

# The role of community organisations in creating inclusive services

**Cultural competence and inclusive services are essential for tackling health inequalities.** If health services are to produce positive health outcomes for communities and tackle health inequalities, they need to be culturally competent and inclusive. The VCSE sector have an important role to play in this. In particular, local community organisations are well placed to ensure that the services they provide are accessible, acceptable and available for their communities.

**There are four key roles which community organisations play in helping to create inclusive services which tackle health inequalities:**

1. Service design and adaptation
2. Service provision – holistic approaches to health and care
3. Voice and advocacy for marginalised groups
4. Information and insight gathering

**However, there are challenges and barriers which prevent community organisations from carrying out this role. These are:**

- Information and awareness
- Structural and systemic barriers
- Funding and capacity
- Accessibility and language
- Trust
- Leadership and culture

**Key messages for the health system:**

- Community organisations are rooted in their communities and know the nuances of the local area and the problems and issues people face.
- There are pockets of good practice where the VCSE sector and health system are working well together to create inclusive, culturally appropriate services which address health inequalities.
- Pockets of good practice will only ever be pockets if there is not system change to enable the VCSE sector to work collaboratively with commissioners and get lived experience, expertise and local knowledge into the heart of service design.
- This requires ICB-level commitment to culture change to make collaboration with the VCSE sector at all stages of commissioning possible and ensure that commissioning is driven by outcomes and not solely by price.
- Current engagement practices with the VCSE sector are not sustainable – collaboration is not free yet often relies on the resources and capacity of the sector and often happens late in the commissioning processes with short timelines.
- At all levels of the health system, there are actions which Primary Care Networks, local authorities, and Integrated Care Boards can do to support the creation of inclusive services.

**Locality's full report** sets out how the health system can recognise the role of the VCSE sector and support them to play their vital role to benefit all communities. ■

## Recommendations

While the health system continues to go through a sustained period of change, there is an opportunity to embed a new way of working with the VCSE sector to ensure that services are created to be inclusive and help to tackle health inequalities. As laid out in Locality's [Keep it Local for Better Health](#) report, an approach which prioritises neighbourhood-level coordination, place-level collaboration and system-level investment in the VCSE sector can help to tackle inequalities by supporting those organisations which are closest to, and most trusted by their communities.

### Information and awareness

1. NHS England and Department for Health and Social Care should work with the VCSE sector to produce training materials on the role and value of the VCSE sector in health and care. This should be tailored at a system and place level to inform staff about the local VCSE sector.

NHS England DHSC ICS Local authorities  
VCSE

2. ICSs should support VCSE Alliances and local authorities should support their local VCSE sector, to feed in real-time information about their communities to inform commissioning decisions.

ICS Local authorities VCSE

### Tackling structural and systemic barriers

3. DHSC should produce commissioning guidance for ICS and public health to ensure that there is early engagement of the VCSE sector in commissioning processes.

DHSC

4. Those delivering health services at a community level should be trained in trauma informed practice.

ICS PCN Local authorities

5. The VCSE sector must strive to be representative of all the communities that they represent and ensure the voices of the most marginalised communities are heard in the health system.

VCSE

### Funding and capacity

6. ICBs should ringfence part of the health inequalities and unmet needs adjustment in their core allocations to provide remuneration for community organisations to play a role in service design.

ICS

7. ICBs should demonstrate a long-term commitment to sustaining community approaches to tackling health inequalities by investing a portion of their health inequalities budget in the VCSE sector in their areas.

ICS

### Accessibility and language

8. NHS England, DHSC and all other bodies responsible for commissioning of health services should encourage the use of the health equity assessment (HEAT) tool in commissioning processes.

NHS England DHSC ICS  
Local authorities PCN

9. NHS England should produce language guidance for all levels of the health sector to ensure that the language used is accessible to those engaging with the system - from patients to partners.

NHS England

### Leadership and culture

10. Senior NHS leaders at all levels of the health system should commit to work proactively with the VCSE sector and put in place principles across their organisations for new ways of working with the sector.

NHS England DHSC ICS  
Local authorities PCN