Developing effective VCSE and Primary Care Network Relationships to tackle health inequalities

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A joint venture to support the local VCSE sector in Greater Manchester

Over the last nine months, five Voluntary Community and Social Enterprise (VCSE) Sector Organisations have been working collaboratively with Primary Care Networks (PCNs) on a pilot 'Test and Learn' Project. The project has sought to develop new and more effective relationships between VCSE organisations and PCNs, so that they can offer better advice, support and services to help improve their local community's health and wellbeing over their whole lifetime. It has an ultimate aim of understanding ways of addressing health inequalities across Greater Manchester, using the national 'CORE20PLUS5' model for tackling inequalities as a guide.

This 'Influencing Document' firstly explains the key learning and impacts of the relationship development activities between VCSE organisations and PCNs and upon local people and communities. It then details a series of recommendations for the Greater Manchester health and social care system around how we make this way of working part of our everyday work.

We see this as an important part of the Greater Manchester model for health and wellbeing. This is a 'social model' which focuses as much on the wider determinants of health as it does on medical treatment, and builds on the strong partnerships already in place with wider public services, the VCSE and our people and communities.

Our recommendations are therefore focused on how different people and organisations in a local area can work better together, and have shared ways of planning and delivering joined up health and care services, to improve the lives of people who live and work in Greater Manchester.

Taking action now is essential. Whilst some of the recommendations below require investment and the will and commitment to do things differently, the risk of doing nothing is far greater. Through this project we have seen that collaboration, leadership, and trying and learning new things together can change people's health outcomes and start to reduce the stark inequalities that exist in Greater Manchester. To create the opportunity for more people to live healthy, long lives, we need to change the way we work with communities and fundamentally challenge our approaches to delivery. Our goal is for these actions to help us continue on that journey.

Impacts of this work

The impacts of the 'Test and Learn Site' activities can be split down into three parts with key impacts as follows (amongst many others):

Impact upon beneficiaries - the sites activities have enabled people experiencing health inequalities to engage with their health by bringing health access to them, in their communities.

Impact upon PCN relationships - the sites have created and developed relationships, new pathways for individuals and fostered creativity in addressing the needs of excluded individuals.

Impact upon VCSE Organisation(s) - the sites work has developed new links, increased understanding and supported VCSE organisations to promote the voices of people with lived experiences of health inequalities within services.

Our Key Learning

The key learning from the 'Test and Learn Site' activities can be split down into the design of activities, the delivery of activities, and the challenges faced with sustaining activities. Independent evaluation was undertaken by Matthew Baquerizia-Jackson LTD.

Design

- Strong leadership and commitment has been critical to the impact of the sites;
- Success has been about using wider conversations and activities to stimulate discussions about health;
- The role of VCSE organisations has been integral to engaging with individuals experiencing health inequalities;
- The Sites have recognised the integral role of the CORE20PLUS5 model as a framework for designing their activities.

Delivery

- The Sites have demonstrated the importance of engaging people in places where they are able to engage, 'non-clinical spaces' in delivering effective outcomes in this project;
- Creating and sustaining relationships with individuals and communities is a critical step in tackling health inequalities;
- The Sites have recognised the vital role PCNs have played in the realisation of the outcomes of this project;
- it is clear that developing an approach that can impact at scale is vital in addressing the challenges of health inequalities.

Sustainability Challenges

- Longer, realistic delivery times are required to ensure sustainable impact in entrenched health inequalities
- Confidence in the role of partnership organisations is crucial to success. Uncertainty over the future of contracts between PCNs and VCSE organisations from March 2024 has been a limiting factor
- Ongoing engagement with individual beneficiaries to establish impact is challenging;
- Sustaining the positive impact associated with the pilot activities will require ongoing resources to be allocated
- Effective communication and dissemination of activities and impacts is critical to addressing health inequalities in the longer term.

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Matthew Baqueriza-Jackson

Our Recommendations

We have used the findings from our evaluation partner's report to offer a set of practical recommendations for VCSE organisations, primary care networks and the Greater Manchester Integrated Care Partnership. Our recommendations for action are as follows:

1. **Use the CORE20PLUS5 model as a basis for PCNs and VCSE collaboration** to support Fairer Health for All and a shift to prevention-based healthcare.

