Community Anchor Delivery Model

Working Together to Improve Cancer and Long-term Conditions Support

April 2025

West Herts Hospitals Charity
Charity no. 1052210

Hertfordshire and West Essex Integrated Care System

SOCIAL FINANCE

NHS West Hertfordshire Hospitals NHS Trust

MACMILLAN CANCER SUPPORT

SBO associates

With Gratitude

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Contents

1. Introduction
   - Building with People and Communities
   - Why Community Infrastructure Matters
   - How we Worked: Listening, Learning & Acting Together
2. Project Overview
   - Building Sustainable VCFSE Partnerships
   - Re-thinking Transformation Funding
   - Co-creating Inclusive Community-led Solutions
   - Building The Case for Change
   - The Community Anchors Model in Practice
   - Creating a Community of Practice
3. Project Framework
   - Evidence-based Practice & Approach
   - Conversations & Connections
   - Ways of Working
   - Connected Change Framework
   - Guiding Conversations w/ ‘Theory U’
   - Data & Literature
   - 1-1 Interviews
   - Observations & Insights
   - Conversations
   - Sparking ‘Conversations’
   - Collaboration & Co-creation
   - Conversation Design
   - Deciding how to engage
   - Voice & Participation
4. Insights & Recommendations
   - What we Heard
   - The Data Landscape
   - What the Desk Research Revealed
   - 1-1 Interview Feedback
   - Understanding ‘What Matters to me’
   - Turning Insight into Actions
   - What does good support look like?
   - Trust as a Golden Thread
   - Integrating Services: The Self-Care Wheel
   - Community Anchor Service Map
5. Implementation & Next Steps
   - A ‘Hub and Spoke’ Infrastructure Model
   - Community Anchor Delivery Model
   - Co-designed Impact & Evaluation Framework
   - Funding & Investment Model
   - Video Links
6. Final Reflections

Introduction

Community-led Anchor Infrastructure

Working together to improve cancer and long-term condition support

- Building with People and Communities
- Why Community Infrastructure Matters
- How we Worked: Listening, Learning & Acting Together

1.

A Blueprint for Change

The West Herts Community Anchor programme is founded on the principle that sustainable change happens when communities are supported to shape not just the outcomes, but the purpose and direction of the work itself.

Building with People and Communities

The West Herts Community Anchor programme is grounded in the understanding that meaningful and lasting change happens when communities are enabled to influence the purpose, direction and outcome of the work.

From the outset, the approach has prioritised collaboration that places community leadership and ownership at its core. It is anchored in local insight, mutual accountability, and trusted relationships — with a clear commitment to equitably redistributing power and delivering services more efficiently. This work began by bringing together existing evidence, community insights, and the lived experience of those working within the system to better understand the barriers and enablers that shape people's health journeys. Through a series of community-led conversations, we co-created a shared purpose and a blueprint for meaningful, lasting change. What follows is an overview of that engagement process, the recommendations that emerged, and how they have been translated into tangible, sustainable infrastructure.

Why Community Infrastructure Matters

Community infrastructure is not just a delivery mechanism — it’s a lever for equity and long-term system change.

This work responds to persistent structural barriers that prevent many individuals and communities from accessing the support they need. A combination of inequitable funding mechanisms, limited access to data and commissioning opportunities, and systemic exclusion has resulted in a landscape where those best placed to deliver impact are often the least supported.

The Anchor approach directly addresses these challenges by enabling smaller, community-based organisations to take a lead role — supported through targeted investment in capacity, capability, and connection. This approach allows West Herts to build an equitable infrastructure that meets people where they are and considers not only their clinical needs but their wider health, social care, and family needs.

How we Worked: Listening, Learning & Acting Together

The Community Anchor programme represents a deliberate shift away from fragmented, short-term interventions toward a cohesive, long-term infrastructure for community-led change.

Rather than implementing time-limited projects, it aims to build sustainable and self-sustaining infrastructure, underpinned by a Community Transformation Fund that uses social investment to facilitate long-term, outcomes-based delivery.

Critically, community and VCFSE leadership are embedded within the governance architecture — ensuring that those with proximity to the community and to people with lived experience are also central to decision-making.

This approach not only strengthens system resilience but redefines what it means to build with and collaborate with communities to address health inequalities.

Project Overview

- Building Sustainable VCFSE Partnerships
- Re-thinking Transformation Funding
- Co-creating Inclusive Community-led Solutions
- Building The Case for Change
- The Community Anchors Model in Practice
- Creating a Community of Practice

2.

A Community First Model

The Community Anchors model proposes a strategy of investing in place-based partnerships as a way to shift to service design and delivery that is focused around a true neighbourhood model – one that directly leverages and builds on community assets and the needs of local populations.

As a person living with Cancer… What I really need is for local health, care and community groups to work better together around my clinical, community, social care and wider needs.

Building Sustainable VCFSE Partnerships

Social Investment + Place-based Initiatives

Social investment is a well-established model in parts of the public sector and in the context of health — offering a proven and scalable approach to shifting care from acute settings to the community; improving patient outcomes; and, delivering value for money for the system.

When coupled with place-based partnerships, (between the VCFSE sector and the NHS), it can act as a mechanism to shift to service design that is focused around a true neighbourhood model that leverages and builds on community assets and the needs of local populations.

In order to make this a reality, there must be a focus placed on alternative investment models to address health inequalities by building strong sustainable VCFSE partnerships at a neighbourhood level to drive lasting change.

Re-thinking Transformation Funding

Empowering Communities through Funding

Current funding models are often top-down, short-term and non-recurrent, hindering the development of robust community-based solutions crucial for thriving neighbourhood health.

By prioritising short term spend through established delivery channels, these funding models often create a barrier to the neighbourhood health model, leaving patients trapped in a cycle of hospital-based, reactive care with poor outcomes.

Many small organisations do not have the infrastructure or capacity to come together and apply for larger funding opportunities. The Community Anchor programme provides a mechanism to invest in their development, thereby enabling them to play a role as an equal partner in local investment and delivery decisions.

Co-creating Inclusive Community-led Solutions

Creating a Paradigm Shift

Despite significant effort and investment, many interventions remain fragmented and short term. What is needed is a locally rooted model that strengthens VCFSE infrastructure and prioritises:

- **Sustainability –** Investing in VCFSE infrastructure builds on local strengths and helps health and care organisations work differently with communities to improve access, experience, and outcomes for those who need it most.
- **Connection –** Many healthcare interventions remain fragmented due to resource constraints, skills gaps, and the limited integration of VCFSE organisations as equal partners in service delivery.
- **Long-term vision –** Targeted healthcare interventions lack long-term sustainability and meaningful community involvement, creating a cycle where temporary improvements fail to translate into lasting and impactful change.

Building The Case for Change

What the Data shows

Local data on emergency admissions has revealed that South West Hertfordshire exhibits some of the poorest statistics in HWE ICS, with 2,059.8 (DSR per 100k) emergency hospital admissions for people with frailty or those on the End of Life register.

This ongoing trend reflects a downward trajectory, emphasising the need to move towards a more proactive approach to mitigating the growing strain on our emergency departments.

Gaps in access and trust, a disconnect between services and communities, and the lack of investment in grassroots activity are critical challenges that need be addressed to achieve sustainable change. Together, these issues make a strong case for shifting resources towards locally rooted models that prioritise prevention, early intervention and investment in community partnerships.

What the data shows

The Case for Change

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This ongoing trend reflects a downward trajectory, emphasising the need to move towards a more proactive approach to mitigating the growing strain on our emergency departments. There is a rising demand associated with multi-morbidity and frailty in particular.

717.3

(DSR per 100k) in S-W Herts

402.1

(DSR per 100k) in E & N Herts

386.9

(DSR per 100k) in W Essex

55%

Inpatient beds used by 7% of the population

31%

of referrals are for people aged 71+

38% ⬆

There has been an increase in inpatient beds for those over 65

Cancer Screening:

⬇ **Cervical & bowel screening** ↓ in Watford & Hertsmere

⬇ **Breast screening** ↓ in Watford, Stevenage, Hatfield, etc.

The Community Anchor Model in Practice

Demonstrating a Community-led Approach

We’ve seen that community and faith spaces are the lifeblood of local action and can drive meaningful, sustainable change when they are supported to lead. In an effort to move away from a standardised ‘one size fits all’ delivery model, (which often undermines the health of the most excluded communities) – we created a space for both VCFSE and health and care organisations to come together to share insights, learning, impact, and to agree shared programmes of work.

This work has been led by lived experience – recognising that communities achieve more when they decide what challenges to prioritise and which solutions to implement for themselves. Hyper-local insight, mapped alongside PHM data, has helped us focus on what people value, co-creating outcome measures rooted in community priorities. This collaborative foundation sets the context for the Community Anchor Project Framework showing how we structured conversations and actions to turn insights into sustainable change

Project Partners

Creating a Community of Practice

The Community Anchor Model is based on the premise that if you create a space for reflection, connection and action, then communities move from passive participants in change to active contributors. As such, this project was made possible through the engagement and contributions of community and faith organisations, local people, community connectors, cancer champions, people with lived experience of cancer, their carers, families, local health and care staff.

Sponsors

Macmillan Cancer Support

Herts Hospital Trust

S-W Herts Health & Care Partnership

West Herts Hospital Charity

Social Finance

Hosts

One Vision

VCFSE Alliance

Herts Mind


Engaging in Conversation
Participants

Project Framework

- Evidence-based Practice & Approach
- Conversations & Connections
- Ways of Working
- Connected Change Framework
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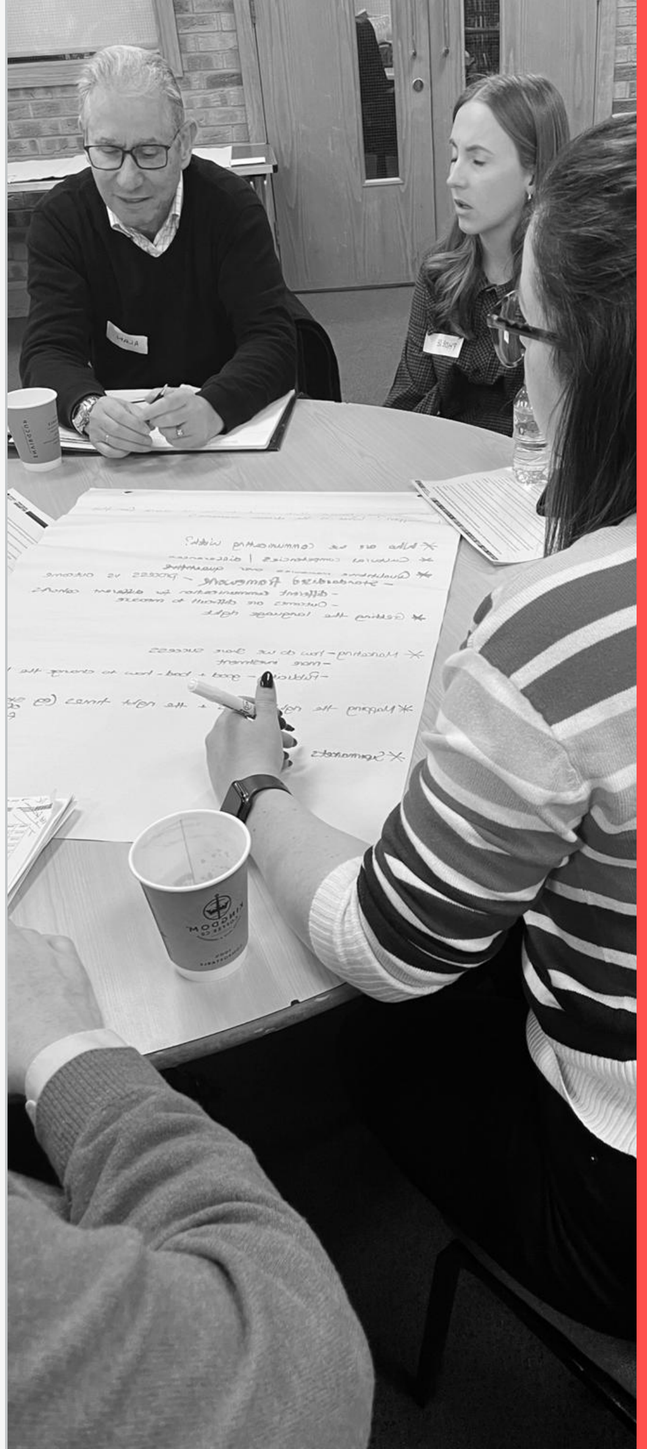


3.

