

Welcome to
MVA's
Annual General Meeting
2024

Jane Howard

CEO of MVA

Key achievements

- Through our Medway Council Better Together Infrastructure contract, MVA helped local Medway charities to secure **£ 6.5 million** over the period of the last contract
- **This year we have supported the sector to secure £1,119,379.50**



In partnership with our VCSEF peers, MVA has delivered a **total of 21 different projects over the past year**

We have supported nearly **2000** lonely and isolated people through our Befriending Programme, and shared **c.£235k** amongst the sector for small 'test bed' projects.

- The VCSEF Transformation Academy and Alliance, in its 3rd year is demonstrating that **1336 hours of generous leadership** given by the TA members are helping to radically shift and improve the operational effectiveness of the sector in the years ahead. **(Nottingham Trent University evaluation)**

- The Community Health Catalyst programme prioritising Core20+5 communities, has enabled **over 1000 people to be empowered to have more control over what they feel is important to their health**, and **21 organisations accessing new funding** to help their communities

This means that people like Lesley are breathing easier, people like Samreen are moving better and the goal of better living is being realised



- Bowel Cancer is the second most common cause of death in the UK and early detection can save lives. Thanks to funding from the Cancer Alliance, we have already talked to over **1000 local residents** about the importance of screening and how it can save lives

“The test kit has been in my cupboard for about 3 months, to be honest I’d forgotten about it. Having spoken to you today I’ll do it over the weekend” - Chatham Carnival - member of the public..



Nikki Teesdale

Director of Health & Care
Integration & Improvement

+

Medway & Swale Health & Care
Partnership

A system approach to
social regeneration.

‘The Art of the
Possible’

Nikki Teesdale
Director of Health and Care Integration.



Social Regeneration

Place Based Action

How do we reduce inequalities?

- The Health and Wellbeing Gap
- The Care and Quality Gap
- The Funding and efficiency Gap

How do we build a place-based ecosystem that bridges relationships between Partners?

- Curiosity
- Generative Listening
- Trust, respect, understanding and appreciation of each other

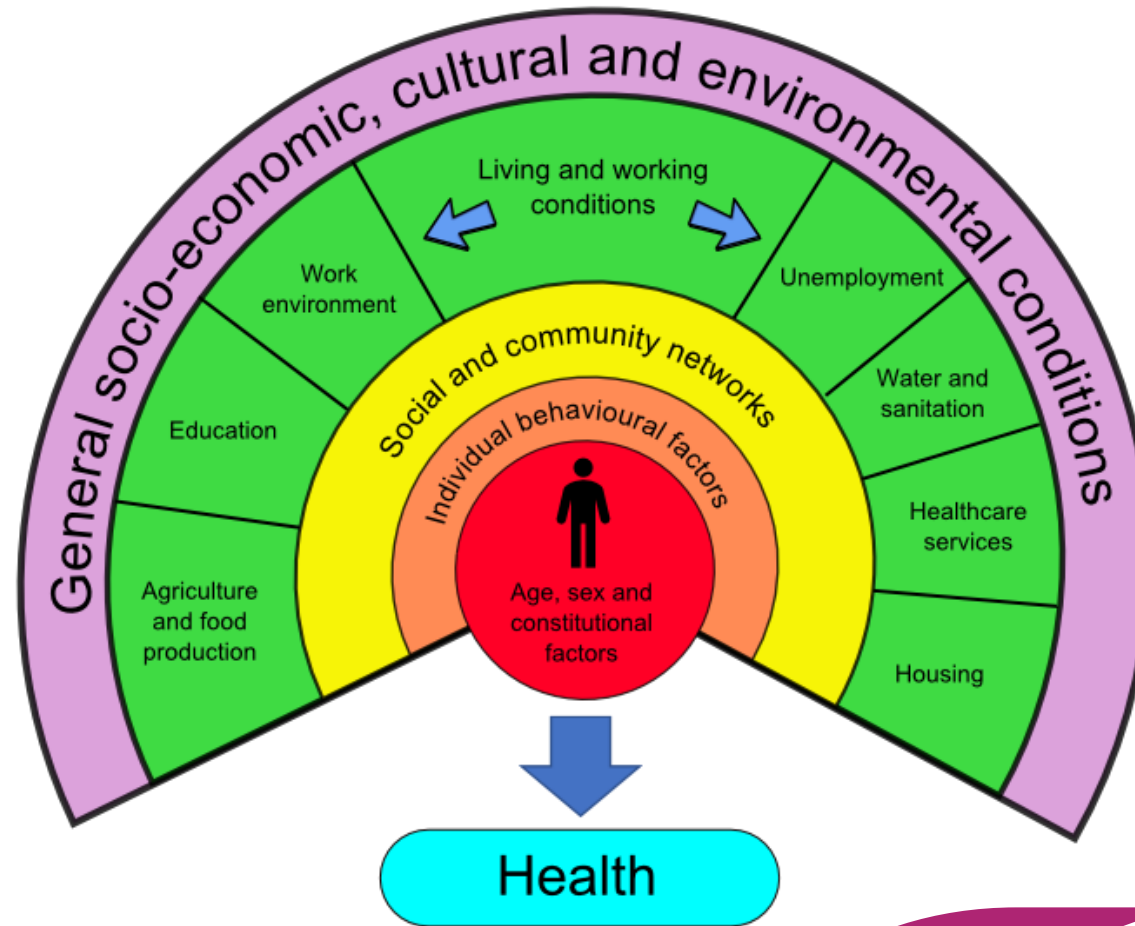
How do we as a system strengthen our ability as partners to support and advance community driven solutions?

