The VCSE sector in prevention and primary care

Improving practice through real world learning

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Introduction

As the national membership network supporting local community organisations to be strong and successful, Locality has compiled this report on behalf of the NHS England People and Communities Directorate.

The formation of "VCSE Alliances" within Integrated Care Systems (ICSs) is an important step in embedding the voluntary, community and social enterprise sector within health systems.

On the back of this, this report seeks to continue NHS England's focus on addressing barriers and developing a greater understanding of the benefits of embedding the sector by exploring its role in prevention and primary care in neighbourhoods.

It is an important topic – within ICSs, VCSE organisations play arguably their most important role at the neighbourhood level. Their close connection, trust, and understanding of local people and the wider determinants of their health is a vital asset to the work of the NHS to keep people healthy in their communities.

Through a focus on real-life examples across the country, this research focussed on understanding the trends in VCSE involvement in prevention and primary care, including:

- how this involvement occurs
- how it supports shared local and national health outcomes, particularly in relation to tackling health inequalities
- the efficacy of different approaches and the reasons for this
- common themes appearing from this involvement
- factors for success.

On **page 13**, below, we have included a glossary of commonly used terms in this area to help both statutory and VCSE organisations understand each other's work.

Case studies

The six case studies around which this report is centred cover a range of examples of how statutory health partners and local VCSE organisations are working together across prevention and primary care.

In Leeds, one Primary Care Network (PCN) is using the Additional Roles Reimbursement Scheme (ARRS) to fund a local VCSE organisation to hire "Patient Ambassadors". These Social Prescribing Link Workers support local people from a range of ethnic groups across the wider determinants of their health following initial engagement with the organisation's Cultural Food Hub.

In East Sussex, a group of VCSE organisations deliver **Making it Happen**, funded by the County Council's Public Health team. As an asset-based community development (ABCD) programme, it supports people to connect with others, find the right knowledge, expertise, resources, or information, and access funding to create positive community-led change locally.

Partners measure the impact of this change according to the wider determinants of health and people are referred into resulting groups and activities through social prescribing.

In Corby, North Northamptonshire, a local VCSE organisation has opened **Active in Motion**, an exercise centre for older people and those with health conditions who face health, social, or economic barriers to accessing traditional gyms. The facility has proved hugely popular with local people and PCNs are able to refer individuals to it through an "Activity on Referral" scheme.

The facilities are also used by NHS physiotherapy, and chronic obstructive pulmonary disease (COPD) and multiple sclerosis services to provide rehabilitation and prevention activities to individuals through exercise.

Across Cornwall, the Integrated Care Board (ICB) has funded the development of "Community Hubs" in partnership with VCSE infrastructure bodies and local VCSE organisations. These buildings, spaces, or networks of local people provide help, advice, support, and activities designed to counter and prevent common mental and physical health conditions among local people in their communities.

One particularly developed Hub involves closer collaboration with primary, secondary and acute services, adult social care, and the VCSE sector. Together, they have designed 36 programmes for different, often overlapping, conditions.

In 2023, 170,000 people used a Community Hub. Fifty per cent stated they would have contacted a health provider (including 10 per cent calling 999) if they weren't available.

In Coventry, one local women's charity runs an award-winning service aimed at improving child and maternal health outcomes, reducing health inequalities, and increasing access to services for women from racially minoritised communities. This is now commissioned by the local NHS Foundation Trust as one of seven services that make up the wider Family Health and Lifestyle Service across the city.

All midwives (who are based in GP practices in Coventry) know about the service and can refer women directly to it. Many referrals also come from hospital trusts. In 2023, 90 per cent of racially minoritised women who gave birth in Coventry last year had accessed the service.

In Kensington & Chelsea and Westminster, the bi-boroughs' VCSE infrastructure bodies, local public sector partners and VCSE organisations have co-produced a strategy for embedding VCSE action in the health and care system to address health inequalities.

This includes **My Care My Way**, an integrated approach to promoting the health and wellbeing of people aged 65 and over, which includes funding for VCSE organisations to provide the activities to which individuals are socially prescribed.

In Westminster, the social prescribing service is run by the borough's VCSE infrastructure body and is supported by its staff also having access to shared patient data systems with primary care clinicians.

Key practical examples and learnings from these case studies are included throughout the "Benefits", "Opportunities", and "Factors for success" sections of the full report.

Benefits

Our research has found that the benefits of integrating the VCSE sector in primary care can be split into three distinct but related categories:

- **Better commissioned services** – When the VCSE sector is directly involved in the delivery of specific prevention services, they keep people healthier for longer while increasing the capacity of secondary and acute services.
- **Healthier communities** – Investment in the capacity and capability of the VCSE sector creates a both a strong avenue to those with the worst health outcomes and supports people to keep themselves and their communities healthier on their own.
- **A more impactful system** – Greater integration of the VCSE sector into prevention and primary care also helps to create a more broadly impactful, effective, and trusted local health system. For example, by supporting PCNs to deliver on the fourth ICS purpose (to support broader social and economic development) by maximising the social value of their services.

Opportunities

Having understood the benefits of VCSE sector involvement in prevention and primary care, we then explored opportunities available for realising them. These fall under four categories:

- **Design and delivery of personalised, preventative services** – VCSE organisations are key partners in the provision of personalised care pathways and prevention based on the wider determinants of health of local people.

  They are providers and facilitators of knowledge, training, and engagement to PCNs on their communities. And they are vital to influencing and delivering sustainable social prescribing strategies.

- **Provision and sharing of community spaces** – The 2022 Fuller Stocktake report on the next steps for integrating primary care highlights the need to make use of VCSE spaces and community assets, as worked so successfully in rolling out the COVID-19 vaccination.

  These spaces are well placed to host co-located primacy care services. They are also crucial for the social connection necessary to prevent isolation and the worsening of mental health requiring clinical support.

- **Community engagement and insight** – VCSE organisations are key partners in facilitating community engagement, research, and insight. Through trusted staff and within trusted, accessible spaces, this can support the co-creation of asset-based approaches to support those most affected by health inequalities.

- **Workforce integration** – VCSE staff can play a key role in the local health and care workforce as part of integrated neighbourhood teams. This evolution away from PCNs as top-down coordinators of local healthcare, as recommended by the Fuller Stocktake, can support the achievement of shared local goals by bringing together the widest range of practitioners supporting individuals with both the clinical and wider determinants of their health.

Factors for success

Finally, we gathered the key factors and learnings for success in integrating the VCSE sector in prevention and primary care. These fall under five categories and demonstrate how key challenges can be overcome:

- **Leadership and culture** - Effective collaboration with the VCSE requires committed drivers and leadership within PCNs to build a positive, trusting working culture. This means health partners understanding that VCSE organisations can, will, and probably already are, delivering high quality services that are keeping local people well. This trust is built over the long term and can be stymied by short-term funding for outputs-focussed commissioning. It's particularly important at primary care level that local VCSE organisations are provided with health system funding to run the activities and services to which people are socially prescribed.

- **Collaboration and communication** – Local forums and provider collaboratives, in which VCSE organisations are included, can be a strong tool for making collaboration happen. They can create clear points of connection between PCN leads and clinicians and VCSE organisations and are valuable for fostering the adoption of shared language. They also support co-production of the commissioning and grants process to get the best out of providers and their services.

- **Mutual capacity and capability building** - Increasing skills, capability and capacity within primary care for community development approaches increases their ability to work constructively with the VCSE sector, communities, and other partners like local government. Equally, investing in the capacity and capability of VCSE organisations, including in leadership roles and through shared training opportunities, helps to connect the great work that exists, develop locally-led strategic direction, and facilitate better integration.