Our Approach

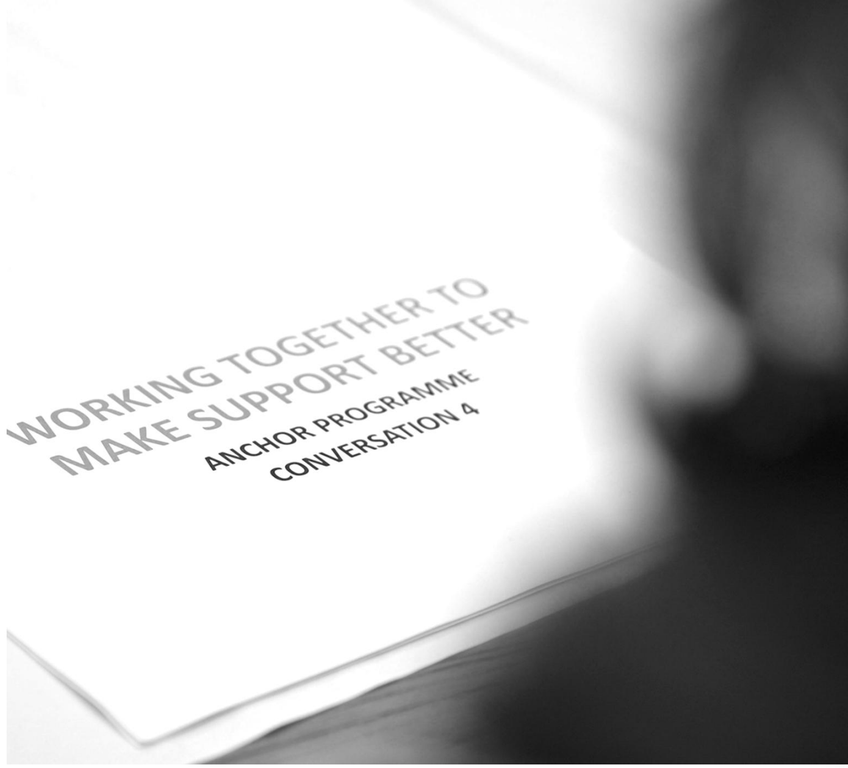
The Community Anchors model adopts an approach that is evidence-based, relational, and emergent, prioritizing people’s everyday lived experience. Guided by ‘Theory U’, the ways of working include deep listening, shared understanding, and co-creation.

Evidence-based Practice & Approach

Research, Data, Practice-based Learning

The Community Anchors model is rooted in an approach that is relational and evidence-based, emphasising community-led insights coupled with robust research and data – with the aim of co-creating infrastructure solutions that are rooted in the realities of local people. The approach is also characterised by ‘practice-based learning’, which places an intrinsic value on lived experiences as evidence, helping shape solutions that are meaningful, practical, and grounded in people's everyday lives.

This approach allowed us to create a space for insights to emerge in an evolving and iterative process of engagement. We organised a series of one-to-one interviews, collaborative ‘conversations’, community and faith events, with VCFSE organisations and local health and care partners, to better understand what works from the perspective of communities who experience the greatest inequalities. This approach enabled us to co-create actionable insights and recommendations that are grounded in what matters most to individuals living with Cancer and LTCs, their carers, families, and wider support networks.



Conversations & Connections

46 VCFSEs

connected with multiple local Voluntary, Community, Faith and Social Enterprise (VCFSEs) Organisations

18 Interviews

1-1 Interviews
with local VCFSEs

4 ‘Conversations’

were carried out in the community with **85 different attendees** engaging in these events.

We had **representation** from

- local authority;
- primary, secondary, and community sectors of care;
- individuals from clinical and non-clinical roles.

103

Individuals reached to … [initial announcement]

85 Attendees

engaged in these events

A blueprint for engaging with multiple stakeholders.

Ways of Working

Collaborative

Bringing together local people, frontline and project staff, and wider stakeholders as equal partners in the co-creation process. Ensuring that diverse voices are at the centre of framing the challenges and codesigning the solutions.

Human-Centred

Facilitating a process that is rooted in understanding the key problems, and their root causes. A process that focuses on people and understanding how they live their lives, how they interact with local services and how they use the places and spaces they occupy.

Value-based

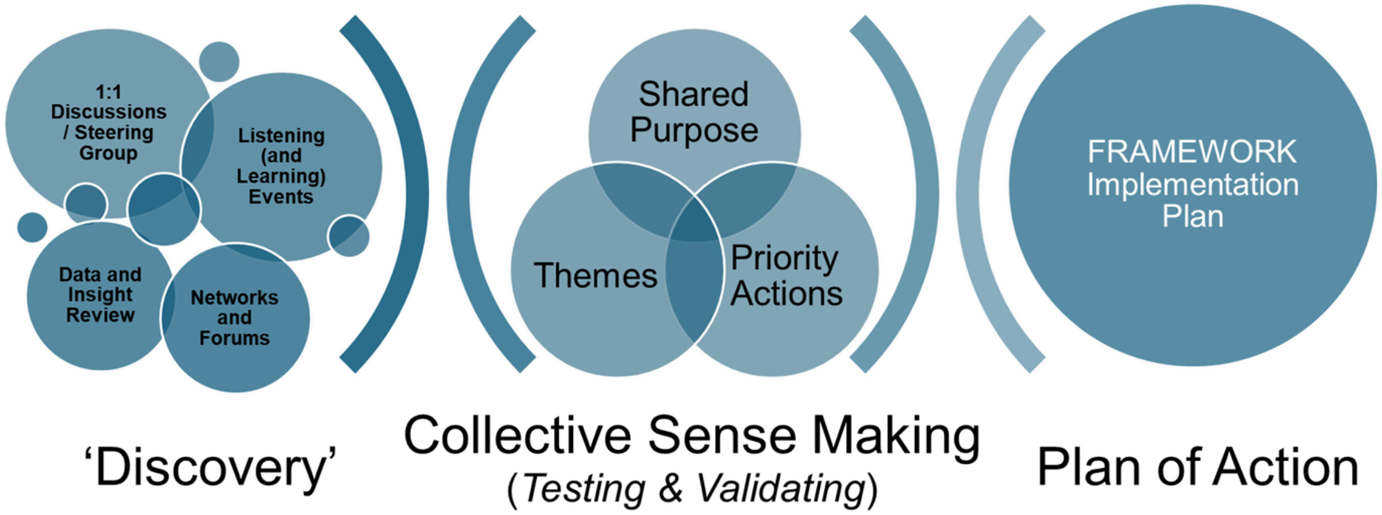
Recognising, valuing, and supporting the development of the skills, experience and expertise of the people and the community in articulating ‘what works’ and ‘what doesn’t work’.

Iterative

Continuous reviewing and testing of emerging themes so that they influence actions in real-time and drive longer-term impact and outcomes.

Connected Change Framework

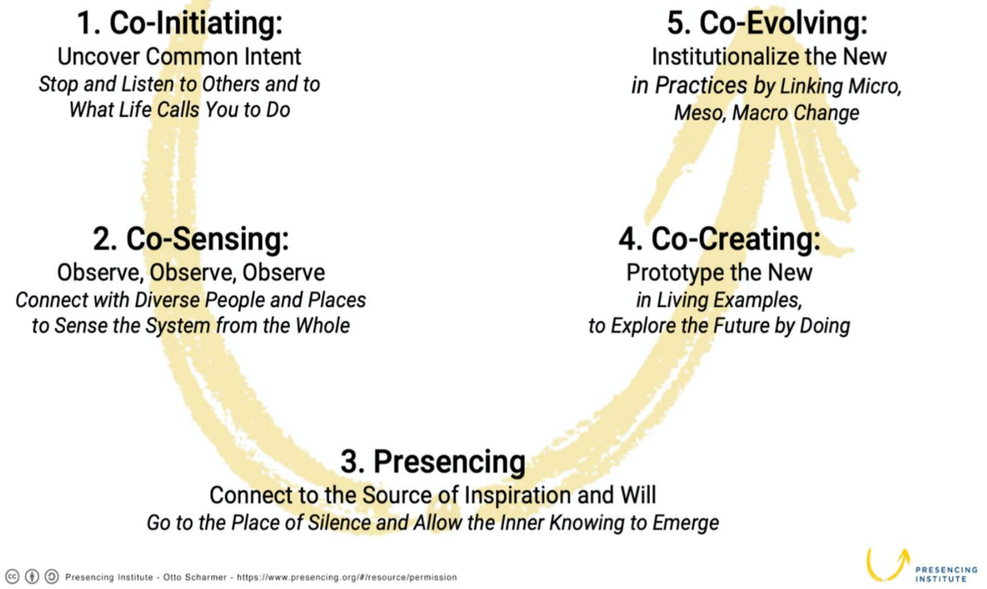
The Connected Change Framework was developed by building on decades of real-world engagement with people and communities – particularly those historically excluded from decision-making. It draws on knowledge and practical experience of bridging communities and systems, creating spaces of trust, shared purpose, and sustainable action. It is rooted in practice-based learning, which values hyper-local insights, where co-creation is not just a token gesture, but a way of working that drives real results across neighbourhoods, communities, and systems, and in people's everyday lives.



Guiding Conversations w/ ‘Theory U’

‘Theory U’ has been especially important in co-creating the ‘Anchor offer’ as it helped us build trust, agree a shared purpose, ways of working, and solutions that are grounded in peoples’ lived experience.

It allowed the work to emerge from the people and places who are at the frontline and working directly with communities – making change more meaningful, sustainable and locally owned.



