of internal and external communications channels, including BetterYou (our health and wellbeing newsletter) and social media.

If something could not be improved or changed based on feedback, we will communicate why this is the case.

1.6 We will improve the ways in which people can provide feedback, ensuring they are flexible and accessible to everyone we support.

We will do this by introducing a range of new and inclusive methods, exploring new technologies, and working with volunteers and with organisations in the VCSE sector.

Examples include:

- Recruiting feedback volunteers to gather patient stories and to talk to patients openly about their experience, including exploring a specific peer volunteer role for those we support within a prison setting
- Co-designing feedback approaches with the people we support, staff and partner organisations to ensure they are accessible and effective
- Trialling new digital approaches and simplifying the process so any feedback can be submitted through a single route
- Trialling drop-in sessions at locality hubs and within community spaces, with support from interpreters, staff and volunteers to ensure that we are providing an opportunity for everyone to share their views
2. Greater psychosocial support and opportunities for our people and our communities.

It is estimated that clinical care represents just 10% of the factors which influence a person’s health (see ‘What impacts on health?’, opposite). By recognising the wider determinants of health and working with partners to develop new models of care, we can do more to improve health and wellbeing in our local communities.

We will significantly grow the range of psychosocial support available. This will combine the expertise of our clinicians along with social prescribing link workers, peer support and other volunteer roles.

This growth will be achieved through a combination of direct provision and through our collaboration with the VCSE sector (see objective four). The provision of wrap-around care in our communities will support people to feel less isolated and more confident to manage their health and choose healthier lifestyles.

In doing so, we will also be creating the conditions for volunteering and social action to thrive in our local communities. Volunteering has its own benefits – giving back is one of the ‘five ways to wellbeing’. It’s proven to increase confidence, increase a sense of purpose in life, and has the feel-good factor of knowing the difference being made in the local community.

What is psychosocial support?

Psychosocial support aims to address the psychological and social needs of individuals, families and communities. By drawing on these two aspects, psychosocial support aims to increase people’s ability to cope with problems we all sometimes face in life.

How we’ll achieve this objective

2.1 We will embed the Community Navigator (social prescribing) model in a range of our clinical services. Taking a more multi-disciplinary approach will enable us to meet people’s needs in a more holistic way – addressing the wider determinants of health and breaking down any practical barriers which prevent people from managing their health. We believe that this approach will also increase clinical capacity and productivity by ensuring staff time is utilised appropriately.

2.2 We will work with partners and commissioners to build the case for a sustainable social prescribing model across Bristol, North Somerset and South Gloucestershire. This will include the agreement of shared outcomes, and the creation of a simple referral pathway and a workable mechanism for resources to be shared across the VCSE sector.

2.3 We will grow our volunteer programme, creating a diverse range of roles that complement the care we provide, and help to ensure those we support are provided with fully-integrated wrap-around care. These roles may be delivered through our own volunteer programme or by working together with our partners. We will do this by:

- Integrating roles/opportunities through a new three-tier model (see opposite)
- Inviting volunteers to register their skills and interests – allowing services to design roles that better fit with what volunteers can offer
- Developing roles for younger volunteers, and roles based in our services for children and young people

5 Evidence suggests there are five steps we can all take to improve our mental wellbeing: connect, be active, take notice, keep learning, and give (New Economics Foundation, July 2011)
Integrating volunteering through a new three-tier model

- **Commitment for 6 months**
- **Senior volunteer roles, group supervision**
- **Integration with multi-disciplinary clinical teams for patients with long-term conditions**

**Peer support (individual and group)**

- Regular commitment, short-term possible
- Pastoral support
- Generally structured roles such as exercise buddies, Macmillan co-facilitator, Community Navigators.