- **Local flexibility** - As with all place and neighbourhood-based work, there must be a recognition that there is no one-size-fits-all approach. Local factors like

historical partner relationships, population group need, geographic differences in deprivation, local system structures, and levels of funding will determine how collaboration takes place.

- **Data sharing and impact monitoring** - Finally, the Fuller Stocktake rightly prioritises the need for shared data on population health, local wider health determinants, and patient records to help integrated neighbourhood teams operate effectively. These require shared systems and data-sharing agreements for VCSE insight and public health data to ensure priorities, strategies and services are fully informed and locally driven. There is also a need for a standardised format for data sharing and impact monitoring for showing the value and impact of the VCSE sector for prevention. However, we also heard the importance of shared clarity on what data need to be collected and why. This can involve "unlearning" primary care orthodoxies that haven't worked so far and support a pivot towards wider-determinants-focussed outcomes.

Introduction

This report has been compiled by Locality, on behalf of the NHS England People and Communities Directorate, to examine current information, intelligence, and insight on the role of the voluntary, community and social enterprise (VCSE) sector in prevention and primary care.

Context

The NHS England People and Communities Directorate lead a programme that supports the development and strengthening of "VCSE Alliances" within Integrated Care Systems (ICSs). These are leadership groups of VCSE organisations that exist in every ICS, working across the whole system footprint to:

- encourage and enable the sector to work in a coordinated way
- provide the ICS with a single route of contact and engagement with the sector and links to communities
- better position the VCSE sector in the ICS and enable it to contribute to the design and delivery of integrated care and have a positive impact on heath priorities, support population groups, and reduce health inequalities.

The important role of VCSE alliances at the system level of ICSs, and of the wider sector at place and neighbourhood levels, is emphasised in the NHS's ICS Design Framework:

> **"The VCSE sector is a vital cornerstone of a progressive health and care system. ICSs should ensure their governance and decision-making arrangements support close working with the sector as a strategic partner in shaping, improving and delivering services and developing and delivering plans to tackle the wider determinants of health. VCSE partnership should be embedded as an essential part of how the system operates at all levels. This will include involving the sector in**

governance structures and system workforce, population health management and service redesign work, leadership and organisational development plans.

"… Integrated Care Partnerships and the ICS NHS body [should] develop a formal agreement for engaging and embedding the VCSE sector in system level governance and decision-making arrangements, ideally by working through a VCSE alliance to reflect the diversity of the sector. These arrangements should build on the involvement of VCSE partners in relevant forums at place and neighbourhood level. A national development programme is in place to facilitate this in all areas".[1]

As part of this programme, NHS England have commissioned work to better understand the barriers and enablers to embedding the VCSE within ICSs as well as exploring how these can be addressed. This includes:

- NCVO, 2020, "Creating Partnerships for Success – the voluntary sector and health transformation"
- The King's Fund, 2023, "Actions to support partnership: Addressing barriers to working with the VCSE sector in integrated care systems"
- NHS England and The King's Fund, 2023, "A framework for addressing practical barriers to integration of VCSE organisations in integrated care systems"
- RSM, 2023, "Demonstrating and evidencing the impact of the voluntary, community and social enterprise sector in Integrated Care Systems"[2]

This report seeks to continue the focus on addressing barriers and developing a greater understanding of the wide-ranging benefits of embedding the VCSE sector by exploring its role in prevention and primary care.

[1] NHS, 2021, "Integrated Care Systems: design framework". Available at: https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf
[2] Available to download through link if logged into FutureNHS.

It is an important and timely topic for exploration – it is arguable that the most important role VCSE organisations play within ICSs is at the neighbourhood level. Their close connection, trust, and understanding of local people and the issues affecting their health represents a crucial tool to keep people well that the NHS cannot replicate alone.

This is key to the principle of subsidiarity which underpins the way ICSs are designed to operate: that decisions are made at the most local level appropriate. Where decisions are made that affect the services and support available to communities, the local organisations and infrastructure that are by, for, and of those communities must be at their heart.

However, we know that the perception, understanding, and involvement of the local VCSE sector at the neighbourhood level varies greatly across the country, from one Primary Care Network (PCN) to another.

This report aims to support PCNs, and the actors at the place and system levels within their ICS, to successfully understand the benefits of this collaboration, including for prevention, seize the opportunities it presents, and overcome the associated challenges.

About Locality and its members

Locality is the national membership network supporting local community organisations to be strong and successful. Our network of over 1,800 organisations supports hundreds of thousands of people every week across many facets of their lives.

As well as directly supporting local people to access health and care services, often within more disadvantaged neighbourhoods and communities, they also run a range of range of services that prevent illness and create health by supporting the wider determinants of local people's health. These encompass include welfare support, employment and skills, housing, the local environment, arts and culture, and more besides.

In fact, previous research has shown that, on average, they provide 13 different service types[3] to 13 different population groups, impacting 91 per cent of the wider determinants of health as listed in the Office of Health Improvement and Disparities' Inclusive and Sustainable Economic Framework.[4]

Glossary

As referenced further on in this report, divergent or unclear use of language can be a barrier to closer working between the VCSE sector and the NHS. For that reason, it is important to state from the outset what we mean by some key terms in this area.

- **Additional Roles Reimbursement Scheme (ARRS)** was introduced in England in 2019 to enable Primary Care Networks (PCNs) to claim reimbursement for the salaries (and some on-costs) of 17 roles within multidisciplinary teams. PCNs can employ these additional roles to address the specific needs of the local population, increase capacity, improve access, and widen the care offer.[5]
- **Asset-Based Community Development (ABCD)** seeks to create better places to live by focussing on "what's strong, not what's wrong". It nurtures and maximises the skills, networks, institutions, spaces and stories of local people and places to create community-led change.
- **Community anchor organisations** are the most established of community organisations. They:
    - are independent and community-led
    - tend to be multi-purpose, employing staff, providing services and activities, and managing community assets, to tackle local challenges

[3] Locality, 2020, "The Power of Community". Available at: https://locality.org.uk/assets/images/Power-of-Localitys-Network.pdf
[4] Locality, 2022, "The impact of community anchor organisations on the wider determinants of health". Available at: https://locality.org.uk/assets/images/LOC-CAWD-Report-2022-WG08.pdf
[5] See: https://www.england.nhs.uk/gp/expanding-our-workforce/

  - are committed to positive economic, social, or environmental change in their community, with any surplus funds reinvested in local impact
  - survive through generating a diversity of income streams, including trading goods and/ or services
  - provide a voice to local people in the shaping and delivery of community services

- **Colocation** refers to the situating of multiple cross-sector services within one physical space. For example, a centre run by a local VCSE organisation may provide its own community services, such as a food pantry, alongside statutory services like primary care or Jobcentre Plus. This helps to reach and connect local people in need of support with a wide range of services through one, trusted "front door".
- **Core20PLUS5** is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement.[6]
- **Fuller Stocktake** refers to a report published in 2022 by Dr Claire Fuller commissioned by NHS England to recommend the next steps for integrating primary care.[7]
- **Integrated neighbourhood teams** bring together primary care, community care, VCSE services, social care, public health and mental health services into a single integrated offer at the neighbourhood level. They aim to promote and embed collaborative working, reduce solo working, reduce duplication, and simplify care pathways.[8]

[6] See: https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/
[7] See: https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf
[8] See: https://www.hounslowhealthandcare.org/bbp-projects-and-workstreams/projects-and-workstreams/integrated-neighbourhood-teams-1

- Prevention broadly, refers to the actions taken to keep people well. It can be categorised in three tiers:[9]

    - **Primary prevention** involves taking action to reduce the incidence of disease and health problems within the population, either through universal measures that reduce lifestyle risks and their causes or by targeting high-risk groups.