Theory U is a powerful approach to change that helps people to move beyond quick fixes and surface-level solutions. It’s an invitation to slow down, listen deeply and connect with what really matters – both to individuals and communities.

Reference: Theory U: 5 phases in the workshop structure - Re-imaginary

Cancer & LTCs

Data & Literature

We reviewed a range of national and local reports, PHM data, and community insight reports to understand the challenges and opportunities experienced by people with Cancer, at risk communities, and health and care organisations. This included analysis of Cancer and LTC prevalence, and, specific reports on the experiences of Roma, African Caribbean, and South Asian Communities. This evidence base helped to validate community insights and highlighted the case for alternative funding models to reduce the gap in outcomes between different groups and provide recommendations that reflect the diverse needs of communities.

Key Reports

Macmillan Cancer Support Reports (2022–2024): evidence on the unmet needs of people living with cancer, the emotional and practical challenges of self-management, and the importance of integrated, culturally appr support systems.

Hertfordshire Joint Strategic Needs Assessments (JSNA) and Dacorum PHM Pack: Identified rising emergency admissions, lower screening uptake, gaps in early intervention, and the underrepresentation of ethnic minority groups in early cancer referrals.

Darzi Review: Independent Investigation into the NHS (2024): Stressed the need to shift from reactive hospital care to proactive, neighbourhood-based models.

West Herts Cancer Champions Reports (One Vision, 2023–2024): insight into barriers to early diagnosis, cancer awareness gaps among minoritised communities, and the value of peer-led, culturally appropriate advocacy.

Gypsy, Roma and Traveller Health Needs Assessment (2022, Hertfordshire): access barriers, experiences of discrimination, and lower uptake of cancer screening.

Personal Perspectives

1-1 Interviews

The interview process was designed to create space for honest reflection and capture experiences rooted in lived realities. This process allowed for deep, relational engagement, enabling participants to shape the agenda based on their realities rather than predefined questions.

It provided a critical opportunity to test, validate, and reframe insights emerging from reviews, observations, and community conversations, thus baking lived and organisational experience into the project's foundation.

20 Structured 30-60 min 1-1 interviews were conducted with local VCFSE organisations, community and faith leaders, carers, volunteers, clinicians, managers, and public health specialists across West Hertfordshire.

For Individuals: the focus was on what matters most, barriers to access, and experiences of care.

For Organisations: the focus was on challenges in supporting people with cancer and long-term conditions, navigating funding processes, and influencing system decisions. Interviews were planned to complement wider community conversations, ensuring multiple perspectives were heard.

People living with Cancer or Long-Term Conditions
Older People living with Frailty
Family / Unpaid Carers
Lived Experience Patient Panel Members

GPs / Nurses / Advanced Care Practitioners
Palliative Care Consultants
Community Health Leads
Social Prescribers / Link Workers

Chief Executives / Directors of VCFSE organisations
Programme Managers / Delivery Leads
Grassroots and Small Community Group Leaders
Volunteers & Peer Supporters

Cancer / Community Champions
Community Connectors
Faith-Based Group Leaders
Trusted Intermediaries from LGBTQ+ and minoritised communities

Faith & Community Spaces

Observations & Insights

As part of the engagement process, we participated in a series of community based events such as the VCFSE Alliance Stakeholder Workshops; Diabetes and Cancer Champions Meetings; Faith & Health Partnerships Board events; and Unpaid Carers sessions and coffee mornings.

These informal and structured spaces allowed us to observe what is already working, listen to what people value and understand the drivers of what good and effective community-led infrastructure support looks like.

These spaces demonstrated how informal, community-rooted activities build trust more effectively than formal services alone.

Observations revealed the critical role of smaller VCFSE organisations, faith leaders, and unpaid carers in bridging gaps in access and support.

Insights gathered shaped the principles of the Anchor approach: embedding local voice, strengthening informal networks, and valuing lived expertise as essential infrastructure.

Conversations

We facilitated a series of community-led Conversations that brought together:

Local People

In particular those with lived experience of Cancer and long-term conditions; their carers and volunteers; frontline health and care staff.

VCFSC

Different Voluntary, Community, Faith and Social Enterprise organisations.

Health & Care Orgs

Including both providers and commissioners.

Overview

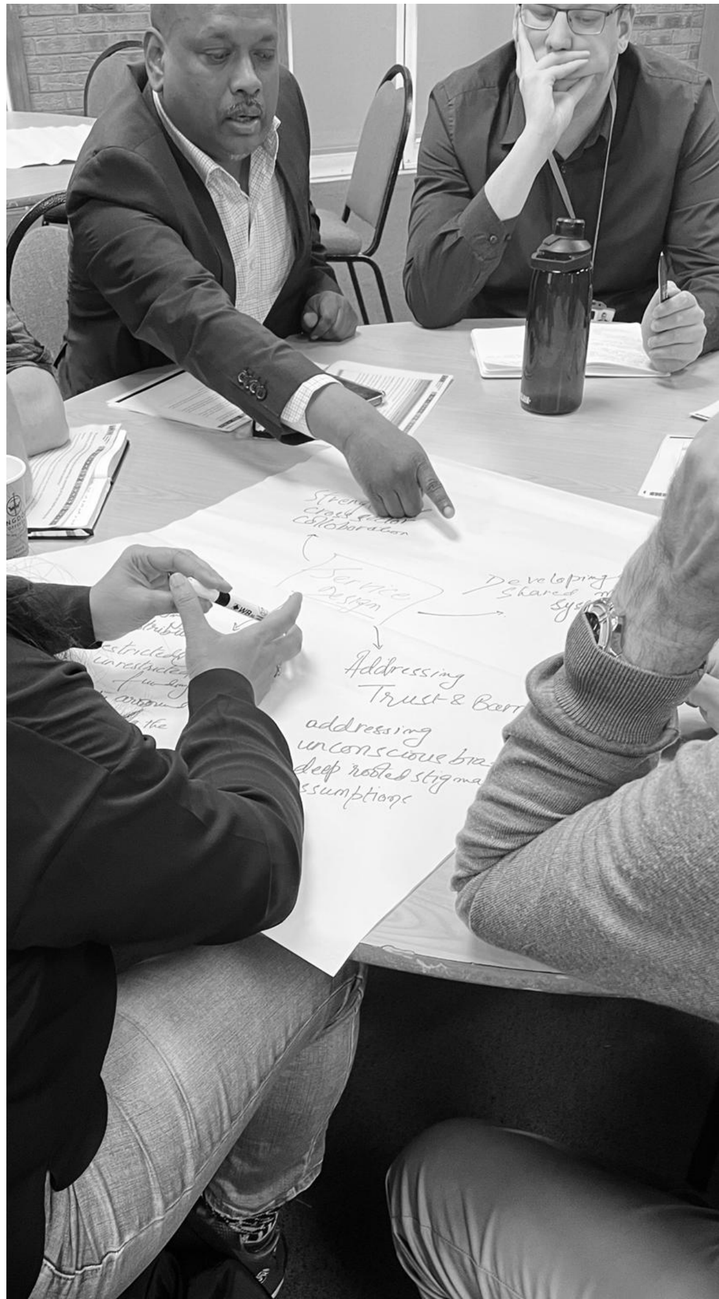
Sparking ‘Conversations’

To co-create meaningful solutions, we moved away from the formal structure of ‘workshops’ and created,instead, community-led *Conversations*.

Conversations, by design, create a more open, reflective space where trust can build, lived experience can shape the agenda, and new relationships can emerge across community and system partners. This approach was central to ensuring that outcomes were not pre-determined but grew organically from the voices and priorities of those closest to the issues.

There was strong cross-sector representation across each conversation, from primary care, secondary care, community health services, public health, the ICB, clinicians, managers, and VCFSE leaders, ensuring diverse experience and perspectives were embedded.

- **4 community-led Conversations were held**
- **85 different individuals participated across all sessions**
- **6 VCFSE organisations were actively engaged**, alongside grassroots groups, community connectors, and cancer champions.



Creating Shared Ownership

Collaboration & Co-creation

Co-creation as a method was central to the Conversations as it fosters collaboration, builds a shared sense of ownership, and ensures that solutions are designed with and for the people they impact.

This approach created space for trust to develop, surfaced real community insights, and helped to ensure that what emerged is supported and championed by those who will carry it forward. In addition, each conversation was hosted by a different partner, to ensure that the process was led by VCFSE organisations and people with lived experience.

We invited different stakeholders to take the lead in hosting each of the Conversations. These included:

- **First workshop** hosted by One Vision - One Vision (sharon and Priyanka)
- **Second Workshop** jointly hosted by VCFSE Alliance - VCFSE Alliance and Watford & Three Rivers Trust - Watford & Three Rivers Trust (Amanda and Simon)
- **Third workshop** was hosted by Herts Mind Hertfordshire Mind Network (Paul)

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Conversation Design

Each conversation was structured around an open dialogue format — blending small group discussions, shared reflections, and co-created outputs — and was deliberately co-hosted with community and faith organisations in trusted community spaces. It was an iterative process with each session building on the preceding one.

Conversation 1

Building the foundations: Agreeing Terms of Engagement / Ways of working together.

Focus: Conversation 1 set the tone by co-creating the *Ways of Working*, in a space that was informal, welcoming, and grounded in trust. It invited people to bring their personal and professional wisdom into the space, helping to share ownership, build genuine relationships, and shape all the conversations that followed.

Conversation 2

Connecting people and purpose: Identifying Challenges and Opportunities.

Focus: Explored issues of leadership, connection, volunteering, infrastructure and trust, especially across marginalised groups.

Themes: Explored the 3Cs (Capacity, Capability, Connection), stigma, equity, and cultural safety.

Conversation 3

Making It work: Aligning Priorities, Funding, and Community Realities. Sharing and validating themes.

Focus: infrastructure, funding equity, power dynamics, and the mechanics of collaboration.

Themes: Gaps in commissioning, competition vs collaboration, infrastructure needs of S/L orgs.

Conversation 4

Back to what matters: Reclaiming Voice and designing with peoples' lived experience.

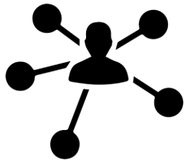
Focus: Refocus on lived experience, ensuring proposals reflect community voice, as well as organisational needs.

Themes: Neighbourhood ecosystem mapping, hyper- local realities, wraparound support models, co-designed evaluation approaches.

Building the foundation

Deciding how to engage

These Engagement Priniciples were co-produced with participants during the first Conversation. They helped to set the tone and shape each subsequent Conversation, where they were shared and validated at the start of each session.



Transparency & Accountability

Open and honest discussions about challenges and limitations.

Inclusive Representation

Ensure diverse voices are heard, with emphasis on lived experiences and marginalised communities.

Meaningful Participation

Move beyond tokenistic consultation towards meaningful engagement from all participants.

Cultural Sensitivity

Tailor discussions to reflect the cultural contexts of the communities represented.

Focus on Sustainability

Prioritise scalable, long-term solutions for community impact.