- Expanding partnerships between sectors
- Embracing technology for comprehensive data management
- Advocating for policy changes to support determinant-focused interventions
- Resource allocation and joint funding opportunities

How do we ensure sustainability at Place, outside of the political cycle and not impacted by organisational change?

Funding at Place – the art of the possible

Factors attributing to our health



Summary: Medway Central

Compared with England: ■ Better ■ Similar ■ Worse ■ Not compared
 Compared with England: ■ Lower ■ Similar ■ Higher

Indicator	Compared to England
Pupil absence primary	Worse
Unemployment	Worse
Fuel poverty	Similar
Life expectancy (Female)	Worse
Life expectancy (Male)	Worse
Smoking prevalence	Higher
Year 6 excess weight	Worse
Obesity prevalence	Higher
Alcohol admissions	Worse
Prescribed antibiotics	Lower
Breast screening	Worse
Cervical screening	Worse
Bowel screening	Worse
Low birth weight	Better
A&E attendances (0-4 years)	Worse
Asthma admissions (<19 yrs)	Similar
Self-harm admissions (10-24 yrs)	Worse
CHD prevalence	Lower

Indicator	Compared to England
Stroke prevalence	Lower
PAD prevalence	Lower
Heart failure prevalence	Lower
AF prevalence	Lower
Hypertension prevalence	Lower
CKD prevalence	Lower
Cancer prevalence	Lower
Diabetes prevalence	Similar
COPD prevalence	Lower
Serious mental illness prevalence	Similar
Depression prevalence	Higher
Dementia prevalence	Similar
ACSC admissions	Worse
All cause mortality (<75 yrs)	Worse
Cancer mortality (<75 yrs)	Worse
Circulatory mortality (<75 yrs)	Worse
Osteoporosis prevalence (>50 yrs)	Similar
Hip fracture admissions (>65 yrs)	Worse

Intra-Borough Disparities – Life Expectancy



Housing and Health

- **Non-decent homes** include problems such as damp and cold which can lead to or worsen pre-existing respiratory disease.
- **Overcrowding** risks close-contact infectious diseases such as gastroenteritis and diarrhoeal diseases. Other impacts include sleep disturbance and mental health, including psychological stress.
- **Poor affordability** can lead to stress and influence mental health. Non prioritisation of health and wellbeing. Estimated 9.6m people living in fuel poverty

poor housing costs NHS at least £1.4bn annually

Each of these problems can influence health separately. Experiencing more than one of these problems risks further harm to health.