**Structured volunteering**

- A couple of hours to spare every couple of weeks
- Flexible
- Open to staff volunteering

10% Genes and biology
10% Clinical care
10% Physical environment
30% Health behaviours
40% Social and economic factors

**What impacts on health?**

- 10% Genes and biology
- 10% Clinical care
- 10% Physical environment
- 30% Health behaviours
- 40% Social and economic factors

1-2 hours per week

1-2 hours to spare every couple of weeks
Flexible
Open to staff volunteering

Level of support
• Expanding our internal volunteer programme, providing flexible opportunities for our staff to volunteer – both within our services and in local community organisations
• Establishing volunteer roles in partnership with other organisations, with a view to standardising training to allow volunteers to move more easily between organisations and gain new skills and experiences
• Introducing a volunteer reward and incentive programme to recognise the time that volunteers give and their hard work and effort

2.4 We will grow and develop peer support models for people living with a long-term and/or mental health condition, to complement our clinical expertise.

Peer support programmes are led by volunteers with lived experience and are shown to support better health outcomes, improve experience, increase wellbeing and develop mentees’ confidence to manage their condition.

2.5 We will develop a peer support model for our staff, as part of our internal wellbeing strategy – supporting staff to increase their resilience and contributing to a happy and effective workforce.

2.6 We will develop a range of person and community-centred approaches to support self-care. We want to give people the tools and confidence to take control of their health: our approach will include self-management education, health coaching and group activities, as well as being led by the unique expertise, skills and resources within our communities (also known as ‘asset-based approaches’). This activity will be delivered collaboratively through our partnerships with the VCSE sector.

3. A mainstream focus on equality and diversity.

We believe that equality and diversity is integral to achieving better health outcomes for our population and enriching the life of our organisation.

We are committed to addressing inequality and celebrating diversity in order to sustain an accessible and inclusive environment for our staff, the people we support and our communities. By developing a stronger understanding of this diversity, we will deliver higher-quality and more equitable healthcare services.

How we’ll achieve this objective

3.1 We will take proactive action to tackle health inequalities in our communities through our involvement in local and regional plans, as well as specific initiatives that will demonstrate an improvement in health outcomes for population groups where inequality exists.

3.2 We will continue to develop equality and diversity leadership, capacity, and competency within our organisation through:

• Positive action measures in recruitment and employee retention
• Career pathways into leadership roles for underrepresented groups
• Apprenticeships and work placements targeted at people who experience barriers to employment
• Integrating equality and diversity in our leadership learning and development programmes
3.3 We will work towards a Board that is representative of our communities – for example, through the continued appointment of a non-executive director who is part of the BAME community.

3.4 We will ensure that our overall approach to staff engagement is supported by appropriate and inclusive forums for under-represented groups – for example, BAME staff or those with a disability. This will ensure we truly hear the voice, views and ideas of all our staff and can take appropriate steps to address any inequality or barriers that are present.

3.5 We will collaborate with local VCSE partners and community leaders to develop a greater range of resources, training programmes and informal learning opportunities to support our workforce to work in culturally competent ways and deliver inclusive, responsive services to meet the needs of our diverse communities.

3.6 We will create a responsive ‘Access to Health’ hub to help increase the accessibility of our services. The hub, which will include the Health Links service, will provide advice, guidance and efficient pathways to appropriate interpretation and translation support for people with additional communication needs. This includes those with a disability or whose first language is not English.

3.7 We will recognise organisational change as an opportunity to advance equality for our workforce and the people we support, and to reduce the gaps that exist in health outcomes.

We will create a check as part of the ‘engagement and involvement gateway’ to ensure that the potential impacts of new strategies, plans and policies are carefully reviewed before they are put in place.

We will use a flexible and proportionate equality impact assessment approach to bring diversity into our decision making and make best use of the expertise and perspectives that exist in our workforce, through our community forums and with our partners in the VCSE sector.