2. **Adopt long term, sustainable commissioning and investment approaches** that encourage collaboration and shared outcomes with the local VCSE sector.

3. **Develop collaborative VCSE and Primary Care Network partnerships in all ten localities** by investing directly into the VCSE sector.

4. **Put people at the heart of building healthy places and systems** by sharing power and decision making with communities and VCSE partners at all stages from strategic planning to development of new models of service delivery.

5. **Commit to a 12 month top-up grant to the five test and learn sites** to enable their established activities to continue so that these PCNs become 'early adopters' of this way of working.

6. **Invest in dedicated time, capacity and resource** for the Health Inequalities Lead within each PCN.

7. **Make more effective use of community and clinical spaces** to target and engage communities.

8. **Develop a consistent approach to measuring, understanding and communicating** the impact and value that VCSE providers and the wider sector brings in creating healthy, supported communities and place.

9. **Recognise the value of using other services as a critical gateway** to support people to talk about, and access support around their health and wellbeing.

10. **Use an asset-based model** when working with communities who've experienced marginalisation, discrimination, and multiple barriers to good health.

In focus: how to implement our recommendations

Here we discuss in more detail how our recommendations and learning can be put into action. Readers are encouraged to consider how the recommendations relate to their own lives and work, and to commit to taking them forward.

Use the CORE20PLUS5 model as a basis for PCNs and VCSE collaboration to support Fairer Health for All and a shift to prevention-based healthcare.

The CORE20PLUS5 model for tackling inequalities offers a helpful starting point for collaboration between VCSE organisations and PCNs. Its benefits are that it is evidence based with a number of resources to support implementation and helps local partnerships to identify where to target resources.

There should be some flexibility with the implementation of CORE20PLUS5, recognising that the communities who can benefit from these types of interventions don't always live in the 20% most deprived areas, nor have health issues or potential health issues in relation to the 5 clinical priorities.

As a relatively new model, efforts should be made to raise the profile of CORE20PLUS5 amongst the wider VCSE sector and health system. There should be training and support on understanding and using the model available via the Greater Manchester Fairer Health for All Academy.

As part of a wider shift towards a preventative model of health, Primary Care and VCSE partnerships should focus on developing 'upstream models of care'. An upstream model prioritises prevention and early intervention to improve people's health over a whole lifetime, rather than intervening when they are already unwell.

Adopt long term, sustainable commissioning and investment approaches that encourage collaboration and shared outcomes with the local VCSE sector.

The test and learn sites were able to establish effective relationships and working arrangements and deliver effective interventions in just six months, but without a sustainable and long-term approach to investment, developed partnerships risk falling away to the detriment of communities.

VCSE organisations are currently facing a fragile funding landscape, with contracts not keeping up with increases in costs, short-term contracts with lack of clarity around renewals, or Grantmakers funding inflationary costs but reducing the number of grants available.

A culture shift towards preventative health requires longevity and sustained collaboration, rather than competitive bidding processes which discourage partners from working together to build a shared approach to tackling health inequalities. Longer contracts and grants have a significant impact on VCSE organisations' ability to plan and deliver services, and reduce time spent bidding for funding, therefore freeing up additional capacity for delivery.

Working in this way also enables consortia working, which would increase the capacity of local partnerships, provide a continuity of service, and reduce the risk to any one VCSE organisation.

In focus: how to implement our recommendations

Develop collaborative VCSE and Primary Care Network partnerships in all ten localities by investing directly into the VCSE sector.

Direct investment into capacity for grassroots voluntary and community groups to develop strategic relationships with PCNs and local health partnerships is an essential part of integrated neighbourhood working.

VCSE leaders need the capacity and resource to build effective partnerships over time, ultimately helping to tackle inequalities more effectively and focus on prevention, rather than services that kick in when someone is already unwell.

A flexible and strategic investment fund would support VCSE and PCN co-designed activities that are accessible, sustainable and flexible. The use and focus of the fund should be decided locally, and co-designed between communities, voluntary and community organisations and primary care networks.

Guidance on governance for joint working and investment funds should be produced to support the establishment of these partnerships, with shared oversight via Locality Boards or Health and Wellbeing Boards. Where possible, this fund should enhance existing strategic grants programmes, such as Bolton's Fund and the One Oldham fund.

