



Matthew Baqueriza-Jackson

Primary Care Networks and Voluntary, Community, Faith and Social Enterprise Sector Partnerships **Final Evaluation Report, August 2023**

1. Introduction

Matthew Baqueriza-Jackson, Jon Wilkie and Matt Todd have been commissioned by 10GM to be the evaluation partner for a project designed to improve relationships between Primary Care Networks (PCNs) and the Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) in Greater Manchester; and to reduce health inequalities. This Final Evaluation Report (produced in August 2023) details the core findings of our work, including evaluation of the processes associated with setting up five Test and Learn Sites and the development of partnerships, the impacts of those Sites upon relationship development and beneficiaries, and the learning and policy implications of the project as a whole.

1.1 About the PCN and VCSE Partnership Project

The population of Greater Manchester experiences poorer health, lower life expectancy, and lower healthy life expectancy than other areas in the UK. This is partly due to a higher proportion of the population living in deprived communities. These inequalities are visible across communities in Greater Manchester and also between the city region as a whole, and other areas of the country.

A central reason for this inequality is that poverty is the key driver of health issues, particularly chronic and long-term conditions. As a result, UK Government has developed the CORE20PLUS5 model, which reflects the challenges faced by the 20% most deprived communities and five key conditions that show the biggest inequalities (maternity, severe mental health, chronic respiratory disease, early cancer diagnosis, and hypertension case finding). It also recognises the intersectional factors which impact on health outcomes, such as gender and ethnicity, amongst others.

Greater Manchester is therefore using the CORE20PLUS5 model and a series of wider initiatives and projects, with the overarching aim to reduce these health inequalities. The Primary Care Networks and Voluntary, Community, Faith and Social Enterprise Partnership Project is one such piece of work. There are two key aims for this project:

- 1) To capture and share impact and learning on how to create long term, sustainable partnership working between the VCSFE sector and PCNs, specifically when they are working to take health inequalities.
- 2) To use the CORE20PLUS5 model as a framework in which to explore how long-term, sustainable VCSFE and PCN partnerships within an Integrated Care System, can drive targeted action to reduce health inequalities.

To deliver on the aims of the project, in December 2022, 10GM awarded grant funding of over £160,000 between five Test and Learn Sites. The awards varied between £5,500 and £41,320. Using the principles of the CORE20PLUS5 model, the five Sites (led by VCFSE organisations) have over the period January to June 2023 sought to engage with PCNs in an area of Greater Manchester in the 20% most deprived in England, focussing upon a group that is adversely affected by ill-health, and focussing upon at least one of five key clinical areas of health inequalities.

It is hoped that the Test and Learn approach will allow an understanding to be developed as to the drivers and barriers of positive relationships between the VCSFE and the PCNs and provide examples of good practice.

1.2 About the Evaluation

The core purpose of the evaluation is to work collaboratively with 10GM, associated partners, and the five Sites to explore the effectiveness of the project overall, and the learning derived from each Site. In terms of the learning from the Sites, the evaluation has focussed on the process of developing the partnerships, the engagement of individuals and groups adversely affected by health inequalities and detailing the emerging impact. Our methodology consists of the following:

- A literature review (see Appendix 1) which explores: the CORE20PLUS5 model; examples of other projects bringing together PCNs and VCFSEs; key success factors in bringing together PCNs and VCFSEs; and an exploration of why this project is important for Greater Manchester, given the scale and variation of health inequality.
- The development of an evaluation framework and our lines of enquiry for exploring:
 - The effectiveness of the design of the PCN and VCFSE project.
 - The process of developing the five Test and Learn Sites.
 - The emerging impact of the Sites.
 - The key learning from the five Sites, and the project as a whole.
- The delivery of a range of activities with each Site, including:
 - Initial one-to-one meetings with each Site in January and February 2023 to discuss the project, each site's activities, and to identify output and outcome indicators.
 - A collective focus group with all Sites on 28th February 2023, to discuss the set-up of the Sites.
 - A collective focus group with all Sites on 26th April 2023, to discuss the initial delivery of activities.
 - A series of impact evaluation activities (throughout May, June and July 2023) to explore the effectiveness of the partnerships emerging between PCNs and VCFSEs, and the emerging potential impact upon health inequalities.
 - A final focus group with all Sites on 26th July 2023, to explore final learning and the policy implications of the project as a whole.

