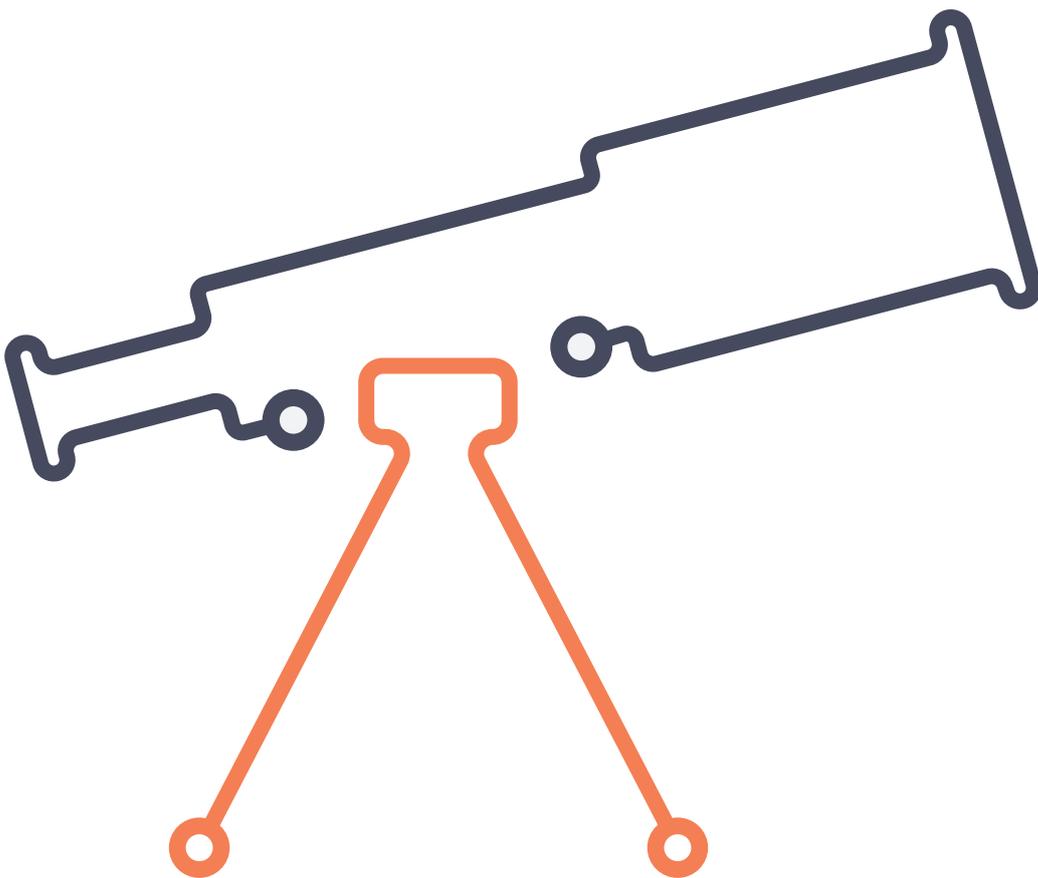


# Business Plan



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# Executive Summary

Health Connections LBG is an innovative Guernsey charity which works to ensure that local people are connected to the support, services and activities in the community that matter to them and that enables them to live happier, healthier and more fulfilling lives.

Our work is of particular importance to those living with frailty and long-term conditions so that they can remain independent in their homes for longer. We also work hard to ensure that all people in our community have access to opportunities for social connection and their improved health and wellbeing.

We recognise the importance of working collaboratively and systemically with a wide range of organisations including our directory partners, our funders and the people we serve across the sectors, in service of our mission.

This Business Plan sets out our goals and priorities for the next three years.

To achieve our priorities we have developed an innovative “Directory to Doorstep” model which will also support the development and implementation of a person-centred, community based health and care service, as well as supporting local social prescribing projects.

We aim to be a brand recognised and trusted by the whole community, working in collaboration with complementary organisations in the charitable sector, primary and secondary care and statutory services, in service of our mission.

We seek to gain a reputation of being a values-led social movement, working systemically across organisations demonstrating impact and promoting the Bailiwick of Guernsey as a compassionate connected community.

## Support needed by us to enable us to support others

To enable us to develop and sustain this model we need the support of the private sector, third sector and statutory services for funding and to work systemically and in partnership to co-create and ensure we align policy and priorities.

Therefore, we continuously:

- Explore how Health Connections can consistently add value, fill gaps, increase connectedness and align with our partners priorities, purpose and projects.
- Increase our understanding of how we can continually provide sign-posting and access to support in the community that reflects the current and future trends and needs of everyone in the Bailiwick and visitors to the islands.
- Ensure our Directory of support is up to date and trusted.
- Extend and nurture our Network of Community Connectors and Directory Partners.