VCSE infrastructure organisations play an important role in holding and distributing funds and acting as a connector between PCNs and local VCSE organisations, helping to build confidence between the partners, facilitating a shared culture, and ensuring that investment helps to build long term voluntary and community capacity.

Put people at the heart of building healthy places and systems by sharing power and decision making with communities and VCSE partners at all stages from strategic planning to development of new models of service delivery.

We know that primary care still faces challenges with connecting and engaging with some parts of their local community - particularly those less likely to access primary care through traditional routes, because of practical or cultural barriers, or previous poor experiences with healthcare services. We need to move to a model where health and wellbeing support is co-owned and co-produced with the people living and working there.

There are a range of models to put this into action, including Community Health Panels which focus on addressing why health inequalities are present and what can be done to address them locally, collaborative commissioning, investing in Community Connectors with lived experience of inequalities, who can work closely with primary care services to improve pathways through co-design with local communities, or district (neighbourhood) based budgets for commissioning and delivery of community-led prevention activity.

In addition, the Greater Manchester Integrated Care Partnership should review its governance arrangements to ensure that people with lived experience are represented on all strategic and decision-making bodies and have parity of esteem with statutory providers when identifying solutions to unmet need.

In focus: how to implement our recommendations

Commit to a 12 month top-up grant to the five test and learn sites to enable their established activities to continue so that these PCNs become 'early adopters' of this way of working.

Our sites reported that one challenge of this project was the short six month delivery window, with some sites making significant breakthroughs towards the end of their delivery period. In particular, all of the sites recognised delivery had sometimes been undermined by concerns over the future of PCN funding arrangements beyond March 24, and that that it took time to build trust and understand each others ways of working.

The short timeframes have also been challenging for our evaluation partners to demonstrate real outcomes of quantitative impact upon beneficiaries of the site activities – we do however have lots of qualitative evidence of impact upon beneficiaries, relationships, and VCSE organisations.

An additional funding commitment would support these five partnerships to develop as 'early adopters' to build momentum and buy-in amongst all PCNs. Ongoing learning from these sites can be shared through the Fairer Health for All communities of practice and GM Primary Care Blueprint delivery.

This second phase of work will allow for further engagement of people less likely to access primary care service through traditional channels, utilising insight from the GM Intelligence Hub and VCSE groups. A continuation of the local partnerships delivered to date can also help to identify longer-term benefits to individuals, defined by common indicators across the sites.

Invest in dedicated time, capacity and resource for the Health Inequalities Lead within each Primary Care Network.

All PCNs are required to nominate a health inequalities lead. This may be the PCN's Clinical Director or another clinical or non-clinical member. This role is critical in ensuring that practices and the PCN as a whole have a robust understanding of the health inequalities experienced by its residents, and be able to drive forward innovative ways of addressing these. This role should be either a fundamental part of someone's responsibilities or a full-time role.

The roleholder should have sufficient time, capacity and clear responsibilities to enable them to act as a focal point and champion for tackling inequalities. Their responsibilities should include a requirement for practical partnership work with VCSE infrastructure organisations, the wider local VCSE sector, and other key partners including local authorities and local business.

They should have access to a robust training and peer support offer, including a network or peer support space in Greater Manchester which brings together Health Inequalities lead from all PCNs to learn from and support each other. This could be supported through the Fairer Health for All Academy and communities of practice.

In focus: how to implement our recommendations

Make more effective use of community and clinical spaces to target and engage communities.

Our sites reported that the value of a safe community space cannot be understated. Where sites offered support within established community spaces, they were able to make better links to other community based resources. In addition, PCN staff working from community bases reported improved knowledge of the local VCSE sector, and saw the benefits of a less direct, less clinical approach with individuals who have then gone on to engage with their health

The use of space can have a significant impact in someone's access to, and experience of health and wellbeing interventions. Primary Care Networks should work collaboratively with local partners to develop a clear understanding of how groups and individuals use different spaces, and explore the potential for 'non-clinical' spaces to be utilised more frequently in the delivery of health and wellbeing activity.

Local partnerships should look at harnessing the potential of community anchor organisations (large public sector and VCFSE organisations which are rooted in place and connected to their communities) in the local area to bring services closer to communities and offer greater patient choice.

