



# Worcestershire Core20PLUS Community Connectors Programme

## Expression of Interest Pack

The Expression of Interest form is to be completed by the organisation proposing to deliver this programme in partnership with Worcestershire VCSE Alliance.

Please refer to the end of this document for the Expression of Interest form and checklist.

Expressions of interest will be assessed based on the criteria in the Expression of Interest Pack.

Programme delivery to start in September 2024 for a period of 12 months. The total funding for this programme is £25,000.

Please submit your Expression of Interest to [esther@worcsalliance.org](mailto:esther@worcsalliance.org) by 5pm on Monday 29<sup>th</sup> July 2024.

Those organisations selected will be invited to present their delivery model to a panel. Further details of this will be provided. Presentations will be held on 5<sup>th</sup> August 2024.

### **Background Information**

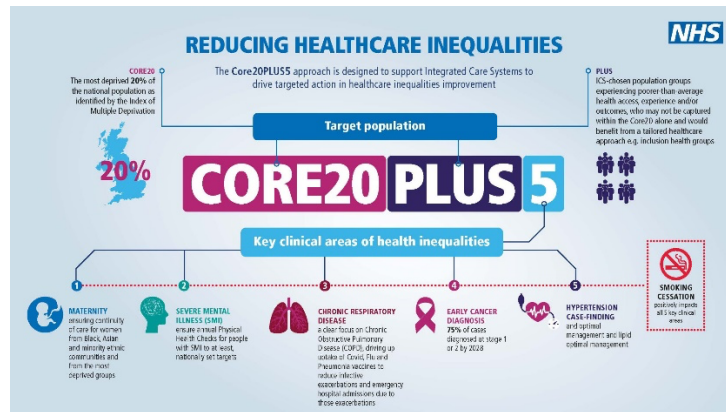
The Core20PLUS Community Connector Programme is funded through the NHS Equalities and Health Inequalities Hub.

The programme aim is to recruit, mobilise and support influential Community Connectors to take practical action to improve health and reduce inequalities in their area.

It builds on learning from many other community-based initiatives and 'connector' roles including vaccine champions, peer advocates and social prescribing link workers.

Community Connectors are those with influence in their community who can help engage local people with health services. Offering unique insight into the barriers people living in their communities' face, connectors are ideally placed to advise local NHS services on how these can be overcome and what makes a good service.

The following infographic provides an overview of the Core20PLUS5 approach to support ICS's drive targeted action in healthcare inequalities improvement.



## Core20PLUS Community Connector Programme Delivery

Worcestershire VCSE Alliance together with Healthwatch in Herefordshire are working together within the Integrated Care System (ICS) to develop this programme. In Worcestershire we are seeking to contract a local delivery partner.

The total funding for this programme is £25,000 in total over a 12 month period.

The programme will focus on engaging Pakistani and Bangladeshi women living in Redditch, Worcester City and Wyre Forest. The provider may choose to focus initially in one of these geographical areas, and partner with other VCSE organisations from the other areas to support local co-production and disseminate learning.

A key expectation of the programme is to co-produce ways of working with women from these communities that will help in reducing Cardiovascular Disease/Hypertension and increasing the uptake in cancer screening.

A key aim of the project is to engage with women from these communities to understand barriers and challenges to accessing healthcare and co-produce approaches that meet the needs of women from these communities.

This ambition is to gain the trust and continue to build relationships with the communities to harness the insights and solutions. The intelligence from this programme will inform decision making and future commissioning, working with the Community Connectors and the VCSE Sector.

Sustainability of this model will be via the train the trainer model of volunteers/ engagement champions that already being built through existing community engagement research projects – for ongoing sustained engagement and relationships with communities. In addition to this, the insight and learning from the community barriers will be plugged into existing services and boards to act upon.