- **Homelessness** - The cost-of-living crisis is pushing more people into homelessness. Becoming homeless and living in temporary accommodation is an extremely stressful experience, linked to multiple mental and physical health problems.
- **Local context**
 - Housing affordability – 8.7 ratio house price to annual wage
 - House prices have increased by 23.3% over last 5 years
 - 784 households in temporary accommodation
 - Many families on housing register will wait many years before they can be offered a home
 - 806 children classified as homeless
 - 1 in 10 people in our patch live in social housing – direct correlation with high levels of fuel poverty.
 - 600 families housed per annum in social housing, 32% previously homeless
 - ROUGH sleeping numbers approx. 76 - increase of 56%

Education and Health

- Adults with **higher educational attainment** live healthier and longer lives.
 - The disparities are large and widening.
- Increased pressure on schools and education facilities
 - Tightening of school budgets
 - 1/10 schools in deficit in 2022/23
 - Over £1bn cut in youth service support since 2010
 - Reduction in local authority community support services - Locally free swimming stopped / youth hubs closed / VCSE funding stopped.
 - Reduction in early help services (45% drop in spending since 2010)
 - Cost of living crisis. Schools are on the frontline - Increasingly turning to voluntary action/ fundraising to support

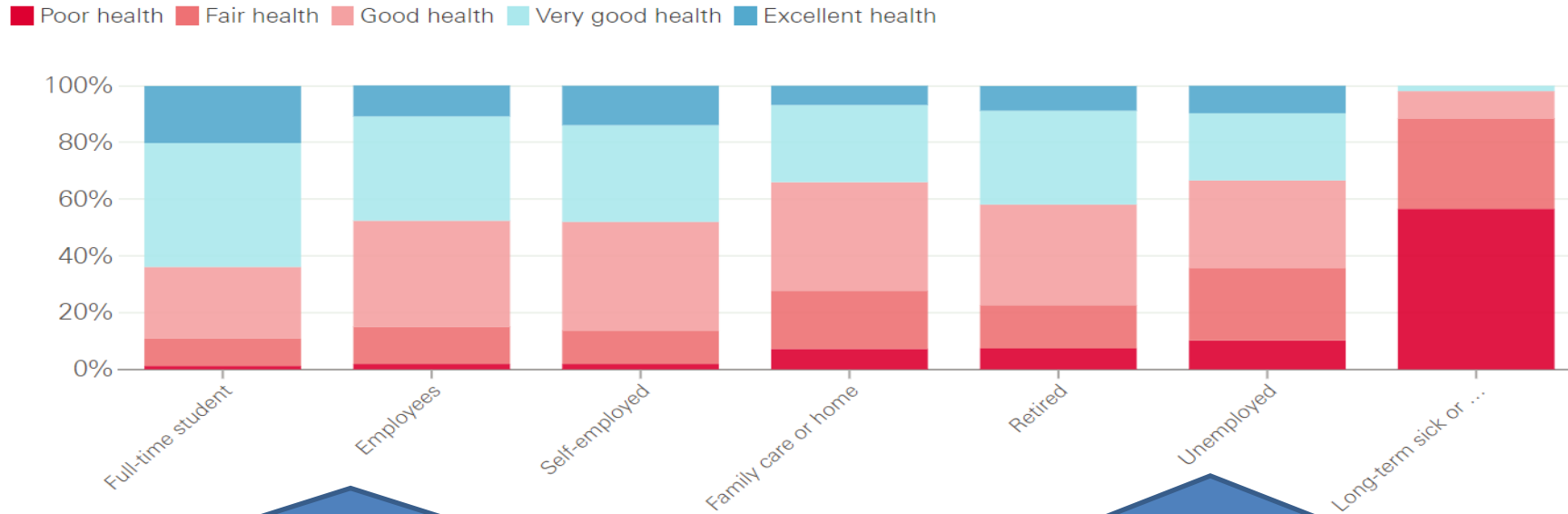
Local context

- Our local College facility - 4000+ 16 – 18yolds, 500 adults, 200 T level, 800 apprentices, 280 ESOL, 200 HE
 - Process 2000 safeguarding concerns annually – 70 new referrals per week since covid
 - 50 welfare referrals per week
 - 1476 students declaring additional support needs - an increase of 8% on previous year
- Local Secondary School – 1485 students
 - The Attainment 8 achieved in the Academy is 32.75%, compared to national average of 50. 3%. The attainment 8 score for disadvantaged pupils is 27.8%.
 - 10% of the students gain the nationally required level 5 in Maths and English
 - 55% of students are eligible for pupil premium (free school meals and wider support)

Employment and Health

Unemployed people almost five times more likely to suffer poor health than employed people

Aside from long-term sick/disabled, unemployed people report the worst health outcomes compared to other work statuses
Self-rated health by employment status, UK: 2019/20



1.9% in poor health



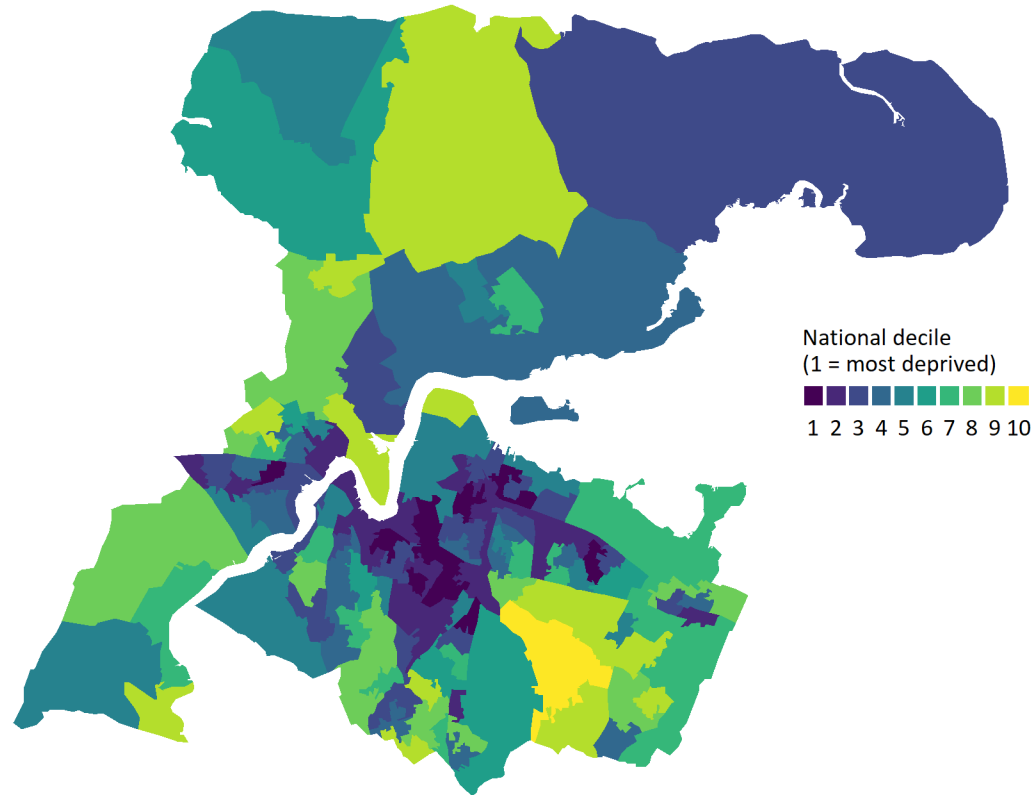
10.2% in poor health

On average in Medway 36.9% of those over 16 are economically inactive. This is up to as much as 75% in some LSOAs