    - **Secondary prevention** involves the systematic detection of the early stages of diseases and intervening before full symptoms develop.

    - **Tertiary prevention** involves reducing the impact of an ongoing illness or injury that has lasting effects, for example, helping individuals to manage long-term health conditions to improve their quality of life.

The VCSE sector has a key role to play in each of these tiers, both in improving individuals access to illness detection and care services, and, in the case of primary prevention, addressing the wider determinants of their health.

- **Primary care** services provide the first point of contact in the healthcare system. It includes general practice, community pharmacy, dental, and optometry (eye health) services.[10]

- **Primary Care Networks (PCNs)** are groupings of the providers of the above services in places. There are around 1,250 PCNs across England, based on GP registered patient lists and serving between 30,000 to 50,000 people. They are small enough to provide the personal care valued by both people and GPs, but large enough to have impact and economies of scale through better collaboration between GP practices and others in the local health and social care system.[11]

[9] See: https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/integration-and-better-care-fund/better-care-fund/integration-resource-library/prevention
[10] See: https://www.england.nhs.uk/get-involved/get-involved/how/primarycare/
[11] See: https://www.england.nhs.uk/primary-care/primary-care-networks/

- **Social prescribing** is an approach that connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing.[12]
- **Wider determinants of health** are the social, economic, and environmental factors that affect the health of individuals and populations, and the health inequalities they experience as a result. They include, among others, education, employment, social connection, and access to the natural environment.

Methodology

This research focussed on understanding the trends in VCSE involvement in prevention and primary care, including:

- how this involvement occurs
- how it supports shared local and national health outcomes, particularly in relation to tackling health inequalities
- the efficacy of different approaches and the reasons for this
- common themes appearing from this involvement
- factors for success.

To achieve this, we conducted the following research activities:

- **A literature review** of relevant stakeholder publications on the topic, including previous Locality research and that of NHS and VCSE infrastructure bodies, health and care think tanks and consultants.
- **Case study interviews** with VCSE and health system partners exploring varied and effective local approaches to collaboration in prevention and primary care.

[12] See: https://www.england.nhs.uk/personalisedcare/social-prescribing

- **An expert roundtable**, bringing together those local partners to share research findings, test their local and real-world application, and identify and fill any gaps ahead of the drafting of this report.

The report lays out the findings and examples from this research through the lens of the benefits and opportunities of VCSE involvement in prevention and primary care. It then provides practical learnings for place-based partners wishing to increase and improve their work in this area.

While it doesn't explore the wider system change required to support this more sustainably for the longer-term, this topic is explored in other reports, such as:

- Locality, 2023, Keep it Local for Better Health: How Integrated Care Systems can unlock the power of community, Locality
- The King's Fund 2023, Actions to support partnership: Addressing barriers to working with the VCSE sector in integrated care systems, The King's Fund.

The key information on the approaches taken within the six core case study areas is described in the next section. These examples are then referred to under the subsequent headings, along with some additional examples from other places, to provide practical context to the themes discussed.

Case studies

Hamara and Burmantofts, Harehills & Richmond Hill PCN – Cultural Food Hub model (Leeds)

Hamara is a community anchor organisation in Beeston, Leeds. It has grown to be the largest VCSE organisation supporting racially minoritised communities in the city.

It provides cradle-to-grave support across health, fitness, food, education, skills, social connection and more. It also runs specific support programmes for local people with learning disabilities and autism.

Central to Hamara's service provision is its Cultural Food Hub. The Hub was developed during the COVID-19 pandemic to offer culturally appropriate food to local people from the five key ethnic groups in the neighbourhood – African, Caribbean, South Asian, Middle Eastern, and Eastern European. It has now grown into a city-wide initiative, with Hamara providing food parcels to 38 grassroots organisations across Leeds.

As well as providing healthy and appropriate food to these communities, the Hub model also serves as a first point of contact with local people to understand the challenges they face across the wider determinants of their health.

The Burmantofts, Harehills & Richmond Hill PCN uses a "employ-deploy" model that draws on ARRS money to allow Hamara to employ a group of Social Prescribing Link Workers. Known as "Patient Ambassadors", these colleagues support people accessing the Hub with, for example, training, employability, and socialisation.

The PCN initially approached Hamara to provide this service because of their reputation and success within the local VCSE sector for delivering impactful

community development work. The contract isn't currently time limited, rolling along with a six-month notice period.

The PCN also funds space to meet for community groups focussing on, for example, men's mental health and pain management. Members can take part in activities, discuss the challenges they face, and receive information about relevant support services. Hamara also offers secondary prevention interventions to these groups when they're in the centre, including cancer screening and blood pressure checks.

Both Hamara and the PCN understand the value of culturally appropriate food as the draw for individuals from marginalised communities providing the opportunity to connect them to further primary and secondary prevention support. This has also been recognised by West Yorkshire Integrated Care Board (ICB), who have funded the model based on its impact on the NHS's Core20PLUS5 health inequalities agenda.

Sussex Community Development Association and East Sussex County Council – Asset-Based Community Development for better health and wellbeing (East Sussex)

Sussex Community Development Association runs community-based projects and services across Sussex, with a focus on the more disadvantaged coastal areas.

In association with VCSE infrastructure bodies across East Sussex, it delivers Making it Happen, an asset-based community development (ABCD) programme focussed on discovering, celebrating, and building on the positive things in local neighbourhoods.

The programme is focussed on 17 neighbourhoods across the county. These were chosen on the basis of Indices of Multiple Deprivation and Joint Strategic Needs Assessment data showing higher levels of disadvantage and dissatisfaction with living in the area and general quality of life.

As part of the programme, community development workers support people to connect with others, find the right knowledge, expertise, resources, or information, and access funding to create positive community-led change locally.

Making it Happen partners gather insight, reflections, and stories to illustrate the community building process. These draw out impact in relation to the wider determinants of health, as well as examples of how activity addresses avoidable differences in health across the population.

Sussex Community Development Association and partners measure the impact of this change according to the wider determinants of health, including: making healthy lifestyle choices, access to green and open spaces, impact on loneliness and social isolation, and emotional wellbeing.

The programme is commissioned by East Sussex County Council Public Health and has received five-and-a-half years of funding. The Council see ABCD as key to the prevention agenda in the county and complementary to the Sussex Working with People and Communities Strategy[13], and Sussex Health and Care Strategy[14], which links to integrated care teams.

Its procurement was informed by a report by the Director of Public Health on growing community resilience.[15] This highlighted the importance of the relational approach of ABCD to support the building of connections and trust vital to supporting local people to lead health-creating activities.

This longer-term, more organic approach is difficult for many funders, including for ESCC Public Health. It was necessary to include a clause in the Making it Happen contract stipulating that, should the annually agreed Public Health funding allocation be reduced, the service budget would be susceptible to these reductions and any other funding reductions required to meet the council's overall savings requirements.