- Develop new income streams through our charity shops, Social Enterprise, Corporate, Public and Private Donations and Service Level Agreements.
- Expand and nurture our team of volunteers who enable us to deliver impact across all our services.

Health Connections has chosen the name “Community Connectors” for their Signposting role and ‘Health Connectors’ for their one to one support and advocacy role, based on the Mendip Health Connections model [www.healthconnections.org.uk](http://www.healthconnections.org.uk).

# Our Management Team

Our Board of Directors have approved our strategic direction, an on-going improvement plan for good governance and operational quality assurance, an outcomes framework, a communications and stakeholder engagement plan, a risk log and this business plan with financial forecasts to achieve our goals.

We actively seek customer feedback which we use to produce Key Performance Indicators (“KPIs”) so that we can monitor service quality levels and demonstrate impact to our funders in our annual reports.

For more information about the Health Connections Board and the wider team’s role and focus see Appendix 2.

A profile of our Patrons, Board members and team can be found on our website:

[www.healthconnections.gg/who-we-are/our-team/](http://www.healthconnections.gg/who-we-are/our-team/)

# Overview of Health Connections

## Who we are

Health Connections is a registered charity and has had LBG status since June 2018.

## Our Mission

To enable people in the Bailiwick of Guernsey to be connected to support that enables them to live healthier, happier and more fulfilling lives.

## Our Vision

“All people in the Bailiwick are connected to support that matters to them”

## Our Priorities

Enabling access to support in the community that matters to people by providing a one stop directory of community assets and promoting community projects that support signposting.

Offering one to one signposting support and advocacy at points of transition in people’s lives and to those who are receiving treatment and care on and off island.

Providing a community transport service which enables people to easily access opportunities for social connection and services and activities that support them.

## Our Core Values

### People

We live by the ethos that health, well-being and respect for people comes first. We strive to provide the right connections for our service users and support our staff and volunteers in their well-being and development to provide the best service we can.

### Collaboration

We believe in taking a collaborative approach, benefiting the whole community, making connections that add value and are useful. Our collaborative approach means that we can maximise the outcomes for the people we serve.

### Dedication

The Health Connections’ team approach to service delivery will be that of a dedicated desire to inform and support those in our community. In so doing, the charity will demonstrate a genuine commitment to assist individuals in a kind, empathetic, individualised and professional way. Good and effective governance will be a central and underpinning feature of the charity’s work.

## **Passion**

We are passionate about what we do leading to creative and innovative solutions that are tailored to individual needs.

## **Who we work with**

Our work is aligned to the recent Health and Social Care Policy (see Appendix 1 Health and Social Care context) in service of:

- People in the Bailiwick who want to be signposted to and attend services and support which prevents ill-health, maintains good health and wellbeing, prevents early onset disease and improves their quality of life.
- Those individuals living with long term conditions (including support for mental health) who want to have one to one signposting support & advocacy.
- Those who would benefit from having practical support while living with complex social needs which affect their well-being.
- Those who would like to be more socially connected, reducing their risk of loneliness and isolation.

# Our Goals

## 2020

- Develop an up to date and trusted online directory of support and activities which enable people in the Bailiwick of Guernsey to live healthier, happier and more fulfilling lives.
- Develop a Community Connector training programs and provide FREE Community Connector training to targeted groups to enable them to signpost their family, friends, neighbours and colleagues to support that matters to them.
- Develop the Talking Cafe Network.
- Develop the 'Meet your Neighbour' campaign.
- Provide one to one signposting support and advocacy through our Health Connector Service.
- Develop the Community Voluntary Transport Service (which includes a minibus service), enabling access for all to opportunities for social connection, health and wellbeing.
- Research and produce a Dial a Ride report for E&I.
- Develop the Health Connector role to include the Link Worker role to support Social Prescribing and help develop an accessible, equitable and quality Bailiwick Social Prescribing pilot project funded by Guernsey Community Foundation in partnership with GCF and HSC.
- Transfer the link worker service once developed along with the Social Prescribing Commissioning Manager to the Health Improvement Commission in October 2020 to roll out the Bailiwick Social Prescribing project.
- Open PRELOVED & RELOVED shop in town to increase financial reserves and enable the charity to become more self-funding.
- Open a CONNECT community hub in town where people can be signposted to community support.