Deprivation

Index of Multiple Deprivation (IMD) 2019
All LSOAs in Medway
Darker colours indicate higher levels of deprivation



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- On average 34.5% of households in Medway are **deprived in one dimension**, though this is as much as **47.8%** in some LSOA's
- **14.8%** of households in Medway are deprived in **two dimensions**, reaching as high as **40.0%**
- **21.4% of Children live in low income families.**
- People in the most **deprived 10%** have multiple morbidities equivalent to people 10 years older in the least deprived decile



Impactful Solutions: Meet Jaden



Demographics

- Caribbean 6-year-old male
- Lives in a high area of deprivation (which is a national outlier for Childhood Asthma outcomes)



Medical history

- Regular attendances to A&E
- Excessive use of blue emergency inhaler (salbutamol)
- Repeated emergency GP appointments



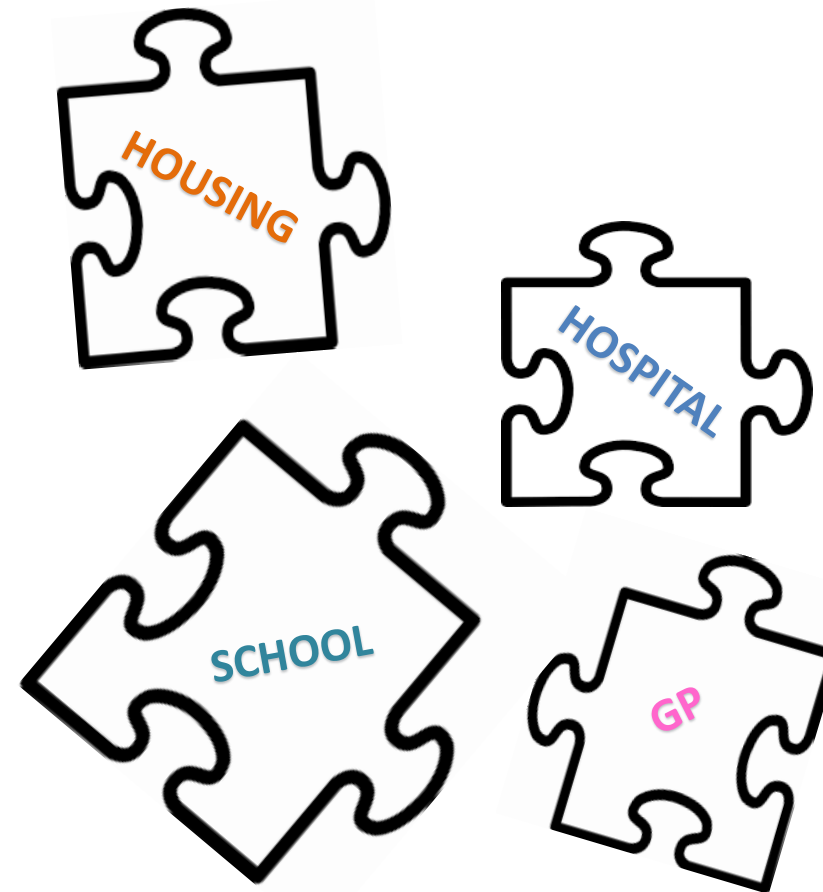
Social

- Lives in social, tower block flat with mould on the walls and ineffective electric heating or water system
- Windows are single glazing and have visible cracks in the window frame
- Unable to pay most recent energy bill and is in debt with the energy provider
- Mum attends the local community centre and accesses the foodbank



Home

- Lives at home with his Mum who is a single parent
- Poor school attendance due to parental concerns of the ability of the school to manage Jaden's condition
- Jaden's mother is a smoker but states that she smokes outside



WIDER SUPPORT

ASTHMA FRIENDLY MEDWAY & SWALE

JADEN

Parent education sessions

Personal, social, health and economic (PSHE) lessons

Targeted training for GP's, Practice nurses.