Independent evaluation of the programme has shown "evidence of increases in self-confidence and self-esteem; lifestyle changes including exercising and socialising more, leading to self-reported improvements in physical and mental wellbeing; and developing new skills and capabilities which in some cases have translated into opportunities for employment etc. as well as greater sustainability of projects."[16]

At a neighbourhood level, many of the community development workers have forged good relationships with local social prescribers leading to referrals and strong cross-pollination. This has included information sharing but also individuals referred to the Community Development Workers going on to engage with others in their community and initiate their own activity.

Collaborations have been forged with other VCSE services too, including: Generic Infrastructure Services (supporting the resilience, capacity and capability of the local

[13] See: https://www.sussex.ics.nhs.uk/wp-content/uploads/sites/9/2022/10/Working-with-people-and-communities-strategy-FINAL-for-publication .pdf
[14] See: https://www.sussex.ics.nhs.uk/our-work/our-strategy/
[15] East Sussex County Council, 2015, "Growing Community Resilience in East Sussex: Annual Report of the Director of Public Health". Available at: https://www.eastsussexjsna.org.uk/resources/annual-public-health-report-2014-15-growing-community-resilience-in-east-sussex/
[16] See: https://making-it-happen.org.uk/stage-two-report/

VCSE sector); Amaze Sussex (working with families with SEND children); Diversity Resource International (working with ethnically diverse communities); Recovery Partners and Compass Community Arts (working with people with serious mental illness), as well as with statutory services, such as the Council's Substance Misuse Team and Family Hubs.

Active in Motion – Multiple referral routes for accessible and inclusive exercise centre (Corby)

In Corby, North Northamptonshire, the Active in Motion exercise centre is a recent addition to Adrenaline Alley, one of Europe's largest indoor BMX and skateboard parks. Adrenaline Alley is also a social enterprise, working with local partners and the community to provide a safe and secure environment principally for young people to be active and build skills.

Active in Motion opened in August 2023 after Adrenaline Alley's CEO recognised a lack of accessible exercise facilities in the area. As well as reinvesting £25,000 of Adrenaline Alley funds, she secured grant funding from FCC Communities Foundation to help refurbish the space, source and install low-impact, power-assisted exercise machines, and hire a team of accessible fitness experts to run the exercise centre. Active in Motion has so far not been funded by the health system.

The facilities are designed to support older people and those with health conditions who face health, social, or economic barriers to accessing traditional gyms. Funding is available to those otherwise unable to afford access, staff focus on understanding the background, needs, and abilities of each user, and the environment is kept calm and friendly. However, the exercise centre is also open to people of all ages and abilities to provide exercise at the appropriate intensity.

Active in Motion has proved very popular with the local community. In its first month, it attracted 144 users (33 per cent of whom had health conditions). Seven months later, it attracts 900 visitors (85 per cent with health conditions). Seventy per cent of users with health conditions have comorbidities. In surveying users, AIM has assessed that only 3-4 per cent would otherwise be accessing a traditional gym, and that 50 per cent wouldn't be doing any exercise at all.

Local GPs, practice nurses and social prescribers are able to refer individuals to AIM through an "Activity on Referral" scheme, coordinated by the charity Northamptonshire Sport. The facilities are also used by NHS physiotherapy, and chronic obstructive pulmonary disease (COPD) and multiple sclerosis services to provide rehabilitation and tertiary prevention activities to individuals through exercise.

> **"Spring is a social prescribing programme working with adults aged 18+ who have long term health conditions / disabilities and low levels of emotional wellbeing. The Active in Motion exercise centre now plays a huge part in us being able to support our participants in achieving this! Twenty-one Spring participants have joined AIM since January this year, with a further 20 participants on the waiting list. The feedback from Spring participants has been very positive and has also highlighted the benefits to them in reducing isolation and increasing social interaction, due to the friendly, warm, and welcoming environment Active in Motion offers." - Social Prescribing Link Worker, Age UK Northamptonshire.**

Volunteer Cornwall and Cornwall and Isles of Scilly Integrated Care Board – creating health locally through Community Hubs (Cornwall)

Since 2022, the Cornwall and Isles of Scilly ICB has funded the development of "Community Hubs" in partnership with VCSE infrastructure bodies Volunteer Cornwall and Cornwall Voluntary Sector Forum, and local VCSE organisations.

A Community Hub may be a building / space or a network of local people providing safe spaces for other residents. They provide help, advice, support, and activities designed to counter loneliness, keep people healthy in their communities and manage existing conditions like diabetes, cardiac and respiratory diseases, and frailty.

Information about local Hubs and their services is accessible to individuals through the "Community Gateway" telephone and email service and numerous local established routes.

There are now more than 50 Hubs across Cornwall, supported to develop by a cohort of ICB-funded "Community Makers". Each Hub is provided with annual funding of between £10-20,000 per year depending on the amount and regularity of services they are able to provide.

The network is funded by the ICB as a vital model for the personalisation of support, preventing ill health, tackling health inequalities, and reducing pressure and cost on GP, acute and secondary care services across the ICS.

The ICB based this funding on the efficacy of the network in deploying winter support funds in 2022/23 to establish "warmth hubs". A further year's funding for the model for 2023/24 was secured following an independent evaluation demonstrating the model's

diverse and comprehensive impact on users' wellbeing, high levels of user satisfaction, and the clear reduced pressure on more acute healthcare providers.[17]

Particularly innovative work is taking place in Launceston, north-east Cornwall. This rural area situated between Dartmoor and Bodmin moors is home to a large farming community. The population experiences above average rates of long-term health conditions, particularly relating to mental health, with poor quality and security of housing and high unemployment.

The nearest acute hospital is across the Devon border in Plymouth – one hour away by car and with poor public transport links. As such, many people present to their GP with problems, particularly distress and poor mental health, putting pressure on the practices. Five per cent of registered patients account for 15 per cent of appointments. VCSE provision is also more challenging than in urban areas, with fewer groups available to provide support and in more isolated locations.

The "Community Inequalities Hub" here involves closer collaboration with primary, secondary and acute services, adult social care, and the VCSE sector. Together, they have designed 36 programmes for different, often overlapping, conditions.

Having access to patient records and waiting list details, the PCN is able to invite individuals to the Hub – located in the local area of highest deprivation – to receive more timely, rounded and effective support for one or multiple conditions from VCSE and clinical staff.

The ICB is not the only funding source for the Community Hubs model, as individual Hubs source their own grants. However, the ICB does plan to provide a further £770,000 to support the model in 2024/25, reaching over 16,000 attendances each month.

[17] Helpforce, 2023, Community Hubs Evaluation Report. Available at: https://storage.googleapis.com/helpforce/Cornwall-Community-Hubs-Phase-1-Evaluation-report-May-2023-v4-FINAL.pdf

FWT – A Centre for Women and South Warwickshire University NHS Foundation Trust – VCSE child and maternal health programme embedded in local health services (Coventry)

Since 2001, FWT – A Centre for Women in Coventry has been running MAMTA – an award-winning service aimed at improving child and maternal health outcomes, reducing health inequalities, and increasing access to services for women from racially minoritised communities.

This includes cascading key national health messaging around pregnancy and perinatal health – e.g., on smoking, eating, weaning, and breastfeeding – in an inclusive and accessible way. As a women-only centre, it is a safe and trusted place for service users. There is a bank of language skills across the staff team, or accessible via translators.

Originally focussed in the Foleshill area of Coventry, MAMTA is now commissioned by South Warwickshire University NHS Foundation Trust as one of seven services that make up the wider Family Health and Lifestyle Service across the city. It has been funded from 2018 to 2025, with the potential for extension to 2027.