## 2021

- Maintain an up to date and trusted online directory of support and partner with the Stay Connected project to increase accessibility to the non-digital population.
- Expand and nurture a network of Community Connectors.
- Develop a face to face signposting service in the community by expanding the Talking Cafe Network to 6 cafes, establishing 8 Talking Benches and maintaining the CONNECT community hub in town.
- Provide monthly network events for Community Connectors and Directory Partners where Directory Partners are guest speakers to increase awareness of their services amongst the Community Connectors network.
- Provide one to one, face to face, email and telephone signposting support and advocacy through our Health Connector service including information and support for those receiving treatment and care on and off island.
- Continue to provide and develop a one stop centralised Community Voluntary Transport Service.
- Implement a Time Bank in partnership with the Unity app to enable people to access practical support that matters to them.
- Continue to strive for financial sustainability by developing our shop's model PRELOVED & RELOVED by opening an out of town shop in addition to our town shop to increase financial reserves and enable the charity to become more self-funding. Our shop volunteers will be trained Community Connectors and offer 'signposting to support' in the community to our customers.
- The Health Connections shop will be a retail outlet for local community groups in the Health and Well-being space e.g. Creative Learning in Prison (CLIP), GROW, Arts for Impact etc. enabling them to increase their own financial reserves and raise their profile in the community.
- The Health Connections shop will offer local small business start-ups the opportunity to display and sell their products e.g. florists, locally made arts and crafts.
- The Health Connections shop will use their windows to promote the support offered by Third Sector directory partners and health and well-being events raising their awareness in the community.
- Expand Friends of Health Connections to carry out fund-raising events to build financial reserves.

## 2022

- Maintain an up to date and trusted online directory of support and activities and develop to increase user-ability.
- Expand and nurture a network of Community Connectors
- Develop our face to face signposting service in the community by expanding the Talking Cafe Network to 12 cafes, establishing 12 Talking Benches and 3 Talking Buses and our CONNECT hub in town.
- Continue to provide and develop monthly network events for Community Connectors and Directory Partners.
- Provide one to one, face to face, email and telephone signposting support and advocacy through our Health Connector service for those receiving treatment and care on and off island.
- Continue to provide and develop a one stop centralised Community Voluntary Transport Service which could include a Dial a Ride Service.
- Implement Timebank in partnership with the Unity app to enable people to access practical support that matters to them.
- Continue to strive for financial sustainability by developing our shop's model PRELOVED & RELOVED to increase financial reserves and enable the charity to become more self-funding.
- Launch Friends of Health Connections to organize fund-raising events to build financial reserves and develop network corporate partners which support or sponsor our work.

# Our Services

## 1. Directory - What support is there in the Bailiwick?

People in the community were unsure where to go to get the support, information or activities that they required to support their health and wellbeing.

We have designed and created an online Directory of services, support and activities which our partners, organisations, members, beneficiaries and patients actively engage with.

This is valuable to both professionals and people enabling them to engage fully in their communities and live a happier, healthier and more fulfilling life.

Without our directory, a one stop signposting service for all people in the Bailiwick does not exist.

It will continue to be developed to support the provision of services for social prescribing (see appendix for more information about Bailiwick Social Prescribing).

## 2. Community Connectors - Making Connections to support you.

We will recruit, train and manage a network of Community Connectors (see glossary of terms) to ensure all people are connected to support that matters to them.

Community Connector volunteers co-ordinate the Talking Cafe, Talking Bus and Talking Benches project (see glossary of terms).

Without Community Connectors, more and more people risk being lonely and isolated and more dependent on statutory services at points of crisis.

### Unique Features

Community Connectors map the abundant and often hidden assets in our community and co-produce the Health Connections Directory.

Community Connectors will enable the community to access support and information in the ways that suits them best:

- by phone or face to face from the Health Connections office or pop up locations.
- in the community using our online directory.
- at Talking Cafés / in Talking Buses /on Talking Benches.
- through our Voluntary Community Transport Service drivers who will train as Community Connectors.
- through our Timebank broker and those using our Timebank.
- using local media, printed material and events.
- by hosting Health Connections Directory Partners and Community Connector Network events.
- by liaising with statutory services, healthcare professionals and community services and support.

## **Impact Evidence**

We have developed an outcomes framework with clear KPIs:

- 100 + more Community Connectors trained each year.
- 1200 + Signposting conversations per annum.
- 12 Talking Cafes / 3 Talking buses / 12 Talking Benches in next 3 years
- 10 + network events for Community Connectors and Directory Partners per annum.

## **Intellectual Property Evidence Base for Effectiveness**

- Improved Signposting increases access to support.
- People can choose how to take responsibility for their own health and well-being.
- Encourages self-referral for early intervention and support for long term conditions.
- Increases social connectivity reducing loneliness and isolation.

## **3. Health Connectors - What matters to you?**

### **Health Connectors On-island Support**

Often people require one to one support and advocacy at points in transition in their lives or when they are receiving treatment or care.

Our Health Connectors work one to one with people helping them connect to support that matters to them.

This service is valuable to people as it supports them in their choices about what matters to them to stay well, recover, flourish, receive better care or take better care of themselves or their loved ones.

Without Health Connectors, people will feel less connected to support and consequently less in control of their own health and wellbeing.

### **Health Connector Off-island support**

For some, the initial touchpoint with us is when they are referred off-island for treatment or care.

Our Off-island Health Connector provides up to date off-island hospital information packs and one to one support with care and compassion. We aim to provide over 500 hospital packs per annum.