Training to local charities EG; Green Doctors

Training offered to Social Care

Working with young carers

Asthma Friendly Schools

Asthma Friendly Children Centres

Asthma Friendly Sports Clubs

Anaphylaxis and Asthma training delivered to Sports Clubs and Schools

Impacts of poor housing conditions on Asthma training and support delivered to local housing providers

Collaborative working with the Sheppey food bus to deliver an Asthma service to the most underserved communities in Sheppey

Supporting Cookham Wood in becoming Asthma Friendly, delivering training, empowering staff

Launch of Paediatric Asthma prescribing guidelines

Asthma discharge packs for primary and secondary care (Aimed at Parents)

Collaborative working with Medway Parent Carer forum to support Children with Special Educational Needs

Collaborative working with SECamb (South East Coast Ambulance)

Nurse attending family events and groups to share asthma key messages

Supporting and attending Community Development Forum meetings

Nurse attending food banks to offer Asthma support and education

Supporting GP practices to identify at risk children

Collaborative working with Air Quality and Eco Hubs

Medway and Swale HCP commitment through our system framework.

1. Build Strategic Partnerships and Integration

- **Collaborative Care Pathways:** Integrate VCSEF services into NHS care pathways
- **Shared Resources:** Shared space / facilities to reduce overhead costs.
- **Staff Collaboration:** Pair NHS staff with VCSEF to provide mentorship, training, and support in delivering specific health interventions.

2. Support with Training and Capacity Building

- **Free or Subsidised Training Programs:** Offer training in areas like mental health first aid, health and safety, and digital literacy to build the sector's capacity.
- **Skill-Sharing Initiatives:**
- **Volunteer Training Support:** Help train volunteers for health-related roles, enabling the voluntary sector to expand its services more effectively.

3. Streamline Access to Funding and Resources

- **Joint Grant Applications:** Partner on funding applications to demonstrate a collaborative approach to healthcare delivery, increasing the chances of securing grants.
- **Assist with Fundraising:** Use NHS platforms to raise awareness about VCSEF needs and encourage public donations for community health initiatives.



Medway and Swale HCP commitment through our system framework.

4. Enhance Communication and Networking

- **Centralised Information Hub:** Create a shared information hub or database that connects NHS staff, patients, and VCSEF, improving referral processes and resource-sharing.
- **Community Engagement Events:** Organise regular meetings and events to foster collaboration, share best practices, and build resilience among NHS and voluntary sector leaders.
- **Digital Networking Support:** Provide access to NHS-supported digital platforms for voluntary organisations to share resources and collaborate on initiatives.

5. Leverage Social Prescribing and Community Referrals

- **Expand Social Prescribing Programs:** Work with voluntary organisations to incorporate them into social prescribing pathways, securing more referrals and reinforcing their role in patient care.
- **Promote Voluntary Services to Patients:** Raise awareness among NHS staff about voluntary sector offerings to encourage patient referrals and build sector visibility.
- **Develop Data Collection Tools:** Support voluntary organisations with tools to capture patient outcomes, helping them demonstrate impact and appeal for further funding.

6. Advocate for the Voluntary Sector's Essential Role



The art of the possible.

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Funding at Place – the art of the possible

Teresa Murray

Deputy Leader of Medway Council

MVA and Medway Council 2024

- Continue our productive relationship which enriches and extends our partnership with community service delivery to Medway residents
- Promote co-production and collaboration across the local VCS when new opportunities for joint working or funding bids arise
- Support MVA & VCS leaders' aspiration to provide ethical and social value-based services to businesses
- Lobby to ensure that the government's commitment ,made in the budget, to fund public services and restore economic stability includes partnership working with the VCS

Eithne Rynne

Chair, VSCEF Leaders Network, CEO
of Kent Association for the Blind

Douglas Hamandishe

Deputy Mayor of Medway
*Launch of the 'Don't just live life,
make life BOOM!' Podcast*



Empowering Medway Through Volunteering

MVA and The Mic Drop Club collaborate to amplify community voices.