Originally, FWT staff would take on the labour-intensive role of personally attending local GP practices to make women aware of the service. Now, all midwives (who are based in GP practices in Coventry) know about the service and can refer women directly to it. Many referrals also come from University Hospitals Coventry and Warwickshire NHS Trust.

MAMTA is now offered to every racially minoritised pregnant woman in Coventry and is run as both a "universal" and a "targeted" service.

The universal version ensures that all such women receive certain key health messaging at certain points in their pregnancy.

The targeted version is aimed at women who are recent arrivals to the UK, have little or no English language skills, and / or are pregnant for the first time. These women receive closer support until their baby is three months old.

In 2023, 1,300 women were referred to MAMTA. Fifty per cent of these lived in target areas of high deprivation, while the other 50 per cent came from the rest of the city. Three per cent were asylum seekers and refugees. In total, 90 per cent of racially minoritised women who gave birth in Coventry last year had accessed the service.

Kensington & Chelsea Social Council, One Westminster and North West London Integrated Care Board – sharing data and funding with the VCSE sector to deliver effective integrated services (Kensington & Chelsea and Westminster)

In Kensington & Chelsea and Westminster, the bi-boroughs' VCSE infrastructure bodies have worked closely with local public sector partners and VCSE organisations to co-produce a strategy for embedding VCSE action in the health and care system to address health inequalities.[18]

Included within this strategy are several models of collaboration at the primary care level that ensure access to funding and data for the VCSE sector to effectively integrate it in patient care pathways.

For example, My Care My Way is an integrated approach to promoting the health and wellbeing of people aged 65 and over. It includes, and was co-produced by, GPs, NHS organisations, social services, VCSE organisations and patients themselves. The programme is currently funded until March 2025, and this is likely to be extended.

Once referred into the service, the patient is supported by this multidisciplinary team, including a dedicated case manager, to create a care plan that all parties understand and contribute to.

The team includes social prescribers, and the model includes funding for VCSE organisation to provide the activities that individuals are prescribed to. This funding is

[18] Kensington & Chelsea Social Council and One Westminster, 2023, "Doing things differently: A strategy for embedding voluntary and community action in the health and care system to address health inequalities". Available at: https://www.kcsc.org.uk/sites/kcsc.org.uk/files/Kensington%20%26%20Chelsea%20and%20Westminster%20VCS%20strategy%20-%20Jan%202023%20%281%29.pdf

not extensive but is seen as a much more positive model than many other social prescribing schemes which only fund the assessment and referral process conducted by a Link Worker.

The original reasoning for commissioning the service was to "shift acute activity and flow into the community, reducing unplanned activity and increasing the proportion of planned interventions". It was recognised that the best approach would be to commission a service to be delivered by primary care, NHS community services and the VCSE sector, as a partnership can provide a more person centred, holistic approach.

In Westminster, social prescribing is delivered by One Westminster, the borough's VCSE infrastructure body. The service began in March 2020 – just after the first Covid-19 lockdown started – and is funded through ARRS on an annual basis.

As previous Locality research has shown, when social prescribers are based within the VCSE sector, including in local community anchor organisations, rather than in PCNs, the quality of their service is much higher.[19]

One Westminster was in long-term discussions with what was Westminster Clinical Commissioning Group prior to social prescribing being rolled out. It did a lot of lobbying and developed a model of service before being contracted to undertake the work. At the same time, it also managed to persuade Central and North West London NHS Foundation Trust to commission it to recruit Mental Health Social Prescribers working out of their "Mental Health Hubs".

[19] Locality, 2023, "Creating health and wealth by stealth: Community anchor organisations, prevention services, and the wider determinants of health". Available at: https://locality.org.uk/assets/images/LOC-CAP-Report-2023-WG05-3.pdf

Westminster's social prescribing service is supported by these staff also having access to shared patient data systems with primary care clinicians.

For example, social prescribers have access to SystemOne – the patient record platform used by GPs. These staff can see appropriate patient case notes and can write into the record to share information with clinicians about the individuals' social prescribing journey. They also use the Joy app, which allows them to manage and monitor individuals' social prescribing activities and measure their impact. This can also be shared with clinicians.

Benefits

The examples above illustrate the benefits of greater involvement on the VCSE sector in prevention and primary care as borne out by the existing literature in this area. They can be split into three distinct but related categories:

- Better commissioned services
- Healthier communities
- A more impactful system.

Better commissioned services

When the VCSE sector is directly involved in the delivery of specific prevention services, they **keep people healthier for longer** while **increasing the capacity of secondary and acute services**.

For example, in social prescribing, we have seen how the delivery of the link worker role by local VCSE staff and within their spaces improves the quality of the service they provide.

Being often from the communities they serve, these staff are able to provide a highly informed services based on in-depth knowledge of, and connection to, local people, the challenges they face, and the activities available to support them.

> *"We trust Hamara to know the best way to reach the community. This trust has fostered long-running relationships between us that helps us share and prioritise our work together"* – PCN Business Manager, Leeds.

Key to this effectiveness is the ability of local VCSE organisations, particularly community anchor organisations, to support local people across a wide range of their health determinants.

As mentioned, previous Locality research found that, on average, they address 91 per cent of the wider determinants of health either through the delivery of services

themselves or as "cogs of connection", signposting people to other support available locally.

This reduction in pressure means better clinical services that can focus their resources on those most in need of support. And the overall burden on the system is both reduced and spread more evenly across prevention, primary and secondary care. The net effect of this approach for the health system is clear.

For example, in Cornwall, the Community Hubs had a footfall of over 170,000 in 2023. Fifty per cent of the users stated they would have contacted a health provider (including 10 per cent calling 999, 20% calling 111, and 26% contacting mental health services) if they weren't available.

Clinicians in hospitals are therefore seeing the impact of the model and now GPs locally are bought into it; moving towards this social model of "formulation and intervention" rather than the medical model of prescription.

Healthier communities

Investment in the capacity and capability of the VCSE sector creates a both a **strong avenue to those with the worst health outcomes** and **supports people to keep themselves and their communities healthier on their own.**

VCSE organisations play a critical role in building trust and facilitating connection and relationships at the neighbourhood level. They can build bridges between clinicians and patients, particularly those the health system struggles to reach.

For example, in Leeds, Hamara's Patient Ambassadors also work with individuals in advance of medical appointments to help them manage anxiety, attend on the day, take notes, ask questions important to them, and help with follow-up care or appointments. For patients with intersecting, complex needs, they can extend care and engagement beyond the 10-minute GP appointment.

On the other side of Leeds, in Hyde Park, another VSCE organisation is supporting those least likely to attend purely clinical settings to access health care.

The Cardigan Community Centre building is home to the local PCN. This allows the PCN to deliver services closer to the community, saving time and targeting need. Clinical support is provided from one of the rooms in the centre, allowing people to feel more comfortable in a setting they often trust more than their GP surgery.

In the longer term, by supporting community infrastructure locally, ICS partners and PCNs can help to enable individuals and communities to support themselves and each other. This reduces their need for further recourse to clinical services in the future.

The Making it Happen programme in East Sussex is a strong example of this. With long term investment in the programme by the East Sussex Public Health team, the programme has been able to support local people to establish their own asset-based, community-led groups directly addressing the health and wellbeing of local population groups.

These groups have begun to organically connect up between places to form a network for shared learning and influencing of statutory partners. Individuals can also be referred into these groups by local social prescribers. However, this must be balanced with the ability and desire for these groups to expand, and the provision of further funding from the health system if so.