Without this support people going off island would feel much more vulnerable at an exceptionally stressful time in their lives.

## Unique Features

We will develop and deliver the Health Connector service, supporting clients and recruiting and co-ordinating a team of effective Health Connectors to:

- Provide one to one signposting to support in the community to people at points of transition in their lives enabling them to build the knowledge, skills and confidence they need to help improve their health and wellbeing or manage their long-term health.
- Provide advocacy for the most vulnerable in our community.
- Ensure all people going off island for treatment and care receive support and off-island hospital information packs

## Impact Evidence

We have developed an outcomes framework with clear KPIs:

- 1 Health Connector providing one to one support
- 3 link workers trained in 2020 for the Bailiwick Social Prescribing project.
- 1200 + Signposting conversations per annum.
- 500+ Hospital packs distributed to those going off-island for treatment and care.

## Intellectual Property Evidence Base for Effectiveness

- The three key intended outcomes of our Community and Health Connectors work are:
- Improvement in health and wellbeing of Bailiwick residents.
- Reduction in use of Health and Social Care services resulting in a reduction of costs.
- Strengthened community, improved community development and resilience to help address the wider determinants of health.

## 4. Voluntary Community Transport Service- Access to opportunities for social connection, health and well-being.

### Service Idea

- There is a segment of our community who need to use a Voluntary Transport Service because they are unable to use public transport, may not be able to afford taxis and may not have friends or family available to transport them.
- Without this service these people would not remain independent in accessing medical appointments and opportunities for social connection, health and well-being.

## Unique Features

- Healthcare professionals can refer their patients to our service to ensure they can easily access their appointments.
- Self referral on-line via our website or by telephone.
- We take people to services and support that matters to them.
- Our drivers are reliable and caring and accredited passenger assistance trained (PAT).
- Car service is free to our passengers.

## **Impact Evidence**

- Currently we have 23 volunteer drivers serving 215 people's transport needs.
- We deliver 6000+ community transport journeys per annum.

## **Intellectual Property Evidence Based for Effectiveness**

Enabling access to opportunities for social connection, health and well-being reduces the problems associated with loneliness and isolation and enables people to remain independent in the community for longer.

It also improves access to medical support, reduces missed appointments and the need for home visits by primary and statutory care.

## **Service Development**

We will:

- Continue to develop the transport service to ensure access to support is provided in an efficient and caring manner.
- Recruit and develop a team of 30 voluntary drivers trained in A Passenger Assisted Transport (PATs) accredited programme.
- Liaise with directory partners to develop a centralised Voluntary Community Transport Service which will incorporate a Dial a Ride service; extending the service to include food shopping, library, social gatherings and what matters to our passengers.
- Utilise existing community transport to ensure a fleet of accessible transport options provides an inclusive service and an efficient use of existing transport.

## **5. Timebank - Exchanging time credits for support**

### **Service Idea**

We want to offer a Timebank enabling people who volunteer to earn time credits for themselves or to gift to others to increase practical support, independence, capacity, meaning and purpose and abundance in their lives.

In 2021 a Timebank broker aims to deliver a feasibility study for a local Timebank.

This service is important because it will encourage people to volunteer with us and our Directory Partners. It will also encourage a narrative of community participation where everybody especially the ageing cohort may be a contributor to the community.

Without a Timebank the decreasing number of volunteers is likely to continue and the most vulnerable will not be able to access the practical support they need to be able to stay independent in the community for longer.

We have published a detailed proposal for the Health Connections Timebanking project on our website [www.healthconnections.gg/timebank](http://www.healthconnections.gg/timebank)

## Unique Features

Enables our volunteers (Community Connectors, Health Connectors, drivers and shop assistants) to feel recognised and valued by enabling them to earn time credits for themselves or to gift to a loved one.

The core values of Timebanking are:

- We are all assets and can contribute in our community.
- All work can be rewarded equally.
- Co-production encourages sustainability.
- Reciprocity and co-creation “How can we help each other” build stronger communities.
- Values social capital.
- Engenders inclusion and respect for all.

## Impact Evidence

There is much evidence to support Timebanking (see [www.timecredits.com](http://www.timecredits.com), [www.timebanking.co.uk](http://www.timebanking.co.uk), [www.timebanks.org](http://www.timebanks.org)).

## Evidence Base for Effectiveness

- Increase the number of people volunteering.
- Improves inter-generational social participation.
- Enables better physical and mental health.
- Reduces loneliness and social exclusion.
- Develops skills and capacity and increases people’s employability.
- Increases social capital and equality.
- It is aligned to SoG policy: the HSC Partnership of Purpose refers to the need for Community Credits.
- The Carers’ Action Plan (published in Guernsey, May 2019) have named Health Connections as the lead for Timebanking.