 **by Douglas Hamandishe**

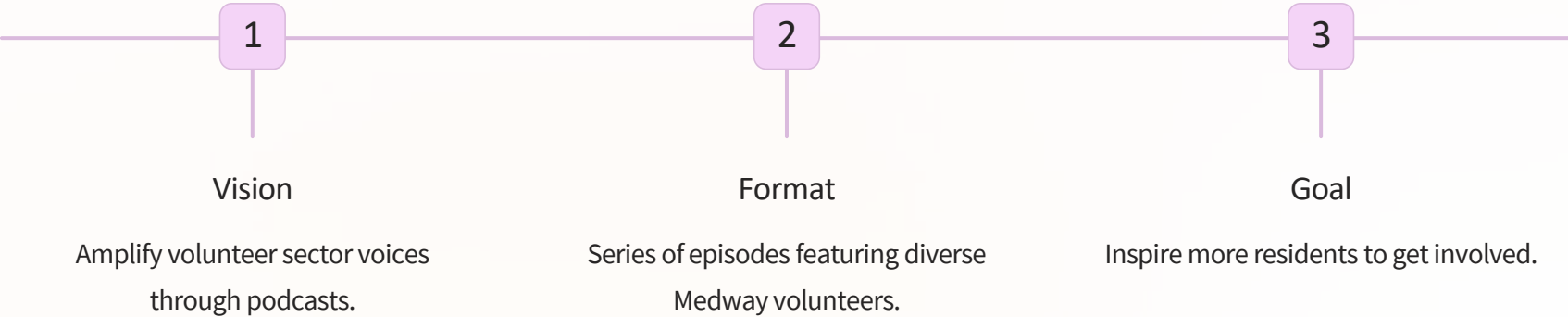


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Collaboration Overview



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Key Themes

Empowerment

Volunteering transforms lives and careers.

Resilience

Community support during COVID-19 challenges.

Youth Advocacy

Engaging young people in social change.



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Inspiring Volunteer Stories

Fouad El-Manaa

From hardship to community transformation through MVA.

Rose

Youth advocate tackling poverty and equal opportunities.

Briony

Promoting health screenings and community education.



Impact in Medway



Personal Growth

Gain skills, resilience, and purpose.



Community Strength

Build cohesion among diverse populations.



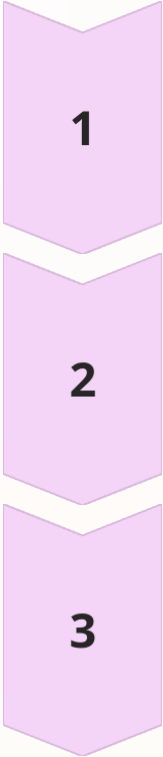
Address Inequalities

Reach vulnerable groups through targeted programs.





Challenges and Goals



1 Funding
Secure consistent support for programs.

2 Engagement
Overcome post-COVID barriers to participation.

3 Impact Measurement
Expand data collection for showcasing tangible results.



Get Involved

1

Visit

mva.org.uk for opportunities and information.

2

Email

volunteering@mva.org.uk to start making a difference.

3

Call

01634 812 850 to speak with MVA directly.



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Thank You

Volunteers

MVA Team

Medway Council

Dedication

Support

Partnership

Ongoing impact: testament to collaboration and community spirit.



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Tim Cook

Founder of AI Confident

Conversation Cafe – Blue Sky Thinking



1. What does social regeneration mean to us and how could we all contribute to its success locally?
2. How could AI support our collective work to address local services and economic stability?
3. What role can VCS Leaders Network play in working with the sector to face organizational and local strategic challenges – and how could the steering group work with their sector peers to achieve this?