Equal Partnerships

Voice & Participation

Feedback from the conversations highlighted that people felt genuinely heard, respected and valued.

This sense of shared agency enabled a relationship of trust across the conversations. People recognised that their contributions mattered, helping to create shared ownership of both the process and the recommendations put forward. It reinforced the principle that real change happens when people and communities are active and equal partners in framing the challenge and change solutions.

A key observation throughout the workshops was the strong appetite for genuine collaboration – but also the deep frustration with structural barriers like short-term funding, unequal partnerships, and exclusion from decision-making.

Several grassroots groups expressed a need to be supported to lead given their deep understanding and proximity to people and communities most need.

Insights & Recommendations

- What we Heard
- The Data Landscape
- What the Desk Research Revealed
- 1-1 Interview Feedback
- Understanding ‘What Matters to me’
- Turning Insight into Actions
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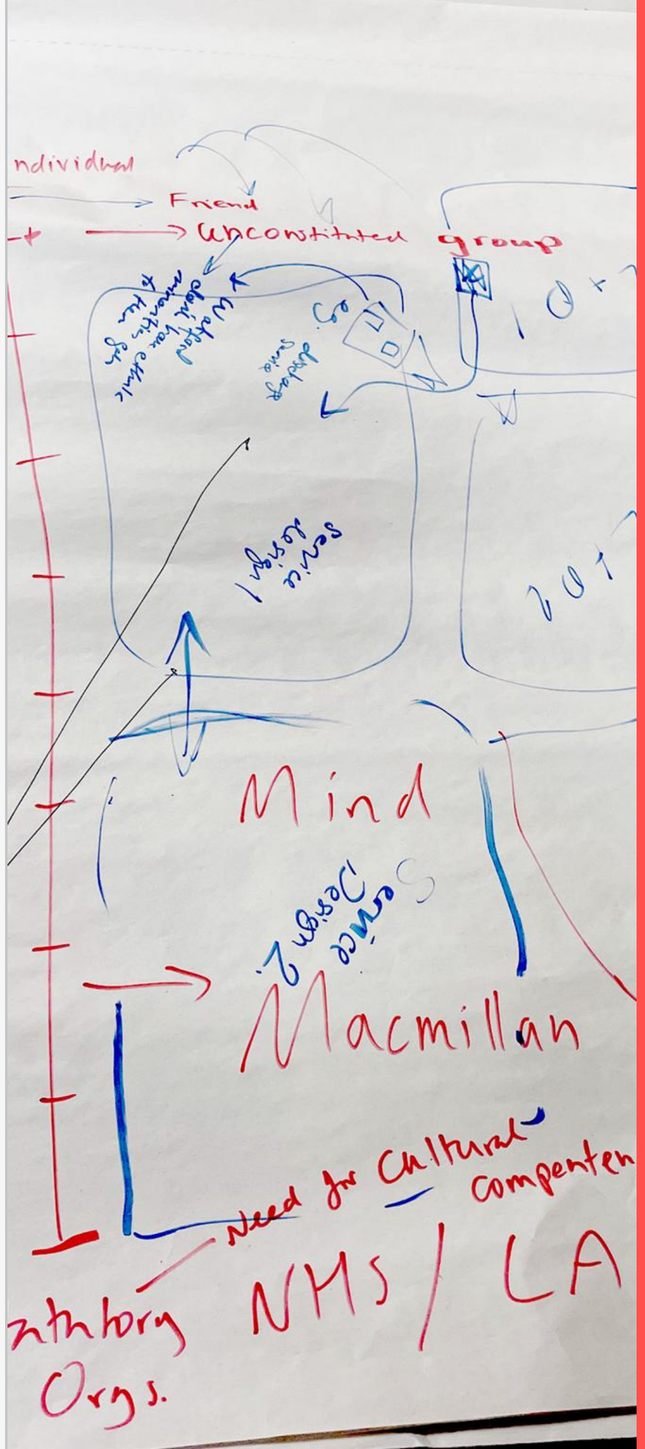


4.

Whole System Approach

The Anchor programme revealed that staying well is not only shaped by clinical care but by trust, emotional support, and strong community connections.

A whole system approach is needed with the capacity, capability and connections to work together and share data in a seamless way.

Cross-cutting Themes

What we Heard

The insights gathered through one-to-one interviews, community conversations, and data review revealed consistent themes, including: structural barriers to access, inequities in funding, and the importance of trust, belonging, and culturally rooted support.

Our recommendations, which follow, focus on building sustainable VCFSE partnerships, investing in community-led infrastructure, strengthening early intervention, and embedding lived experience in decision-making—laying the foundations for lasting, neighbourhood-based change.

5 Key Themes

Short-term funding cycles and complex commissioning processes are holding back organisations best placed to deliver impact.

Unequal access rooted in stigma, cultural disconnection, and structural exclusion—undermine trust and belonging, particularly for minoritised and marginalised communities.

The hidden emotional and practical labour of carers is rarely acknowledged but central to support people, communities and the health and care system.

Fragmentation of services and support means good ideas and services often remain siloed.

What matters most to people is not only the transactional support but the relational / emotional support that reflects lived experience, and has a deep understanding of local culture, and community.

I shouldn’t have to fight to access help or chase ten different people. Organisations need to communicate with each other so I don’t fall through the cracks.

Community Informed Data

The Data Landscape

We found that despite the volume of data available, it is often fragmented, inconsistently segmented, and difficult to compare across localities, conditions, or communities. This often results in limited insights that do not address key questions about who is being reached, how care is experienced, and where outcomes are falling short.

Critically, data is not readily accessible to VCFSE organisations, who are often closest to communities but excluded from the capability and intelligence they need to shape services or demonstrate impact.

Key Challenges

Data systems remain institutionally focused, with little integration of community-generated insights that reflect lived-experiences.

Current datasets overlook key factors such as cultural barriers, trust, and stigma, limiting understanding of why inequalities persist despite investment.

Sharing, community-informed data platforms is critical to enable equity in planning, commissioning and service delivery.

Insights

What the Desk Research Revealed

Our desk review — which included local and national reports, analysis on cancer and LTC prevalence, and the experiences of people living in areas of high inequality — highlighted that the VCFSE sector plays a crucial role in early engagement, practical support, and ongoing advocacy, but remains underfunded and disconnected from mainstream care pathways.

Key Themes

Disproportionate Burden of Illness

Cancer and long-term conditions are more prevalent – and often diagnosed at a later stage – among communities living in areas of greatest inequality, especially African Caribbean and South Asian groups.

What's Working Well

Community connectors, peer-led cancer champions, and early-stage community-based support are effective in increasing awareness, building trust, and improving access—particularly when grounded in local relationships and cultural understanding.

Access and Navigation Barriers Persist

People face delays, confusion, and lack of culturally appropriate care when navigating health services. Trust in institutions remains low, especially among historically marginalised communities.

Persistent Data Gaps

There is limited data capturing full user journeys or disaggregating experience by ethnicity, geography, or level of need, which hampers efforts to deliver equitable and person-centred care.

Insights

Data on Cancer

What we discovered

- Cancer is now the leading cause of death in the UK, with 1 in 2 expected to develop it in their lifetime—yet 40% of cases are preventable.
- In West Hertfordshire, overall performance on cancer targets is strong, but inequalities are deepening: screening uptake is among the lowest nationally in areas like Watford and Hertsmere.
- One-year survival for lung cancer is below average, and older people (71+) and BAME communities are underrepresented in early referrals.
- The 65+ population is projected to grow by 38% over the next five years, putting further pressure on local systems.

What’s the impact

- People living in areas of greatest deprivation experience delayed diagnosis, lower treatment uptake, and faster deterioration – especially when managing both cancer and multiple long-term conditions (MLTCs).
- Without investment in outreach and community-based models, health outcomes will worsen and system costs will escalate.

What’s needed

- Shift from short term, centralised care to sustainable and self sustaining, community-led transformation rooted in prevention, equity, and trust.
- Invest in neighbourhood-based early intervention and wider wellbeing programme of work.
- Scale outreach and culturally tailored support to reach groups most at risk of being left behind.

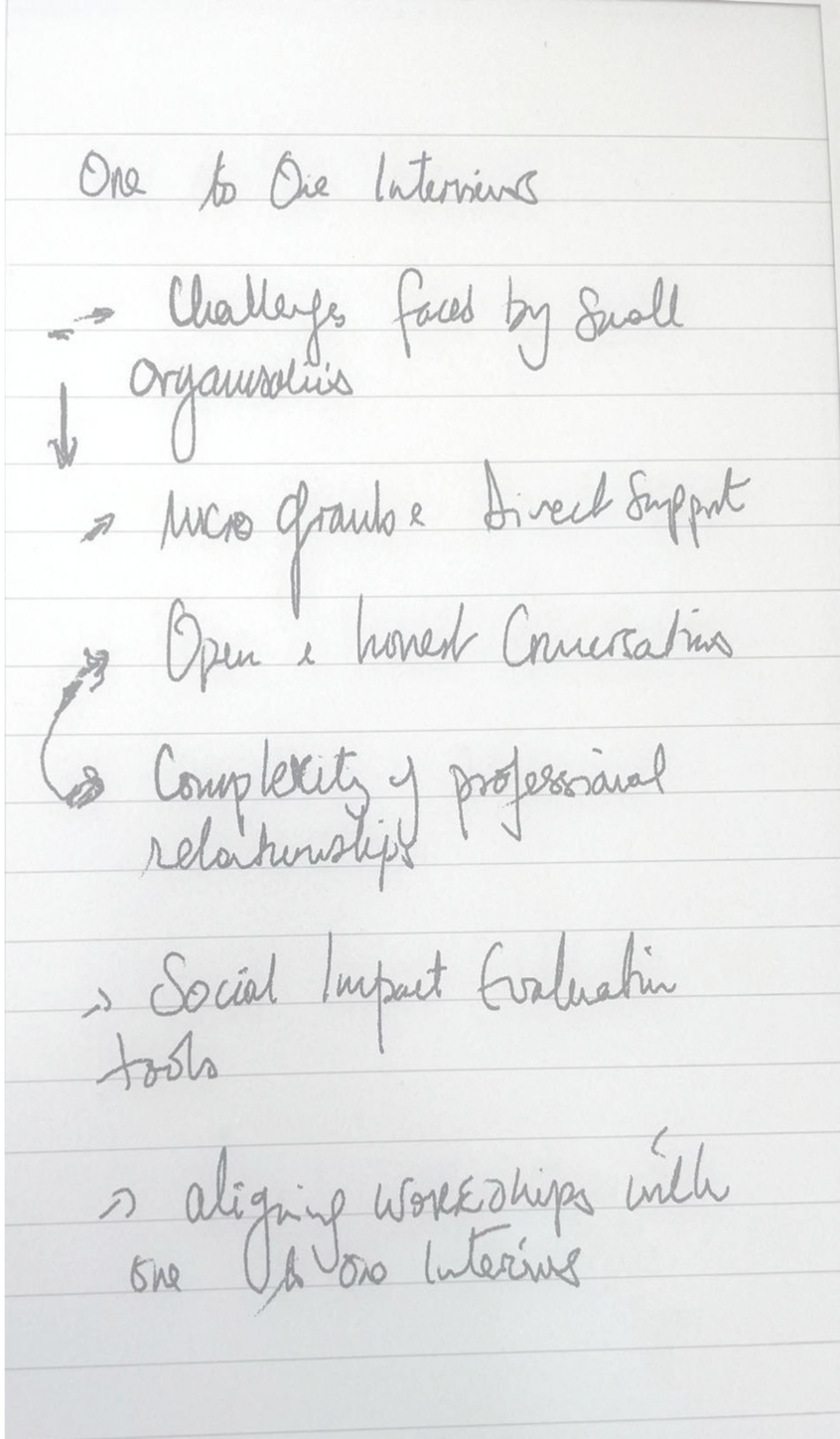
Insight

1-1 Interview Feedback

Feedback from the 20 one-to-one interviews highlighted persistent barriers to access, lack of cultural sensitivity, and low levels of trust in services.