## Service Description

- A Timebank broker develops the Timebanking platform with support from timebanking UK which will be accessed through the Health Connections website or from one of Health Connections’ offices.
- The Timebank broker recruits and links members and liaises with Health Connections and its partners to initiate projects to involve members in health and well-being and inter-generational activities to achieve our collective objectives.
- Members of the Timebank earn one hour of credit for each hour they spend volunteering (everyone’s time is valued equally).
- This can be credited to the Timebank and can be spent receiving one hour of someone else’s support.

# Our Location

We have 3 offices:

- Health Connections @ The Ron Short Centre, Beau Sejour, Amhurst
- Health Connections @ Le Vauquidor Entrance, The Princess Elizabeth Hospital
- Health Connections @Preloved & Reloved shop in Smith Street, St Peter Port.

We also have The CONNECT Community Hub: This popular hub within our shop on Smith Street is a creative and welcoming place for people in the community who come to town to relax and connect with others. A Community Connector on site can signpost people to one of our Directory Partners.

This hub has hosted our Covid project: The Invisible Occupation exhibition, The islands lockdown journal as well as promoting local artists and musicians by selling their products and music.

We have partnered with The Clean Earth Trust to host a REPAIR Cafe twice a week in the community hub to encourage the inter-generational sharing of skills and values of a sustainable community.

# Our Partners

Health Connections has created an ambitious model for working collaboratively and in partnership with others.

We ensure that we do not duplicate the work of existing statutory or voluntary services in the community health and well-being space.

We have developed a marketing and communications plan as well as a stakeholder engagement plan and these are updated annually.

We continue to partner with and deliver services for SoG departments, HSC (Health and Social Care) and E&I (Environment and Infrastructure / traffic i.e, Off-Island Travel Support and the Voluntary Car Service.

The Directory requires that we partner with providers across the community from all sectors, with 425 + organisations actively engaging in the signposting project and listed on our online directory.

Some partners' organisations are closely aligned to our mission. Therefore, we work hard to avoid duplication and align ourselves to other priorities adding value and increasing impact.

It is important that Health Connections is seen as a trusted and accessible charity to everyone who uses its service and we work hard on building and retaining a trusted and recognised brand (see appendix 5).

We are delighted to have had the support, mentoring and learning from our local partners as well as other innovative, research based organisations e.g. Health Connections Mendips, Bromley-by-Bow and Nesta; the global innovation foundation.

We are extremely grateful to our partners for their support who we have identified on our website. [www.healthconnections.gg/who-we-are/our-partners/](http://www.healthconnections.gg/who-we-are/our-partners/)

# Our Core Costs

The most significant proportion of the cost of providing our services and products are the staff costs. We research and seek guidance on what the market rates are to ensure that the salaries are appropriate and reasonable for given roles.

Applications are made to local philanthropic and community funds, trusts and foundations to cover the staff costs plus any equipment or materials that may be required specifically for the role to be fulfilled.

For the current size of Health Connections, the only existing limiting factor is the availability of funding.

We do not charge for any of our services, but rely on donations, shop revenue, grants and corporate funding.

Our core costs are:

- Staff salaries
- Office Expenses (telephone, broadband, stationery, shop rent)
- IT (maintenance support, etc)

We are currently in the process of updating our accounts system with the view to allocating the core costs equally across each section of services provided, so that we can accurately value the cost of the service being provided by each section.

The largest proportion of the costs in providing our services is the salary of the employees delivering the service or producing the product and employees are only hired on the basis that we can obtain funding to cover their salaries for a specified period of time, with the long-term goal being to enter into SLA relationships with HSC and or SoG. Securing SLAs would ensure long term sustainable funding.

The Shop is our only income generating service and its income covers the salary of the shop managers as well as its own costs, such as rent, utilities, insurance etc. The surplus income from the shop is allocated to cover the core costs of Health Connections.

Promotional budget - Looking at Health Connections' goals, there is no doubt that its success will rely on public and partner engagement. We are mindful that the local community getting behind our vision where "All people in the Bailiwick are connected to support that matters to them" will enable us to succeed. We do not want to spend money on advertising which is not raised and allocated for that purpose. We are looking at £5,000 per year to run all of the communications, print and digital per service.

# Financial Forecast

- 2 Year Budget for the years 2020- 2022
- Actual Cash Flow for the years 2019 and 2020
- Forecasted Cash Flow for the year 2020/21

# Our Financial Plan

Our main financial goal is to secure sufficient and sustainable funding for all our required staff salaries, as set out in this business plan.

The timing of the delivery of our various services in addition to the services we currently offer depends entirely on when funding can be sourced.

We received 2 years funding 2018-2020 from the Guernsey Community Foundation (GCF) to pay for our CEO's salary who has transformed the charity and for the salary of the lead link worker who has developed the link worker service for the BSP project.