All of the above has framed this Final Evaluation Report which will be disseminated in a number of ways in September 2023.

1.3 Sections of this Report

This Final Evaluation Report has been produced in August 2023 and consists of the following sections:

- Section 2 details a summary of the core findings of the literature review undertaken around the CORE20PLUS5 model, and the success factors identified in literature for bringing together PCNs and VCFSEs (the full literature review is detailed in Appendix 1).
- Section 3 details the key findings of the process evaluation. These emerged from the focus group held with all Sites on 28th February 2023.
- Section 4 details the key findings of the impact evaluation activities undertaken on a one-to-one basis with each Site in May, June and July 2023. These findings focus upon the impact of the Sites upon beneficiaries and the development of PCN and VCFSE sector relationships. This section also weaves in information gathered during a focus group with the Sites on 26th April 2023.
- Section 5 details the key collective learning emerging from the activities of the Sites which has been drawn together from all of the process and impact evaluation activities.

2. Key Findings from the Literature Review

2.1 Introduction

As part of the Test and Learn approach to finding innovative ways of tackling health inequalities, a literature review was carried out to explore PCN and VCFSE relationship models. This considered the CORE20PLUS5 model, alongside the factors that enable successful relationships between health organisations and VCFSEs in the context of health inequalities. This section of the Final Evaluation Report details the key findings of the literature review, with a full version detailed in Appendix 1.

2.2 CORE20PLUS5 Approach

NHS England has detailed an evidence base for the Core20PLUS5 Model areas of focus which has been developed utilising worldwide and national data sources¹. As the CORE20PLUS5 approach is new, the evidence for, and evaluation of its impact and efficacy is not yet in place. The National Institute for Health and Care Excellence (NICE) developed a suite of resources on health inequalities in November 2022, and this includes, alongside some fundamental information about health inequalities, NICE's guidance mapped to the CORE20PLUS5 model².

2.3 Summary & Success Factors in developing partnerships between VCFSE & PCNs

The evidence around the success factors in developing and maintaining relationships that help PCNs and the VCSE sector work together to tackle health inequality, suggests some key building blocks to these partnerships' success. The available evidence reflects a strength of hyper-local, bespoke partnerships which have the potential to reduce health inequalities in unique and innovative ways. There are seven themes within the literature which are drawn out below; a number of the studies and analyses found within the literature search highlight key elements of successful partnerships, which have a positive impact for people who are experiencing disadvantage as a result of health inequalities.

- **Consensus** - all the partners agree on what the issues are that are to be addressed and the approach that will be taken to address them, using stakeholder analysis at its core. The NHS guide to "Tackling inequalities in healthcare access, experience and outcomes" suggests that fundamentally agreeing aims maximizes the impact of a partnership on health inequalities.
- **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. For example, Westlake et al (2022) identified the importance of social prescribers working for an established VCFSE organisation which led to a clear role and a confident flexible approach to working with individuals. In addition, Cannon & Ferguson (2018) underlined the value of established community organisations as partners in addressing health inequalities, given their presence in and reach into impacted communities.
- **Leadership** - there is a consistent driving force behind the partnership; from sponsors or funders to individuals within the partnership. 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.

¹ <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/evidence-for-the-five-clinical-priorities>

² <https://www.nice.org.uk/about/what-we-do/nice-and-health-inequalities>

Pescheny et al (2018) noted the value of codesigning this type of agreement in terms of efficacy in addressing health inequalities.

- **Structured Team Building** - ongoing, consistent opportunities to meet, discuss, review and plan collaboratively. A team ethos was something that Chng et al (2021) noted in their analysis of a number of partnerships seeking to address health inequalities in Glasgow.
- **Flexibility** - arrangements to enable partnerships to evolve to meet needs in uncertain and complex circumstances. Southby and Gamsu (2018) indicate that flexibility around mutual expectations was important in successful partnerships seeking to address health inequalities.
- **Appraisal** – there is a system of accountability across partners that tracks inputs, processes, and outcomes. Focusing on a specific innovation was something that Calderon-Larranaga et al (2021) highlighted as an element that was associated with successful partnerships addressing health inequalities.