Smaller VCFSE organisations raised concerns about exclusion from funding and decision-making, despite their deep connections to communities. Participants across sectors called for stronger neighbourhood partnerships, early intervention models, and investment in community leadership to drive sustainable change.

- **Inequitable Funding Distribution and Power Imbalances** Concerns were raised about "well-connected" organisations receiving disproportionate funding. Smaller groups, especially grassroots and equalities-focused, are often excluded from decision-making and meaningful co-production
- **Cultural and Structural Barriers to Accessing Care** Interviews highlighted language, trust, and stigma as key issues preventing communities—including LGBTQ+ and ethnically diverse groups—from accessing support services
- **Collaboration Tensions and the Need for Clarity** While partnership is seen as essential, some interviews flagged the risk of forced collaboration and unclear roles between VCFSEs and statutory services. There is a need to co-create governance structures that value lived experience and enable transparent, inclusive processes



What we Heard

“They don’t want to face what it might be… the fear of what it could be is greater than [wanting to] finding out.”

“we’re developing our cancer champions [so there’s] someone to say: ‘Get that checked out.’”

“People are not aware of [the services] available to them.”

“It took me 6 months from my first symptom to actually going to the doctor.”

“We don’t even realise that we are caring for somebody and [that it’s] taking a toll on us.”

“It’s like your whole life is suddenly rushing by … and you don’t know if that’s the end.”

Conversation 2

Understanding ‘What Matters to me’

Workshop 2 focused on ‘what matters to me’ in terms of Cancer and long-term condition support.

Participants emphasised that good support needs to recognise people as whole individuals, not just patients — connecting clinical care, psychosocial wellbeing, personal resilience, and family and carer support. Building trust, improving communication, and supporting people beyond clinical interventions were seen as essential to improving experience and outcomes.

Clinical

Trust / Respect

Right information when I need it

Working together to develop shared plans

Open door

Active listening and communication (cultural intelligence)

Time

Knowledge about local services and where to get support.

Community

Trust / Respect

Support networks

Building relationships with volunteers, community connectors, cancer and community champions

Access to local information and support

Knowing where to get help and additional support

Personal (Physical & Emotional)

Trust / Respect

Knowing how to manage my condition and take care of myself

Supporting in between appointments; the waiting for results and treatment

Support to build resilience and mental wellbeing, less guilt

Learning from people in my situation

Building skills and capacity to support others

Family / Carers

Respect / Trust (my decision with the support of family and carers)

Support for **my children**

My family and carers are supported to take care of themselves

Having access to respite care

My family and carers are supported to stay well and healthy

My family and carers have access to support

Conversation 3

Turning Insight into Actions

Workshop 3 set the groundwork for identifying what needs to change across the system. It reinforced the idea that to stay well and healthy, people need coordinated support that spans across physical, mental, social, and practical needs.

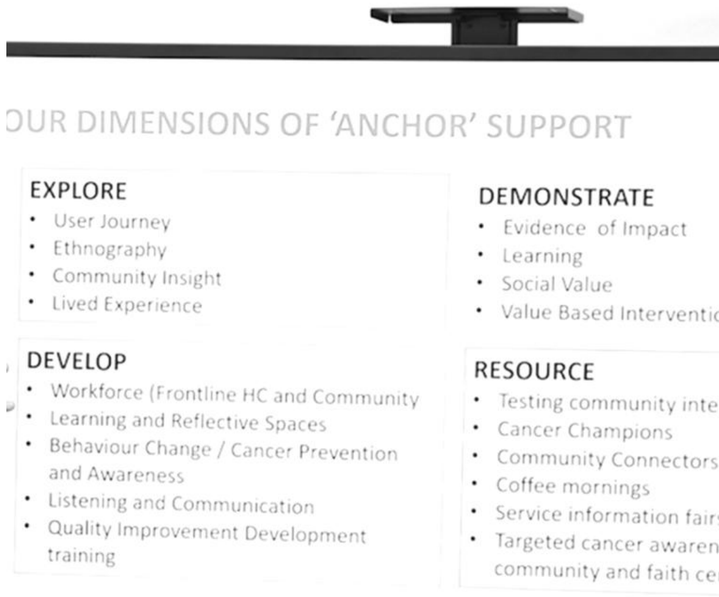
Participants stressed that no single organisation can meet all needs in isolation — true wellbeing comes from services, community groups, and networks working togethern to build resilience, life skills, knowledge, and community belonging. Coordination, trust, and joined-up working were seen as essential foundations for enabling independent living.

Physical and Mental Health: Access to timely clinical care, emotional support, and help managing stress and anxiety is vital

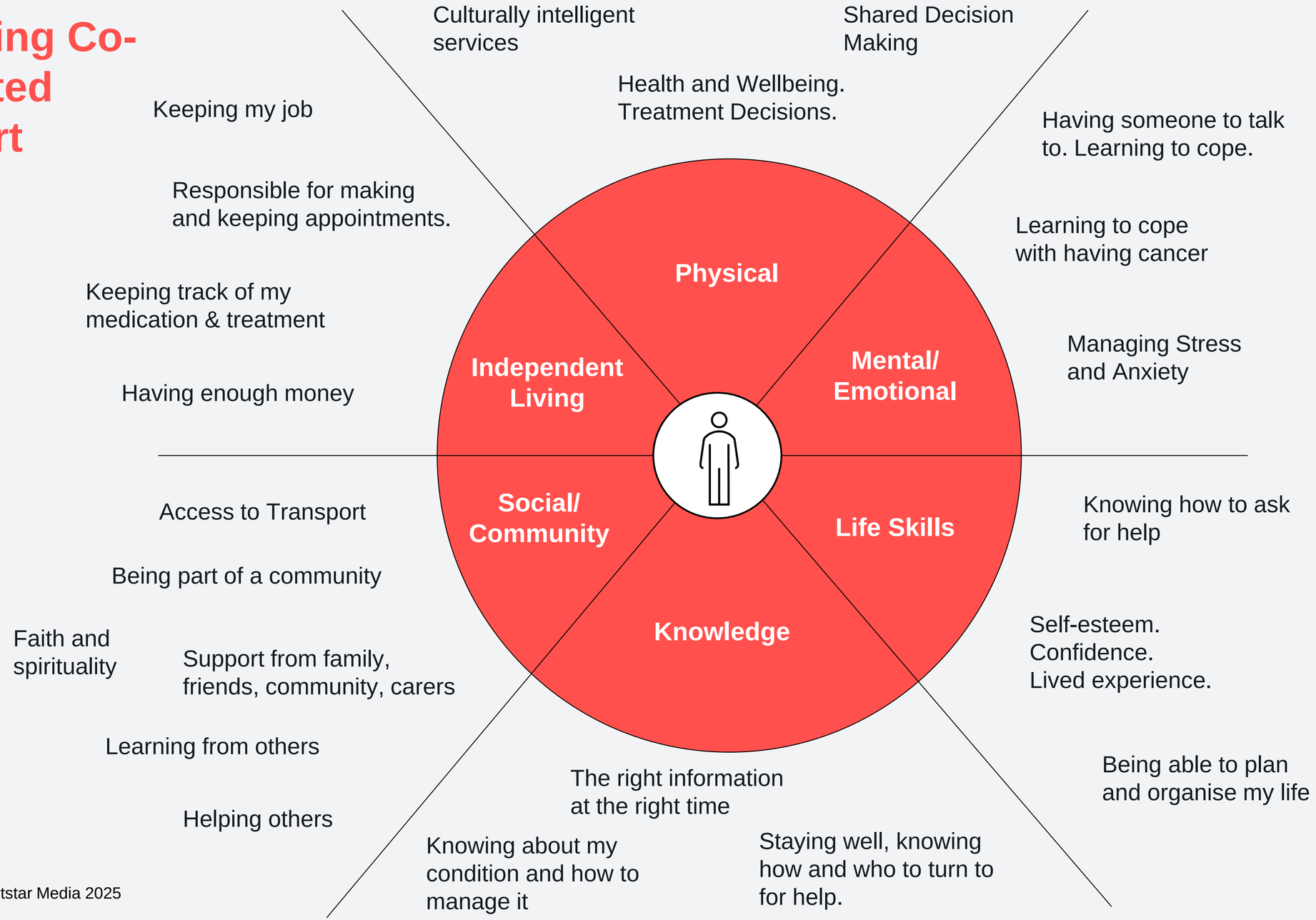
Life Skills and Knowledge: Support to build everyday skills, plan treatment journeys, and navigate services empowers self-management.

Social and Community: Being connected to peer groups, local networks, and culturally safe spaces strengthens resilience and belonging.

Independent Living: Help with transport, financial advice, and flexible local services supports people to live independently and with dignity.



Providing Co-ordinated Support



Conversation 4

What does good support look like?

Conversation 4 explored what good support looks like — not just for individuals, but for the organisations that support them.
To improve outcomes for people living with cancer and long-term conditions, feedback highlighted that organisations need to be supported with the right insights, evidence, workforce development, and sustainable resources – the 4 dimensions of Anchor support.

Critically, the system also needs to be ready to work in a different way, one that places a value on community leadership, building trust, and enabling long-term collaboration.

4 Dimensions of Anchor Support

Explore
- User Journey
- Ethnography
- Community Insight
- Lived Experience

Demonstrate
- Evidence of Impact
- Learning
- Social Value
- Value Based Interventions.

Develop
- Workforce (Frontline HC and Community
- Learning and Reflective Spaces
- Behaviour Change / Cancer Prevention and Awareness
- Listening and Communication
- Quality Improvement Development training

Resource
- Testing community interventions
- Cancer Champions
- Community Connectors
- Coffee mornings
- Service information fairs, events, activities
- Targeted cancer awareness sessions in community and faith centres

Insight

Trust as a Golden Thread

Trust was a core theme that emerged across all our engagement activities. The Conversations demonstrated that fostering a sense of trust at the outset, facilitated collaboration and created the conditions for building honest relationships and a shared purpose. In this context, trust became an outcome in itself.

It also underpinned the other themes that emerged and the different dimensions of care, including clinical interactions, community services, family support, and personal self-care.