The John Ramplin Trust, the Guernsey Lottery and SoG department, Environment and Infrastructure (E&I) has supported us for the salary of the transport co-ordinator. We have a SLA with SoG department dept Health and Social Care (HSC) for our off-island support service and we are grateful to Specsavers for their ongoing support of the directory co-ordinator's salary. We have secured the funding of the Timebank Lead from a private donor.

Our Shop business generates sufficient revenues to cover all our core costs such as office expenses, IT and the shop's own costs. Currently it is also making enough to fund our transport service in addition to the 2 shop employees' salaries. However, we need to secure funding for the CEO salary and Lead Community Connector until shop reserves increase.

With the PRELOVED & RELOVED shop model we expect the revenue from the shop to increase and this is reflected in the budget, which shows a 20% annual increase.

Our policy is to seek funding or use donations received for any exceptional expenses not included in the budget that may crop up, such as Staff Training or new IT equipment. We are also building up a contingency reserve of £15,000 per annum to cover any unexpected costs or cost increases not budgeted for.

Our target is to ideally hold sufficient cash reserves to cover 3 months of expenditure.

In 2021, we aim to launch Friends of Health Connections to support our charity through fundraising and corporate sponsorship of our monthly networking events.

# Appendix 1

## Health and Social Context

Health Connections' mission is in line with local Health & Social Care 2017 policy paper;

The Partnership of Purpose <https://www.gov.gg/CHttpHandler.ashx?id=110820&p=0>

Our work is also aligned to States Strategies and Plans:

## Supported Living and Ageing Well (SLAWS)

The Supported Living and Ageing Well Strategy (SLAWS) is designed to help adults of all ages that have ongoing care and support needs. This includes, but is not limited to, adults with physical impairments, mental health conditions, learning disabilities, dementia and conditions associated with ageing. <https://www.gov.gg/CHttpHandler.ashx?id=119227&p=0>

## Disability and Inclusion Strategy –

<http://www.signpost.gg/CHttpHandler.ashx?id=98916&p=0>

## Mental Health and Well-being Plan 2017-2020

<https://www.gov.gg/CHttpHandler.ashx?id=110428&p=0>

## Future Guernsey

<https://www.gov.gg/CHttpHandler.ashx?id=119227&p=0>

## 2020 vision

<https://www.gov.gg/CHttpHandler.ashx?id=4655&p=0>

## Joint Strategic Needs Analysis

Health Connections' goals and priorities fill a gap in our community, identified in the HSC 2019 Joint Strategic Needs Analysis. This is the first population-based Joint Strategic Needs Assessment that has been conducted in the Bailiwick of Guernsey. It is part of the Partnership of Purpose and maps the current and future needs of people over 50 in Guernsey and Alderney. <https://www.gov.gg/CHttpHandler.ashx?id=119497&p=0>

To support these priorities we aim to:

- Improve signposting to support and activities that matters to people.
- Provide one to one signposting support based on individual needs and provide advocacy at points of transition in people's lives and where it may be beneficial.
- Provide a centralised voluntary community transport service to enable access to this community support and for opportunities for social connection and improved health and wellbeing.

We support the development of an asset based social model of health and well-being in

the community where people are connected to the support that matters to them and can remain independent in their homes for longer.

Aligned to The Partnership of Purpose policy, we will also:

- Provide practical support via our Timebank to transform lives.
- Support social prescribing and community based care that improves health and wellbeing.

Finally, we want to support the transformation of health and care services in the Bailiwick of Guernsey, which is based on the key aims of:

- Prevention: supporting islanders to live healthier lives;
- User-centred care: joined-up services, where people are valued, listened to, informed, respected and involved throughout their health and care journey;
- Fair access to care: ensuring that low income is not a barrier to health, through proportionate funding processes based on identified needs;
- Proportionate governance: ensuring clear boundaries exist between commissioning, provision and regulation;
- Direct access to services: enabling people to self-refer to services where appropriate;
- Effective community care: improving out-of-hospital services through the development of Community Hubs for health and wellbeing
- Focus on quality: measuring and monitoring the impact of interventions on health outcomes, patient safety and patient experience;
- A universal offering: giving islanders clarity about the range of services they can expect to receive, and the criteria for accessing them;
- Partnership approach: recognising the value of public, private and third sector organisations, and ensuring people can access the right provider.
- Empowered providers and integrated teams: supporting staff to work collaboratively across organisational boundaries, with a focus on outcomes.

# Appendix 2

## Our Team

Our Board of 8 Directors meet monthly to ensure good governance, financial accountability and strategical planning to ensure sustainability and impact. Our Directors represent health and care, digital, communications, legal, industry, education, finance and the environment.