3.8 We will use the data we collect to drive better decision making. This includes the results of our annual Equality Delivery System (EDS2) self-assessment and Workforce Race Equality Standard (WRES)/Workforce Disability Equality Standard (WDES) submissions, which we will use to identify key areas to focus on in the year ahead.
4. **Sustainable collaboration with the voluntary, community and social enterprise sector.**

Place-based, population-focused and person-centred care requires everybody in the health and care system, including the VCSE sector, to work collectively to achieve the outcomes most important to people and communities.\(^6\)

We are committed to exploring new models of care with the VCSE sector: models that provide holistic, wrap-around care in communities and focus on the wider determinants of health in order to keep people well and give them the confidence to manage their health through self-care.

The way services have been approached in the past is no longer fit for purpose; therefore, the future direction must support the transition of some care from traditional clinics into community and social settings. This model will be significantly enhanced through collaboration with the VCSE, where a broader skill mix will support a more sustainable community health model.

Our ambition is to make tangible and sustainable changes in our relationship with our VCSE partners.

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\(^6\) Priorities for the Plan: Views from leaders in charities and voice organisations (Volunteering Matters, July 2018)
How we’ll achieve this objective

4.1 We will co-design a collaboration framework for our work with the VCSE sector that defines a shared ethos and set of principles based on trust, respect and reciprocity.

This framework will enable smarter and more agile partnership working with greater flexibility.

4.2 We will strengthen collaborations with the VCSE sector in our core community health services, at both a local and national level. By working in a smarter way, we intend to create models that benefit all involved – for example, increasing uptake for screening services amongst underrepresented groups.

4.3 We will develop a number of strategic partnerships with community anchor organisations, aligned to the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG) integrated community localities model. This will act as a responsive interface between our services and communities for implementation of key health and wellbeing priorities at a local level.

4.4 We will further develop our partnerships with organisations that provide vital advice, support and services to groups within our communities. This will ensure that we recognise, value and harness the expertise, networks and community reach that these organisations bring.
5. Realising the potential of our community purpose.

We are proud to be a staff-owned social enterprise. We operate for the benefit of our communities by combining the best values of the NHS and the VCSE sector with business acumen, talent and a bold and flexible approach. This enables us to generate surpluses for re-investment into the community, helping people live healthier lives.

Through this strategy, we will do more than ever before to realise the potential of our community purpose. We will do this through both the delivery of our core commissioned services and the implementation of new, forward-thinking approaches that maximise our social impact – making a lasting difference to people and communities in the local area.

How we’ll achieve this objective

5.1 We will expand our community investment grant programme – reflecting our core purpose to make lives better and maximising our social impact. This will create the conditions and resources for place-based, community-led initiatives that advocate greater self-care – enabling people to manage their health with confidence.

5.2 We will research and identify unmet health and care needs in the local population to tackle gaps in provision. This could include providing clinical expertise, using the capabilities of our central/corporate services teams or by extending the reach of our existing services.

We will also pursue a range of external funding routes, including local and national grants and private sector investment.

5.3 We will develop an evidence-based social value measurement framework in partnership with organisations specialising in research and education, as well as other employee-owned organisations. This will help us to understand, measure and articulate our social impact. We will prioritise the work that makes the biggest difference to our communities – both socially and environmentally.

5.4 We will continue to prioritise buying goods and services from businesses that share our aims and values, with a view to increasing the proportion of our expenditure with local suppliers across Bristol, North Somerset and South Gloucestershire. This will ensure maximum local impact for every pound spent.

5.5 We will encourage and support partner organisations and those within our supply chain to include social value considerations in their business practices. This could include utilising the corporate social responsibility obligation of large non-local suppliers to benefit the people in our organisation and the communities we support, whilst still ensuring that economy of scale gives us financial benefits.

5.6 We will endeavour to reduce any negative effects on the environment by:

• Examining potential environmental impact when reviewing policies and sourcing goods and services
• Developing a staff awareness and engagement scheme
• Supporting our partners to do the same
Our People,  
Our Communities  
Strategy 2019-2024

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