In Clinical interactions, trust and respect include listening with empathy, without judgement, and feeling safe asking questions and sharing challenges (e.g.in managing conditions and taking medications).

In Community Settings, trust involves having safe spaces to have ‘uncomfortable conversations’, listening to different perspectives, sharing concerns about finances, family relationships, etc.

In family / personal settings, having trust and confidence in my carers and family to support my decisions, and that they have access to information and resources to help me achieve my goals.

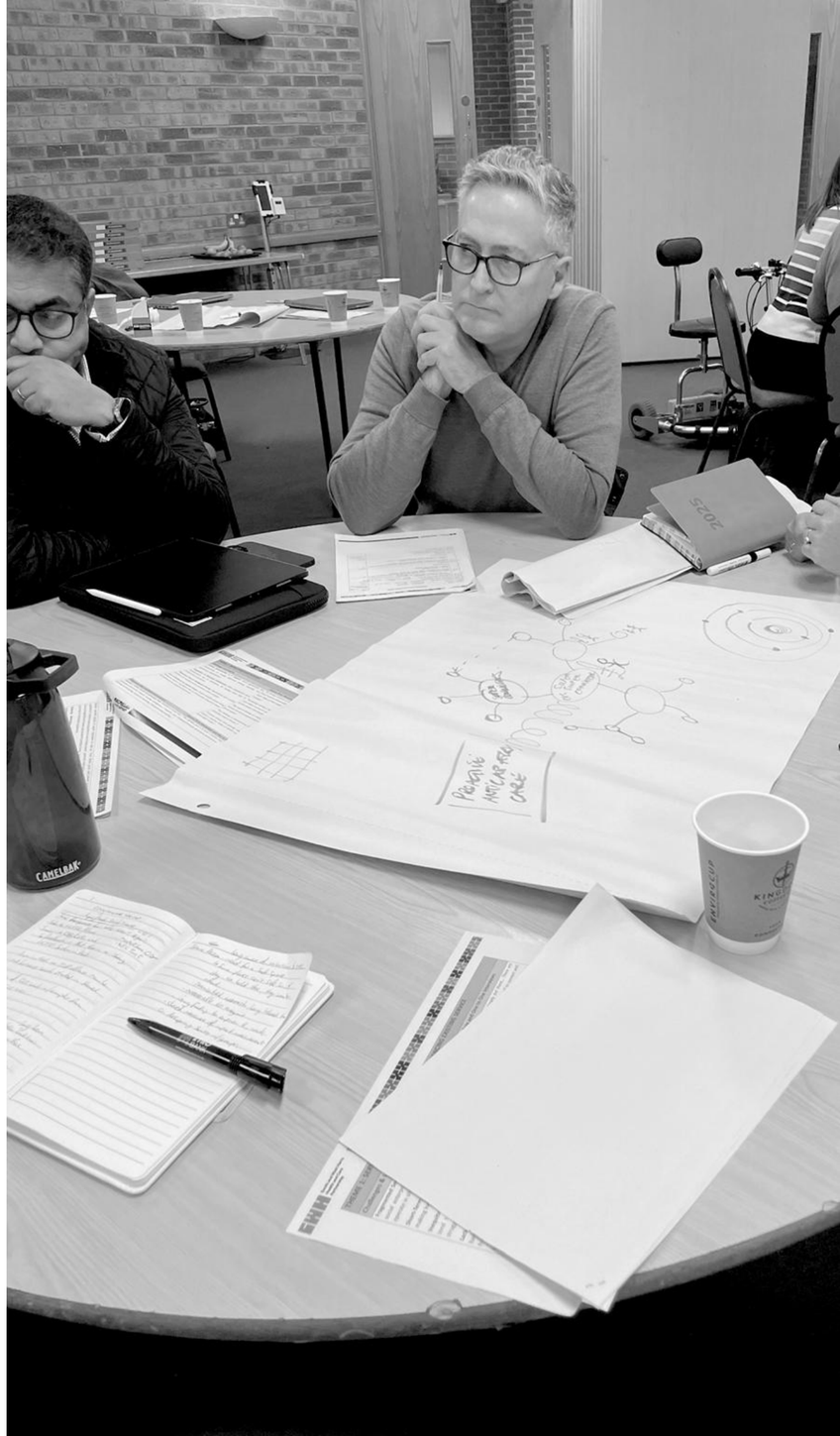
On a personal level, having trust and confidence in myself and my ability to support my health and wellbeing, to ‘do my bit’ in making sure that I keep to my appointment, take my medication and advocate for myself.

Integrating Services: Anchor Impact Wheel

A Whole-person View of Health & Wellbeing

The Community Anchor Impact Wheel is a practical tool to guide the design, alignment and delivery of support that is proactive, equitable and rooted in what matters to people. It reflects six interconnected dimensions – physical, emotional, life skills, knowledge, social and community, and independent living – that together shape a person's health and wellbeing. The more dimensions an activity or service supports, the greater its potential impact on long-term health outcomes and community resilience.

Rather than viewing support through a single lens – clinical, social, or emotional – the Wheel reinforces the need for joined-up approaches across the NHS, VCFSE organisations and local government. It enables partners to see their contribution within a wider service ecosystem and encourages shared responsibility for prevention, early intervention and sustainable wellbeing. This model designed to connect people to the relationships, resources and skills they need to stay well and live independently.



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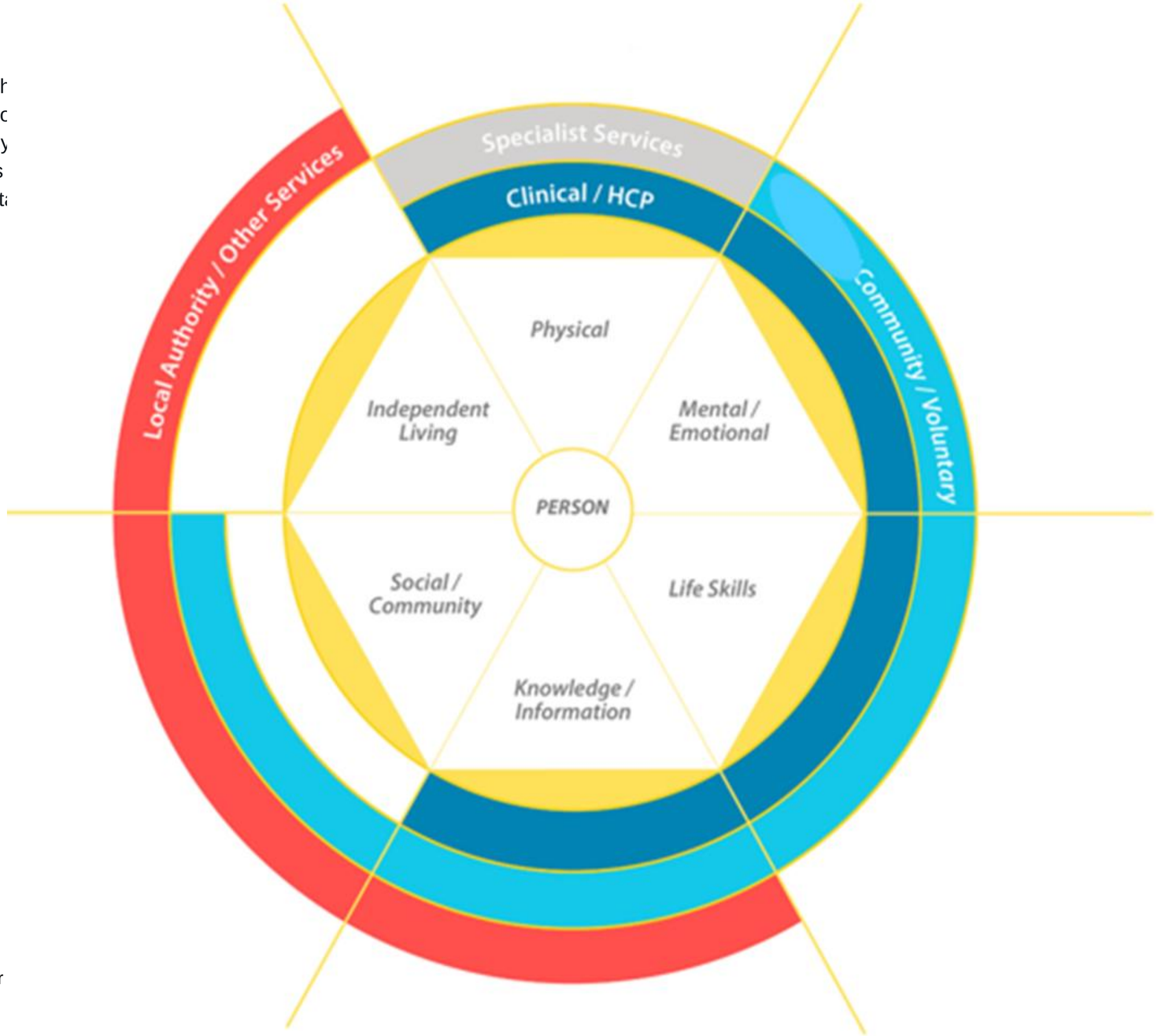


The Community Anchor Impact Wheel

Interconnectivity drives effectiveness: the Wheel pushes beyond narrow, single-issue interventions to deliver sustainable change.

Uncovering 'Hidden infrastructure': many essential activities already encompass several dimensions of the wheel but their contribution is often under-recognised, e.g. coffee mornings, housing support, cancer champions.

Planning & Evaluation tool for a connected offer of support: The Wheel can be used to plan services, assess impact, identify gaps and enable collaboration between different services and communities.

Culturally Responsive & Locally Owned Solutions supports: by rooting design in the real, complex lives of local people, and those in underserved communities, in particular.

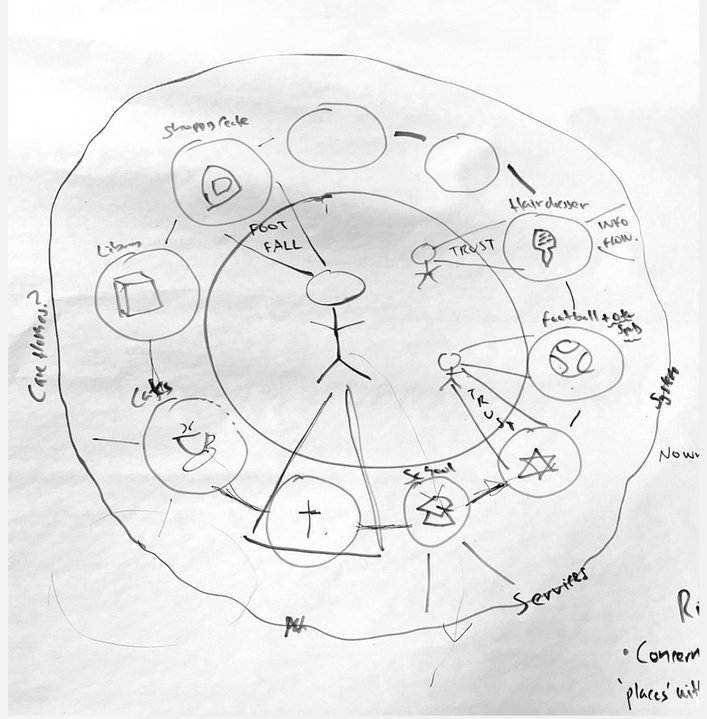
Community Anchor Service Map

Integrated Service Networks

The community anchor service map takes a whole-person view of access to health, care and community support, focusing on how people naturally discover and navigate services at neighbourhood level.