We are focused on the transformation of Health and Care in the Bailiwick aligned to our strategic partners and aim to:

- Listen and respond to the voice of people in the Community.
- Engage and collaborate with all stakeholders in Health and Care to support overarching improvements in all aspects of service delivery and governance.
- Remain clear about the mission, goals and priorities of Health Connections and directs all aspects of its work in service of these.
- Ensure all operations supports quality standards and outcome measures.
- Maintain its financial stability and ensure professional accounting reporting standards.
- Ensure all people are managed fairly, with transparency and ensure responsibilities and accountabilities are relevant and achievable.
- Ensure policy handbook is updated annually.
- Ensure all safeguarding guidelines are maintained.
- Provide staff with training to achieve best practice standards.
- Be compliant with GDPR and all other best practice.

In a small organisation like Health Connections everyone matters; particularly the relations we have with our partners, paid staff and volunteers. With that in mind we aim to be an exemplar of how to work effectively together and with other stakeholders.

We pay considerable attention to recruiting the right team who can uphold our values, take collective responsibility and promote positive leadership which all contributes to an efficient, effective and motivated team.

We understand the skills, qualities and roles of each member of our team. We are clear about how we intend their roles to develop and how we will support them in doing so.

We are committed to supporting our team through the development of our services in response to policy, best practice and the needs of our Partners.

Our Health Connections Network events are an opportunity to support, listen to and respond to the feedback of our team of staff, volunteers and partners.

Currently, we have 6 paid team members

CEO (35 hrs)

Directory Co-ordinator and CONNECT Community Hub Manager (35 hrs) and one Directory volunteer

- Health Connector and Off- island support (35hrs) and one volunteer
- Lead Community Connector (35hrs) and 125 volunteer Community Connectors
- Community Voluntary Transport Service Co-ordinator (35hrs) and 23 volunteer drivers
- Shop Operations Manager (35hrs) and 16 shop volunteers.

Our CEO is supported by the board, consultants, funders, strategic partners, staff and volunteers. Our staff work to achieve Impact in our Outcomes Framework which has clear KPI's and our on-line data workbook records how we are making a difference. Our volunteers support us across our services and are fundamental to the success of our work.

# Appendix 3

## Operation Quality Assurance

In 2018 the Board commissioned an internal audit of the entire organisation. Following this an improvement/ transformation program was rolled out to complement the new strategic direction of Health Connections.

At the same time the Board was strengthened to support the CEO and all policies and procedures were reviewed and updated, including staff supervision. A risk log was established and reviewed at each Board meeting.

We hold professional indemnity insurance and buildings and contents insurance. All of our premises are Health and Safety risk assessed and we comply with our Health and Safety policy.

At the beginning of 2019 an Outcomes Framework was created to measure impact of all operational work.

In May 2019 a review of governance in line with the Charity Principles for Good Governance commenced with a review of Board process and documentation.

We do adhere to high levels of quality assurance and ensuring that all best practice policies are strictly observed. We actively seek customer feedback which we use to produce KPI's so that we can monitor service quality levels and demonstrate impact to our funders.

# Appendix 4

## Outcomes

We record our output in an online data workbook to measure our impact. Our Outcomes Frameworks have clear Key Performance Indicator's.

Reports demonstrating our impact will be published annually.

We will work in partnership with others to support their priorities and to achieve the following outcomes, which include:

- Increased health equity and personalised care.
- Improved quality of life and well-being for individuals.
- Increase in people being signposted to an effective initiative that addresses underlying determinants of health.
- Easy referral to Health Connectors and Community Connectors from a wide range of local agencies as well as the ability to self refer to our services.
- Improved access for all to support leading to increased equality and inclusion.
- Increased volunteering, learning and sharing of new skills leading to more social capital and stronger community.
- Increase in the success rate of Public Health strategies, for example healthy weight, substance misuse reduction, increased physical activity.
- Genuine engagement with health and well-being initiatives and providers.
- Enhanced community support networks.
- Improved community resilience.
- Enhanced social infrastructure and networks.
- Building of trust leading to more collaboration among health and well-being providers.

\*Equality in Health is treating everyone the same; in health not everyone needs the same thing therefore equity involves giving or getting health treatment and care needed to achieve best possible outcome. Access (signposting and transport) is an area in which equality can be provided.

# Appendix 5

## HC a Trusted and recognised Brand

HC aims to be a brand recognised and trusted by the whole community with a reputation for reliability, responsiveness and professionalism.

We have developed a strong and recognisable brand to explain and market the service, but a strong push is needed to increase both brand and service awareness. With this in mind, Health Connections will be marketed in two main strands.

The first will be a brand awareness campaign which will be aimed at promoting the Health Connections brand and the services it offers at a very high level. It will include PR and good news stories in both traditional and new media. The aim of this will be to show that the charity is highly active, how it supports the community and how it can be accessed. The message will be set with the target users in mind but still be relevant to key stakeholders so that they can see the progress which is being made.

Marketing to include: Social Media, Leaflet Print, PR.

The second strand is made up of each of our services which need their own marketing strategy to ensure that they deliver against our KPI's.