In addition, work should be undertaken by the GM Integrated Care Partnership to understand some of barriers to using community spaces- for example compliance with CQC regulations- and issue guidance and support to GM Primary Care Networks to enable them to navigate these successfully.

Develop a consistent approach to measuring, understanding and communicating the impact and value that VCSE providers and the wider sector brings in creating healthy, supported communities and place.

Our test and learn sites highlighted the value of capturing impact in different ways- such a recording informal conversations with beneficiaries. In addition, the role of an independent evaluation partner was invaluable in supporting sites effectively collect outcomes data and reflect on their impact before, during and after delivery of interventions.

The GM Integrated Care Partnership and VCSE sector should work together to develop systematic ways of capturing stories and impact, with training and support to implement this across groups and organisations. Work should be undertaken to explore how the Greater Manchester Intelligence Hub can be used by PCN and VCSE collaborative partnerships to understand and act on inequalities locally, and measure the impact of joint work over the longer term.

As part of the ambition to shift resources towards prevention and a social model of health, further longitudinal or randomised control studies, supported by ongoing independent evaluation, would help to build additional evidence about the long-term value of effective community and primary care based support- for example reductions in long term sickness which benefits local economies, and increased life satisfaction rates. This should include support and investment to grow VCSE sector capacity and capabilities to collect, share and use data as part of local decision making.

In focus: how to implement our recommendations

Recognise the value of using other services as a critical gateway to support people to talk about, and access support around their health and wellbeing.

Our test and learn sites were able to effectively engage with people who had 'fallen through the gaps' or those who'd had poor experiences of the health system previously, and were therefore reluctant to access primary care services. Leveraging different services can help reduce the stigma associated with discussing health and mental wellbeing- individuals might feel more comfortable seeking help in less clinical settings, which can ultimately lead to early intervention and improved outcomes.

Local partnerships should look at collectively sharing information and guidance amongst its workforce to support conversations around health and wellbeing in different environments- for example the role of active listening, empathy, and recognising potential issues.

Primary Care Networks should work with VCSE, local authority and wider partners to identify different routes to support and establish clear referral pathways, supported by effective data sharing agreements to enable a better flow of information between organisations. These routes might be via a housing provider, creative activities which stimulate important conversations about health and wellbeing, or peer support groups who sharing information in a culturally appropriate way.

At a neighbourhood level, this is about developing a way of delivering person-centred services and support through different 'front doors'- starting with where people live, work, engage, and feel safe.

Use an asset-based model when working with communities who've experienced marginalisation, discrimination, and multiple barriers to good health.

This project has simply not been about raising awareness about health challenges and tackling health inequalities – instead it has been about creating and sustaining relationships with individuals and communities as a way of sharing information, and also engaging in wider activities.

Although it is important to recognise the gravity and impact of multiple health inequalities and barriers to good health, communities are not a complex mass of needs and problems, but a source of strength, connections and skills.

Each Primary Care Network and its VCSE partners should hold a shared and robust understanding of its local communities' assets, and mobilise people, groups and institutions to come together to realise and develop their strengths. This supports a 'more than medicine' approach where we build on what is already there to help communities feel healthy, supported and connected.

This could mean bringing together VCSE and primary care providers to look at how support can be better integrated- for example health checks that are integrated with broader welfare and social support, ensuring people have access to social, financial and emotional support as well as any clinical care they need.

This approach supports a local, whole system approach that is able to better respond to complexity and recognise what is important to communities, rather than what is wrong with them.

Success factors in collaboration between VCSE organisations and Primary Care Networks

Consensus – all the partners agree on what the issues are that are to be addressed and the approach addressing them using stakeholder analysis at its core.

Equality – the partners recognise the importance of each other’s role in achieving the agreed aims, with individuals having a clear identity backed up by their organisation.

Leadership – there is a consistent driving force behind the partnership; from sponsors or funders and individuals within the partnership itself. They create and maintain momentum within the partnership

Agreement – an explicit, formal agreement as a starting point for the collaboration, assembled through a collaborative process which builds on organisations' core purposes and strengths.

Structured Team Building – ongoing, consistent opportunities to meet, discuss, review and plan collaboratively.

Flexibility - arrangements to enable partnerships to evolve to meet needs in uncertain and complex circumstances.

Appraisal - system of accountability across partners that tracks inputs, processes, and outcomes.

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