Rather than seeing services as isolated offers, the map illustrates the networks of relationships, events, informal spaces and trusted connections through which someone living with cancer or a long term condition — as well as their carers, family member and frontline health and care staff — can find up to date information, advice and support. It accepts that accessing support is not a linear process but happens through a web of personal interactions, community spaces and local knowledge.

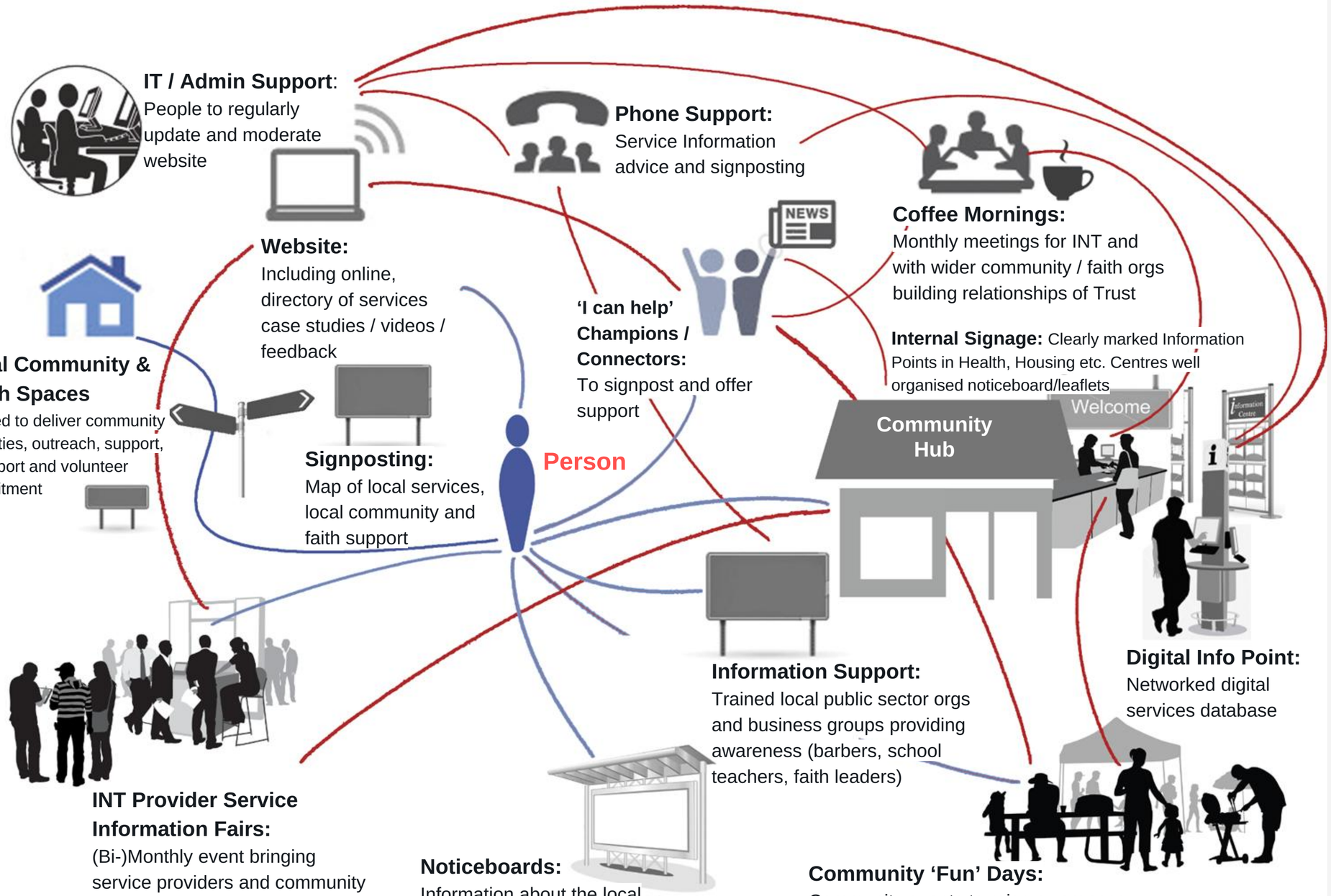
The Community Anchor Service Map, therefore, becomes a core component of the Integrated Neighbourhood Teams support Offer.



The community Anchor Framework acts as a bridge between people, communities and healthcare organisations.

It strengthens community infrastructure by building local capacity to lead, influence by offering a model that supports long term outcomes.

It fosters shared accountability by encouraging partners to align around community and system defined goals and measures of success.



Community Anchor Service Map

A living map of support: Continuously updated to help people living with cancer and long-term conditions find services, activities, and community connections close to home

Pathways to get involved: Offering local people the chance to train as volunteers, community connectors, and champions, helping neighbours find the right support.

Spaces for connection and advice: Hosting coffee mornings, information events, and friendly drop-ins where individuals, families, and carers can learn, share, and connect.

Helping frontline staff connect people: Providing regular opportunities for networking, updates, and learning so health and care staff can connnect together and link individuals to community-based help and opportunities.

Implementation Plan, Next Steps

- A ‘Hub and Spoke’ Infrastructure Model
- Community Anchor Delivery Model
- Co-designed Impact & Evaluation Framework
- Funding & Investment Model
- Video Links

Focusing on What Matters

The Implementation Plan will be based on an approach that is:

Neighbourhood-first – rooted in INTs where local voices shaping local delivery;

Equity-led – Targeted investment in communities experiencing greatest inequalities;

Integrated – NHS and VCFSE partners aligned in governance and delivery;

Human-centred – Lived experience is a core leadership and evaluation driver;

Sustainable – Funding model that builds long-term capability and avoids reliance on short-term projects

A ‘Hub and Spoke’ Infrastructure Model

Developing an Implementation Plan

The next phase will focus on developing a detailed, community-shaped implementation plan and strategy for securing investment. This will be designed with local grassroots VCFSE organisations, people with lived experience of cancer and long-term conditions, carers, and community champions – ensuring that the model is grounded in real-life needs and experiences. The engagement so far has highlighted a ‘hub and spoke’ infrastructure model that is composed of two key elements:

- A **central coordination centre** to support governance, learning, evaluation, and resource distribution.
- **Neighbourhood hubs** to act as local integration points, delivering wraparound, person-centred support through multidisciplinary teams and community partners.

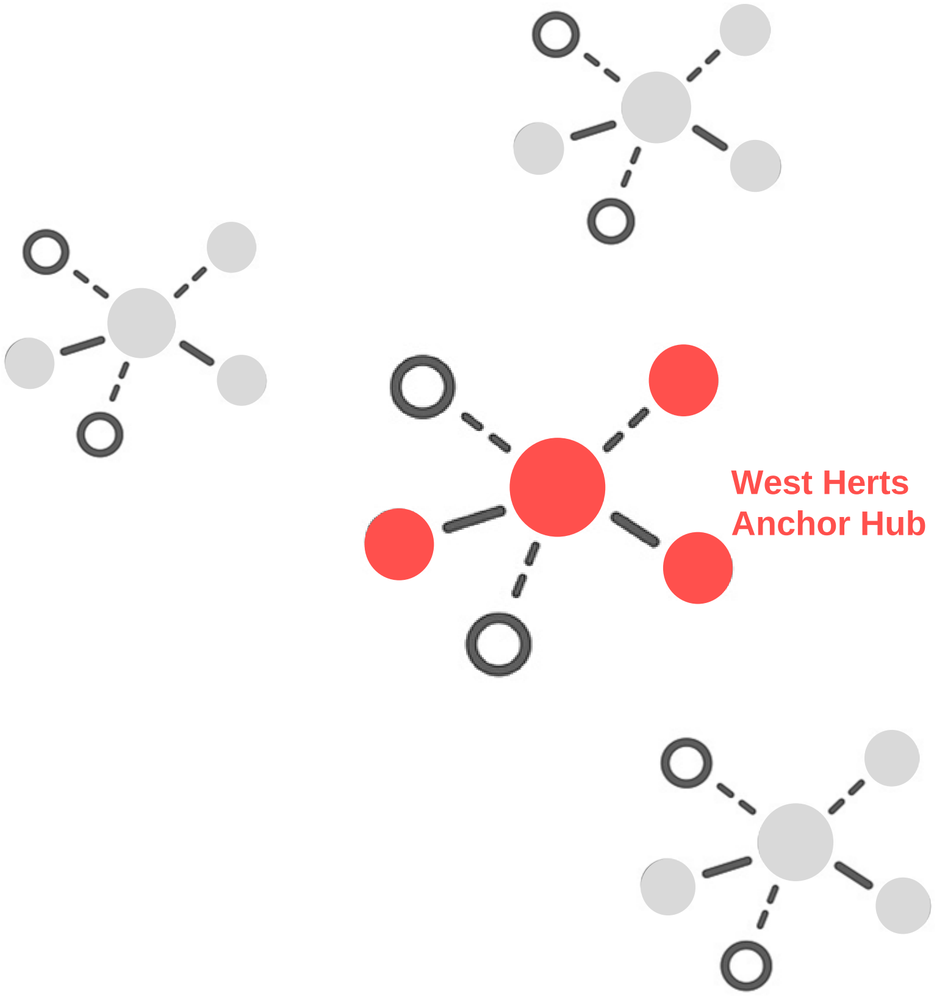
Lived experience will not only shape service design but will also inform how we measure success – embedding equity, dignity and what matters most to people as core drivers.