"We don't want to spend loads of time trying to prove that what they're doing is working – we know it works. Doing that would take lots of unnecessary time and effort" – Programme Manager for Integrated Neighbourhood Teams, East Sussex County Council Public Health.

More impactful system

A greater integration of the VCSE sector into prevention and primary care also helps to create a **more broadly impactful, effective, and trusted local health system**.

For example, by increasing and improving involvement of VCSE organisations, PCNs can help to deliver on the fourth ICS purpose (support broader social and economic development) by maximising the social value of their services.

The types of prevention-first, people-centred, wider-determinants-led services that VCSE organisations provide contain intrinsic social value. They also provide economic value at place, keeping funding in the local economy through a local workforce, local suppliers, and local activities.

In the boroughs of Kensington & Chelsea and Westminster, a social return on investment (SROI) evaluation of My Care My Way in 2019 found that every £1 of investment in the scheme generated £3.20 return. This includes the value of subjective health and wellbeing improvement, and around £1.65 to £1.80 in resource savings for GPs, hospitals, and social care.[20]

The approach doesn't just mean outsourcing and siloing community-led working to the VCSE sector, though. By working more closely with VCSE organisations, including through co-location, PCNs can grow their own knowledge, capabilities, and trust with the community. This has a knock-on benefit for the quality of services being delivered to local people.

This is illustrated well in the Launceston version of Cornwall's Community Hub model, with the closest co-working of the VCSE sector and PCN.

[20] Ibid, 9.

> "Learning is happening between VCSE staff and clinicians on the intersection of the social and clinical determinants of health, how they relate to each other, and how they can be most effectively supported together" – **Lead Chartered GP Clinical Psychologist, Launceston Medical and Tamar Valley PCN.**

Opportunities

Having understood the benefits of VCSE sector involvement in prevention and primary care, we now detail the different opportunities available for realising them. These fall under four categories:

- Design and delivery of personalised, preventative services
- Provision and sharing of community spaces
- Community engagement and insight
- Workforce integration.

Design and delivery of personalised, preventative services

VCSE organisations are **key partners in the provision of personalised care pathways**. They are able to share data sets and population health management tools with PCNs to identify, segment, and target key groups.

They also engage individuals where they are and on their own priorities and support needs. They plan and redesign trusted services accordingly, including through more impactful social prescribing.

The work of Active in Motion in Corby is a good example of this. Their focus is on maximising the social value of the service by delivering support in safe spaces that are as personalised and accessible as possible. This allows them to support people with long-term physical and mental health conditions to access fitness activities where they would otherwise be excluded from the traditional ways they are delivered.

"Active in Motion is a highly valuable resource to the community of North Northamptonshire. The unique equipment offering has opened up opportunity for those who have movement limitations, or who may not feel confident in the standard gym setting, to safely and confidently participate in regular exercise, supporting longer-term health and wellbeing. It's a fantastic service which I highly recommend to service users." - Specialised Physiotherapist, Community Stroke Team, Northampton General Hospital NHS Trust.

In East Sussex, Just Friends, an asset-based lived experience organisation for people who have been bereaved or who live alone, was developed by local communities and supported by the Making it Happen programme. PCNs are now referring patients to the group and are exploring ways to provide funding to sustain their existence.

And the integration of such VCSE-led pathways in primary care has been particularly effective in Coventry. Midwives working out of GP practices have full understanding of the MAMTA services and can refer women to it without any effort from FWT – A Centre for Women.

Relatedly, local PCNs also provide FWT – A Centre for Women with the list of women within their target communities who have not attended cervical cancer screening. Staff then reach out to these women and provide them with support to access the service.

VCSE organisations are also **key to the provision of prevention based on the wider determinants of health of local people**. They have real-time access to the trends in what local people say about those determinants day-to-day and they are set up to respond with support services, or at least to signpost to services provided elsewhere locally.

"The SROI of VCSE organisations doing their day-to-day work in this way, without direct support from health system, needs to be better understood as crucial to local health creation that benefits the system" FWT – A Centre for Women, Coventry.

VCSE organisations are also **providers and facilitators of knowledge, training, and engagement to PCNs** around local communities' views of health, wellbeing, and access to services, and how to address these meaningfully in practice.

Finally, here, they are also **vital to influencing and delivering sustainable social prescribing strategies**, including by: mapping and demonstrating the value of funded community-led delivery of activities, creating successful referral schemes, and demonstrating the need for longer-term support for community infrastructure that supports people's health and wellbeing.

Provision and sharing of community spaces

The Fuller Stocktake emphasised the need to address and rethink the way that primary care uses space. It stresses that this is about more than just the number of buildings in the estate; it is about finding ways for those spaces to facilitate the integration of health services.

In doing so, it highlights the need to make use of, among other things, VCSE spaces and community assets, as worked so successfully in rolling out the COVID-19 vaccination.

The ABCD approach taken by organisations like Sussex Community Development Association and partners in East Sussex increases the depth and breadth of mutual aid that, with longer-term support, can become the community infrastructure than underpins social prescribing.

These spaces are **well placed to host colocated primacy care services.** This has two key benefits.

Firstly, it facilitates the physical interaction of VCSE and primary care staff to improve understanding and collaboration around wider-determinants-based prevention work. The Communities Inequalities Hub in Launceston, as described in the Cornwall case study on **page 25,** is a strong example of this approach.

Secondly, it promotes access to healthcare for those who are less likely to present at, for example, a GP surgery, due to stigma or lack of trust in clinicians and purely clinical settings.

The Cardigan Community Centre example in Leeds, on **page 18** above, is one example of this.

As is the approach of Mary House, a mental health charity and resource service primarily serving racialised communities and refugees in **Liverpool.** Two local GPs regularly visit groups at the centre, including a women's Seacole health support group to discuss, for example, the menopause, breast cancer, and gynaecological health – issues that the women may not feel comfortable discussing elsewhere or in clinical settings.[21]

As well as providing room for colocation, **community spaces are also crucial for the social connection necessary to prevent isolation and the worsening of mental health** requiring clinical support.

As previous Locality research has found, this is particularly important for the mental health and wellbeing of children and young people, for whom community spaces often provide "depressurised, third spaces" away from home and school.[22]

Community engagement and insight

VCSE organisations are **key partners in facilitating community engagement, research, and insight.** Through trusted staff and within trusted, accessible spaces, this can support the co-creation of asset-based approaches to support those most affected by health inequalities.

This includes "peer-led health promotion", helping those groups to receive health messaging and services in as accessible, inclusive and culturally competent a way as

[21] Ibid, 6.
[22] Locality, 2023, "Space to thrive: The role of community spaces in supporting the mental health and wellbeing of children and young people". Available at: https://locality.org.uk/assets/images/SpaceToThrive-Report-2023-update 2023-03-31-152406 rqel.pdf

possible – through people and in settings they trust. This is particularly valuable to realising the NHS's Core20PLUS5 approach.

In Leeds, this is the basis of Hamara's model of providing healthy, culturally appropriate food packages to residents from a range of backgrounds. They understood the importance of the food – crucially, the *right* food – as a facilitator of conversations and connections to both healthcare services (e.g., for COPD, blood pressure, diabetes, maternal health) and the wider determinants of health through social prescribing (e.g., isolation, low income, insecure food systems).

VCSE organisations supporting particular populations in local areas, such as FWT – A Centre for Women in Coventry, are often well placed to ensure that the impact of healthcare services is understood through the intersecting lenses of protected characteristics (e.g., gender, race, disability etc).