## Directory

The Directory will be the initial touchpoint of the Health Connections service and is the keystone to a strong asset based community of support. As the directory is online there will be a multi- channel social media campaign designed to raise awareness of the directory partners through promotion of its content. These messages will be backed up with information about Social Prescribing, health and well-being and stronger more connected and compassionate communities.

Marketing to include: Social Media, PR, Printed directory cards.

## Community Connectors

Over the 3 year period there is a KPI of 300 Community Connectors.

This will involve an ongoing recruitment campaign and training sessions. The recruitment campaign will include awareness building of the Community Connector role. This will be carried out at monthly public net-workings events where Health Connections can invite the public to inform about the role of the Community Connectors and encourage them to sign up to the training.

There will be quarterly Community Connectors and Directory Partners network events and newsletters to keep them up to date with any changes at Health Connections and on the online directory.

Marketing to include: Social Media, PR, website, CC training materials, event resources, newsletter.

## **Health Connector**

A Health Connector will provide one to one signposting support to people who self refer as well as those going off-island for treatment and care.

In 2019/20 we trained 3 Health Connectors as link workers and developed the link worker service to support the Bailiwick Social Prescribing pilot project. We will support and promote their work in support of the project which will be delivered by the Health Improvement Commission in 2021.

Marketing to include: Social Media, website, Event resources.

## **Voluntary Car Service (add logo)**

An ongoing recruitment campaign for drivers will need to be undertaken. Initially there will be a larger push to raise the number from 23 to the target of 30. We will then need a tick over campaign to maintain this new number of existing drivers.

In addition to the drivers we will need to promote the service to people who are often the most isolated due to frailty and chronic long-term conditions and are hard to reach.

Marketing to include: Social Media, PR, Print Flyer, Website.

## **Off-Island Support (add logo)**

The support Health Connections provides is mainly by referral from HSC although people are encouraged to self refer . Each referral receives a pack about the hospital they will be travelling to and contains information about the Hospital and the surrounding area including accommodation and activities.

Marketing to include: Social Media, PR, Print of Hospital pack and flyer, hospital pack request cards and envelopes, evaluation card, website.

## **Talking Café**

We are intending to support a minimum of 6 existing cafes, strategically placed across the Bailiwick to adopt our Talking Café Charter. Our network of Community Connectors will attend Talking Cafes to chat to people and have signposting conversations with them about support that matters to them. The marketing narrative will lean towards the ‘chatter and natter’ campaign which has been adopted in the UK to combat loneliness and social isolation. Our Directory to Doorstep service will be able to support and promote this.

Marketing to include: Social Media, PR, website, Printed posters, banners, radio, flyers.

## **Timebank**

The Timebank is a new service to the Bailiwick and will need a startup budget and ongoing promotional budget.

Health Connections will partner with external partners to explore and test a new Volunteering/Timebanking app with the aim of launching in 2021.

# Glossary of terms

## Health Connectors

Health Connectors provide one to one signposting support and advocacy at points of transition in people's lives as well as when they are receiving treatment and care.

They empower people to take control of their health and wellbeing through a focus on 'what matters to me' and take a holistic approach, connecting people to community groups and statutory services for practical and emotional support on the Health Connections directory.

## Community Connectors

Community Connectors provide light touch signposting using the Health Connections online directory and their local knowledge.

This enables their friends, family, neighbours and colleagues to be connected to community support, services and activities that helps them live happier, healthier and more fulfilling lives.

## Social Prescribing

Social prescribing is a means of enabling a person to be connected to a range of local, non-clinical services which may positively impact their health and wellbeing.

Acknowledging that health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health.

Social prescribing schemes can involve a variety of activities which are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating and a range of sports.

## Talking Cafes

A Talking café brings people together for a chat and a cuppa enabling a stronger more connected community.

Anyone can pop into their local Talking Cafe for a quick chat or stay for an interesting conversation with friendly people.

A Community Connector is available to chat to those attending about other activities, support groups and services in your community which are on the Health Connections on-line directory.

There is no need to register, people can just turn up on the day. There is no obligation to buy anything more than a cuppa in the café. All ages are welcome!

If people need transport support to get there the Health Connections' voluntary community transport service can help.

The Talking Cafes project is being led by Jenny Benjamin, a retired Nurse and Health Visitor who has joined the Health Connections team as a Community Connector.

Currently Talking Cafes are on:

- Tuesdays - 9.30-11.30am at Woodies, The Pollet, St Peter Port
- Wednesdays 10am-12 noon at Bright Beginnings Cafe, Delancey.
- Thursdays 9.30-11.30am at Waitrose, Admiral Park.

### **Talking Buses and Talking Benches**

Our Community Connectors will also sit on buses and community benches and have signposting conversations.

In both these projects Community Connectors are recognisable by their orange branded t-shirts and their Community Connector badges and pins.

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