Community Anchor Delivery Model

Central Coordination Centre

Strategic system engine designed to strengthen collaboration, coordinate resources and show cumulative impact:
Functions:

- **Strategic governance** and programme delivery oversight
- **VCFSE infrastructure support:** bid writing, digital and data capability, governance, and contracting
- **Training and workforce development,** with focus on cultural competency and impact measurement
- **Evaluation and learning hub c**apturing both quantitative insights and system-wide metrics
- **Coodination of community champions** and connectors
- **Oversight of micro-grants** and anchor investment fund
- **Collaborative delivery** with WHHCP, PCNs, social care, and hospitals.
- **Partnering with hospital and outpatient teams** for post hospital discharge support



Community Hubs Aligned with Integrated Neighbourhood Teams (INTs)

Four Priority neighbourhood hub (Hertsmere, Watford & Three Rivers, Dacorum, St Albans & Harpenden,) will:

- **Be hosted by a trusted local VCFSE** organisation or community asset
- **Serve as delivery nodes** for outreach, education, navigation, and support
- **House Community Connectors** embedded in the neighbourhood and delivering community and provider information events
- **Facilitate Community Champions** trained in culturally relevant, cancer and LTC awareness
- **Act as focal points for peer support**, bereavement counselling, and outreach into schools and faith communities
- **Partner with faith-based coordinators** and hospital chaplaincy teams
- **Include local community transport** navigation/support desk for patients who struggle to access hospital and community care settings

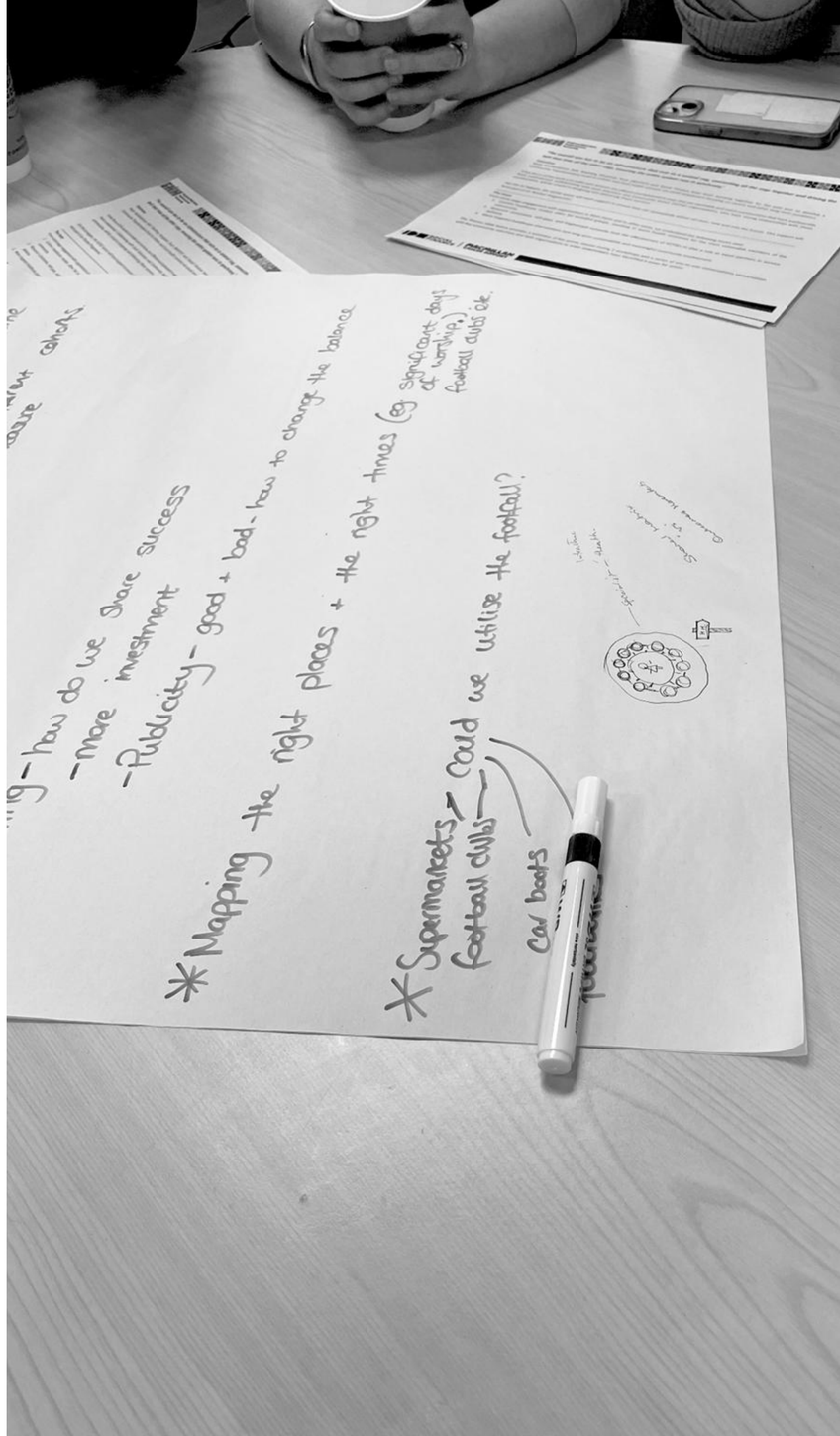
Co-designed Impact & Evaluation Framework

Outcomes & Experiences

Impact will be measured in ways that are meaningful to both communities and the local health and care system priorities. The aim is to co-create an evaluation framework with local people to capture both outcomes and experiences. This will include qualitative and quantitative data and ensure that insights from people with lived experience guide how success is understood and built upon.

Key domains of impact will include:

- **Access and equity** – Are services reaching people and communities previously excluded?
- **Experience of care** – Do people feel heard, respected, and supported?
- **Quality of life** – Are people living well with cancer and long-term conditions?
- **Support for carers and families** – Are informal carers better recognised, resourced and connected?
- **Community connection and trust** – Is there stronger trust between communities and services?



Funding & Investment Model

Anchor Fund Structure:

Anchor Fund Structure:

- Macmillan Non-Repayable Anchor Grant to initiate core infrastructure and co-production
- Community Transformation Fund (CTF) via Social Finance – outcome-based and non-repayable
- Anchor Microgrants for grassroots groups
- Anchor Infrastructure Grants for medium/large VCFSEs to scale up
- Commissioning alignment with ICS/HCP service and social model priorities

New Investment Line: Community Transport:

- Investment in community transport solutions for cancer and LTC patients who face barriers in reaching services
- To include volunteer driver schemes, subsidised taxis, or mobile outreach
- Particularly supports outpatient care, chemotherapy/radiotherapy access, and engagement in prevention/rehabilitation services

Governance Structure:

Strategic Oversight Board:

- Representatives from: Macmillan, WHHT, ICB, Social Finance, West Herts Hospital Charity, PCN CDs; VCFSE representatives with lived experience
- Responsible for: strategic alignment, investment sign-off, risk management

VCFSE Panel & Lived Experience Board

- Representation from small-medium community organisations and lived experience partners
- Co-design of funding criteria, insight gathering, communications

Delivery Working Group (~~fortnightly~~)

- Local INT leads, hub managers, and Community Coordination Centre staff
- Responsible for programme operations, sequencing, and local adaptation

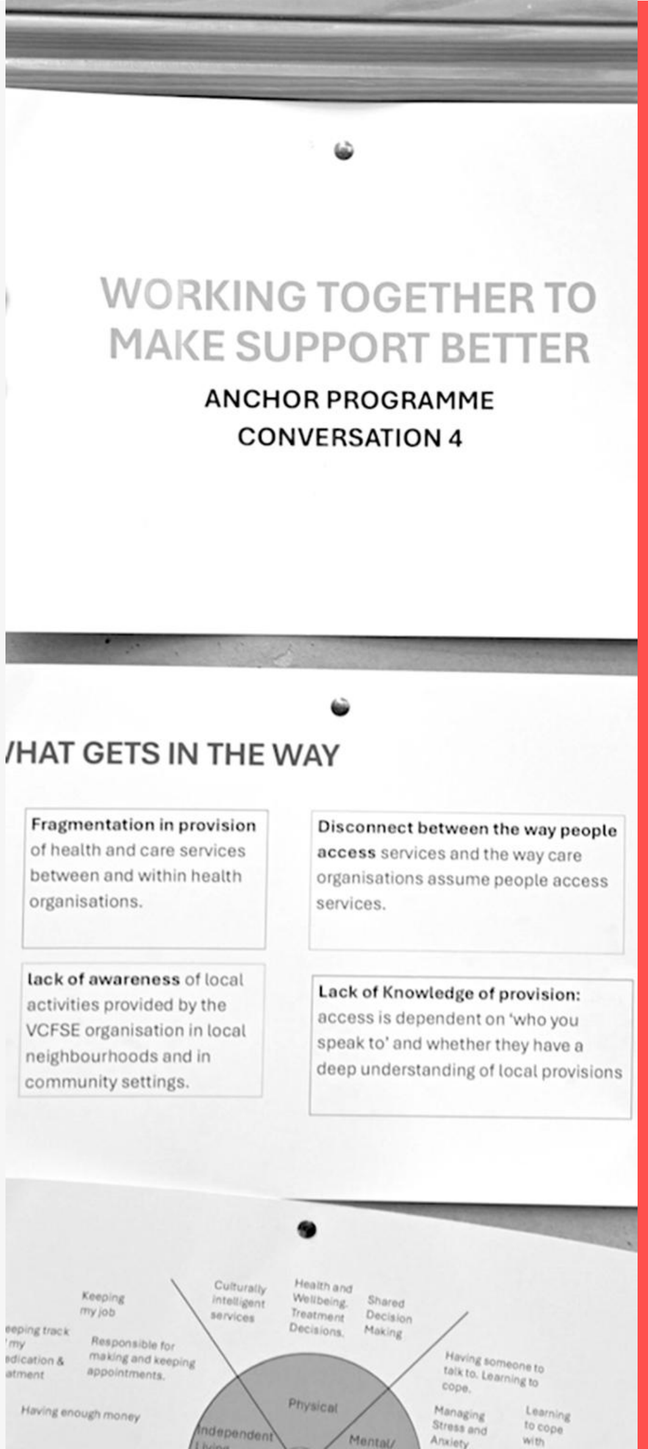
Video Links

A Personal Journey:
Ruth Grewal v4

West Herts Community Anchor Programme:
https://youtu.be/vCm4Ivr9yS4

Final Reflections

Simplifying Complexity to Build Lasting Change



6.

[The Engagement Process

The project demonstrated that meaningful change is often messy and challenging — but also deeply rewarding.

Through honest engagement and a commitment to work with, rather than around, community complexity, we have started to build the trust and shared vision needed for long-term transformation. This work lays the foundations for a more inclusive, collaborative, and sustainable future.

Final Reflections

At this phase of the Community Anchor programme, it is important to acknowledge both the richness, the challenges and complexity of the journey so far.

Engaging across sectors, communities, and lived experiences has meant navigating different priorities, expectations, past experiences of engagement. At times, this has brought discomfort— in terms of competing agendas, the limitations of short-term funding and fragmented systems. These are not anomalies but features of doing work that is grounded in trust and authenticity. In several workshops and one-to-one interviews, participants reflected on the emotional labour of working in this space, the fragility of cross-sector partnerships, and the deep-rooted mistrust that can exist when communities feel unheard or exploited.

Despite these challenges, the process itself remains a critical mechanism for change. Building sustainable, long-term relationships means working through discomfort, ambiguity, and competing agendas. The anchor approach is not a neat, top-down initiative—it requires patience, reflection, and a willingness to sit with complexity.

This is especially true when co-producing with individuals and communities living in the areas of the greatest inequality. The work has highlighted that structural transformation cannot happen without relational infrastructure: connection, cultural intelligence, and shared ownership. While it is slower and harder than traditional models of programme delivery, this approach is what allows us to shift from transactional to transformational change – where systems are not just improved but reimagined with the people they exist to serve.

Thank You!

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