3. Process Evaluation Findings

This section of the Final Evaluation Report details the key findings of the process evaluation activities. These findings have been drawn from the focus group on 28th February 2023, which focused upon the Sites experiences of the project so far, their reflections about the application process, their approach to setting up their Sites, their approach to output and outcome development, and the ways in which they were linking their activities to the CORE20PLUS5 model.

3.1 Experiences of the project so far

A largely enjoyable experience

The Sites reported that the experience of participating in the Test and Learn project so far had been largely positive and enjoyable. There were a number of reasons for this:

- Sites have enjoyed the opportunity to be able to formulate new partnerships or evolve existing partnerships with PCNs – they felt that they were not on their own in developing and delivering the activities of their Site, but that activities were being taken forward in a collaborative manner.
- Sites have enjoyed the opportunity to learn about other health and well-being services and activities that may be relevant to their beneficiaries – it has made them more knowledgeable about the wider healthcare system.
- Sites have enjoyed and welcomed the approach of PCNs to engagement and involvement in the project – there is an emerging sense of trust, and the relationship is evolving in an honest and upfront manner.
- Sites have welcomed the opportunity to engage with independent evaluation partners at the outset, and throughout the project.

But there have been some less enjoyable aspects

There are some aspects of the project that the Sites have not enjoyed so much – this was commonly felt to be around the pace at which they have had to mobilise their activities, and the short timeframes of the project overall. The Sites felt that a longer timeframe overall, and specifically a longer period between application and beginning the project, would have been more appropriate to test, and importantly sustain their activities.

In addition, the Sites felt that there is a complex set of language and organisational structures associated with health and social care across Greater Manchester, and they have needed time to understand and interpret this. Finally, and interlinked, there is the challenge of resources and capacity, and building the Test and Learn Site activities in alongside wider project delivery and fundraising.

3.2 The application process

The opportunity could have been communicated more effectively

The Sites became aware of the opportunity to apply for grant funding for the Test and Learn Sites at very different stages – some three weeks before the closure date, others four days before, and one Site the day before. This suggests that the opportunity could have been more effectively communicated by 10GM, wider health partners and VCFSE infrastructure organisations. This communication challenge had implications for the Sites, as they had to work over the weekend to submit, and in some cases had to appoint specialist bid writers to assist.

A range of referral mechanisms for the opportunity

Whilst the communication of the opportunity was challenging, there were a range of different ways in which VCFSE organisations became aware of and were referred to the opportunity. In some cases

this came from a GM level, in others from PCNs themselves, in others from local authorities, and in others through local infrastructure organisations.

A relatively straightforward application form

Once the Sites were aware of the opportunity, then they felt the process of filling out the application form was relatively straightforward. The application did not ask for reams of information about their Site and how they were going to operate – instead it enabled flexibility to present ideas and evolve activities, subject to the funding being approved. One area that Sites did find challenging was around the letter of approval from PCNs, with this often having to be obtained very quickly, and often in a situation where there was not an existing relationship. This is not something that VCFSE organisations are used to doing as part of grant applications.

3.3 Approaches to setting up Sites

The five Sites are each operating in slightly different ways. As detailed in Section 4 of this report, some are using existing physical sites to deliver activities, some are linking to existing programmes and activities, and some are using the project as a stimulus to develop the local system and therefore further activities in the future. However, there are some factors that have been common in enabling effective set up of the Sites:

Strong PCN engagement

The Sites identified that there has been strong engagement and leadership from the PCNs in the development and initial set up process. The Sites felt that the PCNs were genuinely interested in the project and were keen to invest time and energy in a largely new way of working, in partnership with VCFSE organisations. PCNs were also felt to be providing capacity and support into the delivery of the activities of the Sites.

Forming new partnerships

The Sites differ in the degree to which the partner organisations had existing connections. Firstly, in terms of relationships with PCNs, there are several examples of where this project has led to a new connection being developed. Secondly, some of the partner organisations from other sectors are also working together for the first time.