"Whilst midwifery and health visiting promote health and offer support to families during this time, we are aware that black, Asian and minority ethnic (BAME) families can be less trusting of government and, in turn, NHS communications. We commission MAMTA to ensure that health messages reflect the socio-cultural influences and drivers of behaviours, with health messages being closely linked to social identities and, in turn, more trusted by some than others." – General Manager, South Warwickshire NHS Foundation Trust.

In this area, it's important that engagement, insight, and research instigated by statutory partners through the VCSE sector is done properly and appropriately. It shouldn't be done purely for the purpose of extracting data from communities, unilaterally imposing solutions, and retreating without community accountability.

Workforce integration

VCSE staff can play a key role in the local health and care workforce as part of integrated neighbourhood teams.

This evolution away from PCNs as top-down coordinators of local healthcare, as recommended by the Fuller Stocktake, can support the achievement of shared local goals by bringing together the widest range of practitioners supporting individuals with both the clinical and wider determinants of their health.

This approach can be supported by PCNs through ARRS, funding roles like Social Prescribing Link Workers and Health and Wellbeing Coaches to be provided by VCSE organisations. Roles in social care including personal budget support are also well suited for provision by local VCSE staff.

In Leeds, as well as using ARRS to fund Hamara's Patient Ambassadors, the PCN also funds an Operations Manager to coordinate Hamara's wider health and wellbeing work, reaching and supporting people to access primary care that the PCN would otherwise struggle to.

In Cornwall, ICB-funded Community Health and Wellbeing Workers are employed within VCSE organisations across the ICS, working alongside general practice to support people to access the Community Hubs. These work closely with Social Prescribing Link Workers and the Community Makers.

In Kensington & Chelsea and Westminster, a review is currently underway into the impact of My Care My Way as part of the integrated neighbourhood team approach. It's recognised that the programme's case management and population health approach is a model of working that could be applied to such teams.

Factors for success

To help local partners maximise the opportunities and reap the benefits of VCSE sector involvement in prevention and primary care, we have gathered the key factors and learnings for success from our case study partners and wider research. These fall under five categories and demonstrate how key challenges can be overcome.

- Leadership and culture
- Collaboration and communication
- Mutual capacity and capability building
- Local flexibility
- Data sharing and impact monitoring

Leadership and culture

Effective collaboration with the VCSE requires committed drivers and leadership within PCNs to build a positive working culture. As such, PCNs should develop collaborative processes with the local VCSE sector.

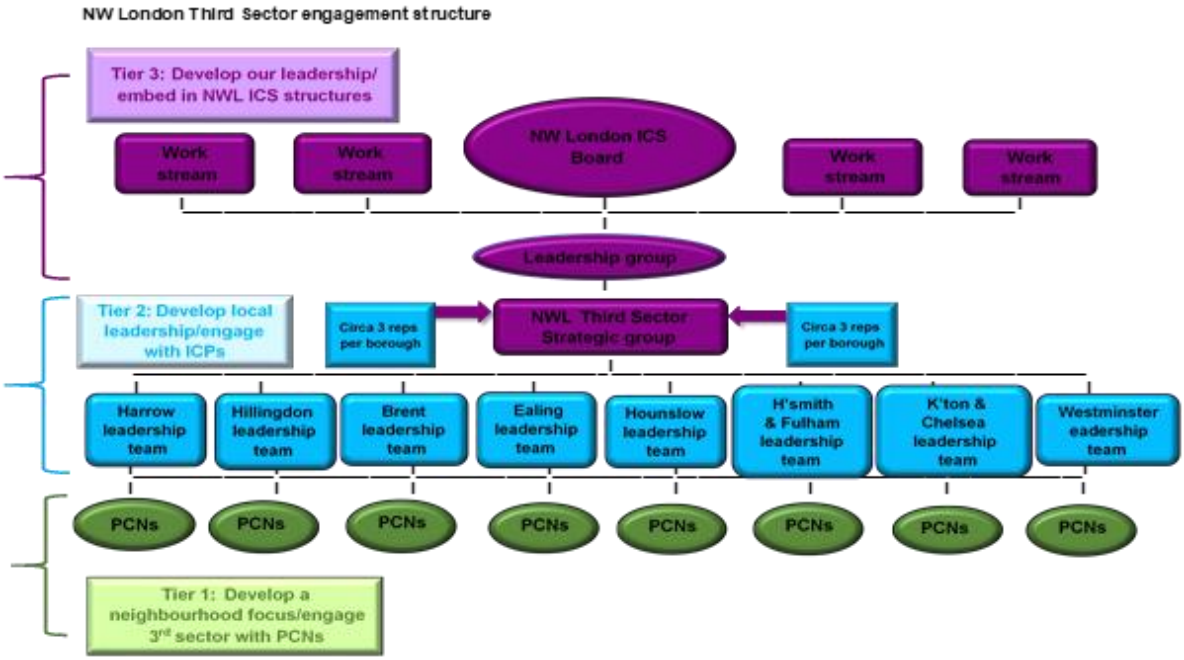
Indeed, the value of the VCSE sector needs to be recognised at all levels of the system. It should form a "golden thread" through system, place and neighbourhood level, with leaders laying out the vision and the role of the VCSE at each level. VCSE Alliances play a key role in facilitating this.

North West London ICB, of which Kensington & Chelsea and Westminster are part, has developed a positive model of this (see diagram below).

It involves taking a neighbourhoods focus and engaging the wider VCSE (or "Third") sector with PCNs. At this level of the ICS, integration of the sector is focussed on infrastructure development and improved collaboration and cohesion.

VCSE representatives from these neighbourhoods sit on place (borough) based leadership teams. The focus here is on shared local leadership and strategic influence by the sector.

From these, circa three representatives per borough sit on the ICS's VCSE Alliance – known as the North West London Third Sector Strategic Group – which feeds into the system Leadership Group and, ultimately, the ICB. Here, the focus is on ensuring a strategic commitment to the role of the VCSE sector in the ICS, leveraging support and resources, providing clear and consistent messaging, and designing and brokering service delivery with the sector.



This approach is crucial to provide a firm foundation for the long-term, trusted relationships required to make PCN-VCSE collaboration thrive. Where this is present, both parties are supported to pursue shared aims, planning and prioritising together, being honest about each other's limitations, and harnessing their different strengths.

This trust also means that health partners understand that VCSE organisations can, will, and probably already are, delivering high quality services that are keeping local people well.

Such trust is built over the long-term and can be stymied by short-term funding for outputs-focussed commissioning. Instead, primary care must support prevention activities that are focussed on communities' priorities, the strengths they have to address them, and the support they need to maximise these.

> **"The key to the health and care crisis lies in general practice, NHS community health services, social care, the VCSE sector and communities themselves working together to create good health locally" – Volunteer Cornwall, Cornwall.**

It's particularly important at primary care level that local VCSE organisations are provided with health system funding to run the activities and services to which people are socially prescribed. Often, organisations are expected to find the capacity to support additional clients for free. While they will do their best to accommodate this, it soon becomes impossible to service all the additional demand.

This leaves the individual without the support they need and have been prescribed, can damage the standing of the VCSE organisation in their community, and strains their working relationship with the PCN.

The partial funding of VCSE organisations to do this through the **My Care My Way** programme in Kensington & Chelsea and Westminter is a more positive, if not perfect, approach to this issue.