### Increase uptake in cancer screening

The Community Connector will work with women to address barriers, including:

- **Language and Information:** For those British-Pakistani women who are unable to read English, which makes it difficult for them to understand the screening invitation letter and leaflet. They may rely on community networks for information, which may not always be accurate.
- **Interpreter Provision:** Some women who don't speak English often use family members to help them communicate during appointments, but this can make them feel inhibited or excluded. Increase awareness of NHS interpretation and translation services is needed.
- **Translations:** Certain words used in breast screening, such as "mammogram," have no direct equivalents in other languages, causing uncertainty and anxiety.
- **Misunderstanding:** Some women believe breast screening is only for those with symptoms of breast cancer, unaware that it's a routine preventive measure.

- **Female Staff:** Many women are not aware that mammograms are always performed by female staff.

In particular, breast screening uptake has fallen in the UK. Women from South Asian backgrounds are among those least likely to attend breast and cervical screening. The NHS Breast Screening Programme (BSP) does not routinely record ethnicity in the uptake data but research suggests attendance is particularly low among British-Pakistani women.

### **Explore lifestyle changes to reduce cardiovascular disease and hypertension**

Population-based surveys suggest a higher prevalence of hypertension in women from the Pakistani and Bangladeshi community is 24.76% aged above 40 years. Through community based provision of lifestyle information and advice could potentially support the reduction of hypertension.

### **Delivery Partner Role and Responsibility**

The selected Worcestershire VCSE partner organisation will develop a delivery model in partnership with the Worcestershire VCSE Alliance. Delivery will include:

1. Employment of a part time Core20PLUS Community Connector
2. Work alongside other existing community engagement roles and other VCSE organisations to maximise opportunities for engagement.
3. Implement a series of co-design workshops and community activities to engage Pakistani and Bangladeshi women into the co-design of the programme and co-creation of solutions.
4. Based on the co-design, implement a series of activities, produce learning materials and train the trainer model of volunteers/ engagement champions
5. Work with the Alliance VCSE Strategic Lead and Communications Lead to roll out the above to other organisations
6. Liaise and coordinate with relevant PCN Manager's, Social Prescribing Manager's, the [Community Wellbeing Roles Network](#) and other community networks to join up with other work
7. Link in with existing and ongoing research work underway and includes in depth engagement with seldom heard communities and will support understanding barriers to communities being part of research projects.
8. Report to the VCSE Alliance on each of the areas above, including (not exclusively):
  - Understanding of barriers to cancer screening and lifestyle choices effecting hypertension related conditions
  - Delivery and co-design approach
  - Successes and challenges including identified barriers to engagement and access
  - Recommendations and solutions given by communities

The Alliance will in turn report to the Being Well Strategic Group where decision makers from across the districts and organisations attend.

### **Outputs**

- Employment of a Community Connector
- Engagement of an agreed number of women that take part in the co-design workshops
- Design and delivery of an agreed number of engagement activities
- Production of a number of learning materials and share with partners
- Where data is available, report on the percentage increase of uptake in services by Pakistani and Bangladeshi women
- Production of four case studies of improved health conditions from these cohorts of women
- Production of a document outlining service recommendations as a result of this programme

Please note: Delivery partners may choose to focus on one geographically area initially (Redditch, Worcester City or Wyre Forest) and work with other VCSE organisations in the other areas to develop local co-production and disseminate learning.

## Outcome

- Development of a clear understanding of the barriers for Pakistani and Bangladeshi women in accessing relevant health and community services
- Develop and embed a train the trainer model of volunteers/ engagement champions model that can become sustainable after the 12 months of this project
- Increase the education and awareness these communities have about what services are available and how to access them
- Strengthen existing work by building a network of engagement champions for engagement and research with a train the trainer approach
- Gather, record and disseminate insights into action for ongoing engagement and relationships with communities, together with information relating to the increased likelihood of participants uptake of CVD and cancer screening services

The outputs and outcomes will be fed into existing services, such as the flexible outreach prevention service, currently delivering a number of secondary prevention interventions. The outputs will also be fed into existing traditional services via the Health Inequality Ambassadors aligned to every programme and enabler Board across the ICS – to take the learning back through their Boards to act upon.