This is also about beneficiaries

As well as the emphasis placed upon partnership working between PCNs and VCFSE organisations, each of the Sites have placed beneficiaries at the forefront of their set up and planned activities. The Sites were keen to support their beneficiaries to get better access to health services and through utilising methods that are not necessarily mainstream. They were also keen to be able to gather stories as to how beneficiaries progressed in their health and wellbeing as a result of engaging with the Site.

An identified role for 'infrastructure'

VCFSE infrastructure organisations have provided a clear and helpful role in supporting the set-up of the Sites. Some of the Sites are infrastructure organisations themselves and have provided wider linkages to other relevant organisations and policy – however, in other Sites which are not infrastructure led, infrastructure organisations such as Caribbean and African Health Network (CAHN), have brokered relationships and provided specialist support in set up and delivery.

There are also some factors that are Sites specific and which informed the effective set up and delivery over the first few months:

- Some Sites began to think about sustainability and legacy early on in the project, used their set up time to also think about follow-on projects, including in wider geographical areas.

- For some Sites, having a physical space was very important for setting up and delivering the project. This is particularly interesting for exploring the potential for ‘non-clinical’ spaces to become utilised more frequently in the delivery of health and well-being activity.

There have been challenges

The set-up of the Sites has not been completely straightforward and there have been key challenges including:

- The emergence of external factors at the outset of the project in December 2022/January 2023, and particularly the Strep A virus, which became a focus for PCNs. In addition, many of the organisations are small, and so an unexpected event can cause much of the capacity of the organisation to be diverted from project delivery.
- The lack of time between the award of the grant and the start date for activities.
- The need in some cases to recruit staff to deliver the activities of the project and linkages to wider programmes. This took time.

3.4 Approach to output and outcome development

Many evaluations looking at reducing health inequalities would be expected to demonstrate hard economic impact. However, when it has come to the applications, designing evaluation tools, and working with Sites to develop output and outcome indicators, it was clear this type of hard economic impact is not feasible given the nature of the Sites, the activities being undertaken, and timeframes. For example, many of the beneficiaries have complex health issues that will require long-term support to manage. Therefore, whilst the Sites may have led to changing behaviour when it comes to healthcare appointments for example, the economic and social impact will emerge in the medium to long term.

Whilst output data has been collected, particularly in relation to the delivery of activities, Sites reflected that their approach to outcome measurement will be more qualitative in nature. For example, in identifying and describing outcomes around more effective VCFSE to PCN relations, stories of beneficiary journeys, knowledge of interlinked services, and identification of follow up projects have been gathered. The Sites welcomed the involvement of the independent evaluation partner in supporting them to develop relevant output and outcome indicators during initial one-to-one sessions at the outset of their projects.

3.5 The role of CORE20PLUS5

The Sites reflected that the CORE20PLUS5 model had informed their application for the Test and Learn Project and that it would continue to inform their activities in the coming months. The Sites have started to learn about the model and how it influences the priorities and activities of PCNs, and how their organisations are contributing to realising key strategic priorities across Greater Manchester.

4. Impact Evaluation

This section of the Final Evaluation Report details for each Test and Learn Site the findings of impact evaluation activities undertaken throughout the project, but notably in May, June and July 2023. For each Site we provide an overview of the site's activities and expected outcomes and outputs, before exploring impacts upon beneficiaries, relationships with PCNs, and for the organisations in each partnership.

In terms of outcomes and impacts, they can be more challenging to demonstrate for beneficiaries. They are often related to an individual and the evidence can be somewhat anecdotal or can be very long-term and at a population level. However, the Test and Learn Sites have demonstrated positive outcomes and impacts related to the relationship between PCNs and the VCFSE, and also outcomes and impacts around the level of knowledge, and intention to engage with, health services.

With outputs, each site has collected a range of different data. It must be noted that in some cases it has been difficult to collect precise information, due to the nature of the engagement. A slightly more comprehensive set of data would be useful for future work as part of a suite of evidence to demonstrate outcomes and impacts. However, it is clear that a large number of people have been reached collectively by the Test and Learn Sites, for example, there are 153 unique beneficiaries in Trafford; 105 places were used at the events in Ardwick and Longsight; 12 grants were awarded in Salford, with 830 conversations taking place as a result; and there were over 150 group sessions held in Wigan.