Collaboration and communication

It can be hard for PCNs, VCSE organisations and wider system partners to find or create opportunities to collaborate, share good practice, and co-design commissioning processes.

This is driven by several factors, including: minimal flex in the health system, difficulties in creating the required culture change, short timeframes, acute competing priorities, use of different language, and low capacity on all sides. There is also a historic power imbalance between the public sector more generally and the VCSE sector, with the former more used to making decisions and handing down opportunities unliterally.

VCSE Alliances provide a good conduit for discussing and working through these challenges at the system level of ICS. But we also heard testimony and examples from partners at place and neighbourhood level on overcoming them to work better together.

In East Sussex, there are positive results from strong partnership working between, for example, the council's Public Health team and the VCSE sector, and in some key neighbourhoods. Partners are keen to learn more about the key enablers, approaches and processes that have contributed to the effectiveness of Making it Happen and that could be hard-wired into other programmes.

Local forums and provider collaboratives are a strong tool for making collaboration happen. They serve as a helpful way of getting organisations together at place or PCN level to share information and work out problems.

For example, in Corby, Active in Motion sit on the Local Area Partnerships.[23] These are the structures for PCNs, NHS community services, local authorities and VCSE organisations at the neighbourhood level of Northamptonshire ICS.

The role of Local Area Partnerships is to bring together these teams from across health and care services and professions to:

- provide detailed understanding of residents' local health and care needs at a street and household level
- support residents to co-produce new services and solve problems by building trusting relationships and listening to their needs
- provide a simpler and more joined-up health and care system with fewer barriers between services and making sure that people only need to "tell their story once".

[23] See: https://www.icnorthamptonshire.org.uk/icp/

Active in Motion uses this forum to put across the vision of how their services can support the local prevention agenda – helping not only older people and those with health conditions, but also young people, to help support their mental health needs and develop a healthy relationship with fitness.

This approach can **create clear points of connection between PCNs leads and clinicians and VCSE organisations**. It provides the space and time for them to meet, build relationships, understand each other's priorities and methods, and develop a shared vision, values and principles for joint working.

In Cornwall, Community Hub partners see this as crucial to co-developing their new model of care – seen as "taking the *Buurtzorg model to the next level*".

It is also valuable for **fostering the adoption of shared language** – including that around the wider determinants of health – to support partners to coalesce around the value of prevention over prescription.

Finally, it supports **co-production of the commissioning and grants process to get the best out of providers and their services**. This includes developing a "VCSE commissioning framework", with a focus on "test and learn", partnership and alliance contracting approaches.

We heard from primary care clinicians of the importance of "starting small" with investment to show the impact of VCSE-led approaches that are already working, rather than trying to secure investment for pilots of new, untested initiatives. This can be helped by PCNs going "off-piste" to find clinicians who support these approaches.

We also heard how crucial it is for commissioners from all partners at place to work with providers, including the VCSE, to map what services already exist and who is best placed to deliver them.

This helps to understand and prioritise the sustainability of what's already working well, and prevent time wasted in constant search for "innovation".

Mutual capacity and capability building for all parties

Increasing skills, capability and capacity within primary care for community development approaches increases their ability to work constructively with the VCSE sector, communities, and other partners like local government.

In Cornwall, we also heard of the importance of champions within primary care pushing ideas where doors are more open and identifying allies in different services.

Doing so can provide a foothold in the system for the more radical, agile, and open ways of working that VCSE organisations can brings to primary care. From here, those champions can build momentum behind these approaches to bring other parts of the NHS on board. We heard of the importance of not underestimating the appetite for change within general practice in taking this path.

Investing in the capacity and capability of VCSE organisations, including in leadership roles and through shared training opportunities, helps to connect the great work that exists, develop locally led strategic direction, and facilitate better integration.

As well as investment in the community anchor model, we also heard in Kensington and Chelsea, Westminster, and Cornwall how the involvement of the local VCSE sector in prevention and primary care is helped by a strong, well-resourced local infrastructure body.

Councils for Voluntary Service and other similar organisations play an important role in, among other things, strategic conversations with the health system, connecting local groups and service user voice, and conducting local needs and impact assessments.

Local flexibility

As with all place and neighbourhood-based work, there must be a recognition that there is no one-size-fits-all approach. Local factors like historical partner

relationships, population group need, geographic differences in deprivation, local system structures, and levels of funding will determine how collaboration takes place.

As such, it can be difficult for ICBs to balance the requirements of NHS England with the need for flexibility at the local level, particularly with limited budgets.

Within primary care, this is demonstrated through the particular ways in which PCNs have often formed. Where this has occurred primarily on the basis of business considerations rather than a joint connection to local communities, it can result in the "footprint" of the PCN not corresponding to the local community's understanding of their neighbourhood (based on human geography, areas of deprivation, population demographics, or community infrastructure).

This creates difficulty for local VCSE organisations in working with PCNs to support local people effectively, particularly from a population health management perspective.

The Fuller Stocktake recognised this challenge and highlighted the need for *"full alignment of clinical and operational workforce from community health providers to neighbourhood 'footprints'"*. Achieving this requires close working between health system partners to understand how to address local challenges through collaboration, resource pooling and strength-sharing.

For example, in **Bradford District and Craven**, partners established thirteen "Community Partnerships" (CPs). These brought together each PCN with officers from other local agencies (community pharmacies, social care services, community nurses etc) and, critically, representatives from neighbourhood VCSE organisations.

Each CP supports a PCN population cohort of 30,000 to 60,000 people, with the mission to enable health creation activities that address the wider determinants of health.

Annually and collectively, each CP agrees local health priorities, commissions health creation activities, and identifies opportunities to add value to, or complement, existing or city-wide initiatives. This is resourced through national Core20PLUS5 funding.

The local VCSE sector is represented on each CP Leadership Team by a nominated community anchor organisation. Each has a commitment to understanding and developing the breadth and diversity of the sector in their neighbourhood. This includes through ongoing health asset mapping and outreach and support by the anchor organisation to their local health creation "ecosystem" of groups and activities.

Local partners report satisfaction with how the CPs are functioning. However, they do recognise that some neighbourhoods are better served by local VCSE organisations than others. As such, they see a role at system level for the VCSE Alliance and commissioners to support connection and infrastructure for smaller groups to build capacity and capability in these underserved areas.

Data sharing and impact monitoring

Finally, the Fuller Stocktake rightly prioritises the need for shared data on population health, local wider health determinants, and patient records to help integrated neighbourhood teams operate effectively.

Shared systems and data-sharing agreements for VCSE insight and public health data can help partners to ensure priorities, strategies and services are fully informed and locally driven.

We heard of the need for standardised format for data sharing and impact monitoring, including into existing systems for showing the value and impact of the VCSE sector for prevention.

The example of social prescribing in Westminster describes a positive approach in this area, with VCSE Link Workers being able to read and write into GP patient records and using a shared platform for the impact of referrals.

This can support fuller, cross-partner understanding of population needs and assets, required services, population health management approaches, and the impact of specific interventions (like social prescribing) on people and communities.

It can also allow an easier analysis of data to help decide, for example, how much ARRS funding should go towards preventative roles in the VCSE sector.

However, we also heard the importance of shared clarity on what data need to be collected and why. This can involve "unlearning" primary care orthodoxies that haven't worked so far and support a pivot towards wider-determinants-focussed outcomes.

This can then be followed by related tracking of the impact that VCSE-led services have on, for example, NHS priorities like bed days in hospital and number of anti-depressant or type 2 diabetes medication prescriptions.

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