The outputs and outcomes will be monitored and evaluated based on the above outputs and outcomes. Further details of this process will be provided to the contracted delivery community organisation.

Please submit the Expression of Interest from below to [esther@worcealliance.org](mailto:esther@worcealliance.org) by 5pm on Monday 29<sup>th</sup> July 2024.

Those organisations selected will be invited to present their delivery model to a panel. Further details of this will be provided. Presentations will be held wc 5th August 2024.

For clarification on this information or the wider programme, please email [esther@worcealliance.org](mailto:esther@worcealliance.org).

| Organisation Details                 |  |
|--------------------------------------|--|
| Organisation name                    |  |
| Charity or Company Number            |  |
| Is your organisation VAT registered? |  |
| Main office address                  |  |
| Geographical service coverage        |  |
| Main service user audience           |  |
| Main contact name                    |  |
| Email address                        |  |
| Phone number                         |  |
| Website address                      |  |

|   |  |
|---|--|
| <p>Organisation Purpose</p>   |  |
| <p>Details of Expression of Interest</p>  |  |
| <p>Why is your organisation best placed to deliver this programme?</p> <p>Max 350 words</p>   |  |
| <p>Which geographical area would be your primary focus?</p> <p>How would you ensure co-production and learning is disseminated to the other two selected geographical areas?</p> <p>Max 200 words</p>   |  |
| <p>What experience does your organisation have in working with women from Bangladeshi and Pakistani Communities?</p> <p>How have you previously worked to improve outcomes for these communities?</p> <p>Max 350 words</p>  |  |
| <p>Outline your organisations approach and expertise in co-designing services with communities</p> <p>Max 350 words</p>   |  |
| <p>What do you foresee the key barriers to be in delivery of this programme?</p> <p>How would your organisation address these barriers?</p> <p>Max 350 words</p>  |  |
| <p>Breakdown of how you propose to use the Connectors programme funding of £25,000 over the 12 month period</p> <p>Funding will be expected to cover:</p> <ul style="list-style-type: none"> <li>• Employment of the Community Connector/Engagement Officer</li> <li>• Reimbursement of travel costs</li> <li>• Potential room hire</li> <li>• Resources as part of engagement</li> </ul> |  |

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Co-production and train and trainer events delivered by the Community Connectors.</li></ul> |  |
|---|--|

Max 350 words

**Please provide the following documents with your expression of Interest:**

- Your organisations governing document
- Latest financial annual accounts
- Adult Safeguarding Policy

## Appendix

| <p>Context:<br/>ICS prioritises reducing healthcare inequalities, based on local data to target resources for greatest impact.</p>                                       |   |   |  |   |   |
|--|---|---|--|---|---|
| <p>Rational for the programme:<br/>Engaging and understanding underserved communities in our counties, to co-produce solutions for reducing healthcare inequalities.</p> |   |   |  |   |   |
| Inputs   | Activities  | Outputs (measurable)  | Outcomes ST (From 6-12m)   | Outcomes LT (From 1-3yrs)   | Impacts LT (3yrs +)   |
| <p>Funding to ICB to pass onto VCSE</p> <p>Support and integration / training with existing community connector roles.</p>   | <p>VCSE recruit and support Connectors.</p> <p>Connect with other connectors and HI Ambassadors.</p> <p>Embed learning / reporting into governance.</p> | <p>Connections made with target cohorts.</p> <p>Engagement activities.</p> <p>Insights recorded.</p> <p>Activity / engagement measures.</p> | <p>Increase the education and awareness these communities have about what services are available and how to access them.</p> <p>Insights shared.</p> <p>Service recommendations.</p> | <p>Service recommendations implemented or being worked towards.</p> <p>Percentage increase of uptake in services with target cohorts.</p> | <p>Improved access, experience and outcomes for target cohorts.</p> <p>Reduced healthcare inequalities.</p> |
| <p>Underpinned by:<br/>Cultural sensitive engagement, listening, co-production</p>   |   |   |  |   |   |