4.1 Wigan



This site brings together a vibrant multi-agency partnership between Groundwork CLM, Complete Kindness CIC, TABA+ Primary Care Network, NHS Greater Manchester Integrated Care, and Wigan Council. The geography of focus is the TABA+ Wigan PCN, an area with 13 GP practices and around 52,000 patients.

The site has tested how a 'non-clinical' space, in this case the Complete Kindness Café can provide a service alongside the PCN and other health professionals. It has also considered how Groundwork, as a VCSFE organisation can be a community connector in terms of community health building. And finally, it has aimed to improve social prescribing pathways and focus on five key conditions which are a priority for the PCN.

4.1.1 About the site's activities, and planned outcomes and outputs

The activities for beneficiaries in this site got underway in early 2023, with an open day held on 25th January at the café. Since then, there was almost daily activity, including craft, walking football, creative writing, and five clinics and health check sessions each week – there were eight regular groups as part of this Test and Learn Site, with over 150 sessions held so far. The sessions are tailored to meet the needs of the participants, which is the way that Complete Kindness Café has operated since it was founded. Alongside the activities, individuals have the opportunity to engage with a mental health professional and a psychological therapist, who will be present at the café at selected times. Although Complete Kindness will shortly be closing the café, there are plans to sustain activity by running remote sessions, whilst they are on the lookout for a more permanent base.

The partnership has developed a memorandum of understanding, which includes common values, aims, outcomes and outputs. There was a focus on qualitative methods to understand the impact of the site for the individuals that attend sessions.

The Site had the following expected outcomes and outputs:

Outcomes the site aimed to achieve:

- Hard to reach individuals will get more support.
- There is increased trust in services and people access them more readily.
- People will access appropriate services at the appropriate time, given their needs.
- There will be a positive link between non-clinical conversations and people accessing services.
- The café will be a space to catalyse conversation on further health matters.

Outputs the site has aimed to record:

- The number of new patients registered with the PCN.
- Number of hours offered to attendees.
- Number of referrals made.

4.1.2 Impact upon Beneficiaries

Before looking at the impact on the beneficiaries who have engaged with the Complete Kindness Café, it is important to consider why the setting has been so effective. Dionne and her team have created a space where people feel comfortable spending time, and talking about issues that are important to them. There is also no pressure to get involved in the groups, or discussions. In addition, there



is a friendly atmosphere and a group of people who can understand what people are experiencing: *'Members of my own family don't understand, but there are similar people here and they can empathise'*. Finally, the café is a good place to find out about what is going on locally, and word of mouth has been important in spreading the news about the range of activities and services on offer, as has the presence of health professionals.

This is related to the planned outcome: 'there will be a positive link between non-clinical conversations and people accessing services'. The attendees of the café have broadly begun to engage with services, whether that be at the café or in external settings. However, the first step has been to get people to talk, and finding ways to make people feel comfortable in accessing services and having conversations about their health has been a big achievement. Also, by having services present in the café, it has reduced a barrier of access, not knowing where to go or how to access support. A good example here is an older beneficiary who came into the cafe and through careful engagement work and confidence building has been encouraged to engage in therapy sessions.

An additional intended outcome was that 'people will access appropriate services at the appropriate time, given their needs'. Again, there is evidence of this occurring more frequently, with an average of 12 individuals signposted to PCN services each week, however this is more of a long-term outcome.

Partly this is because beneficiaries may have engaged with a service but have yet to receive an appointment, and also because some of the group have complex needs and have had long periods of accessing no services for various reasons. There has been more success in achieving this in terms of the services offered at the café, because Dionne is able to offer a more bespoke support and has the relevant professionals available at set times each week. Finally, it has also been reported that many of the beneficiaries have signed up to new activities, including some physical activity, alongside the original reason that they first engaged with the café.

The evaluation has also shown that coming to the café and attending some of the groups has been impactful. There have been some really powerful conversations recorded as part of this, and it is a timely reminder of the richness of this type of research method. A principal benefit is the social side of coming to the groups, in meeting new people and of the mutual support group leading to bonding and friendships forming. People also reported feeling happier after engaging with the café and that their mental health was improving. There is also a feeling that ‘it is essential to have these spaces in your community.’ This is particularly so because lockdown was traumatic and many people are still recovering from this, and indeed rebuilding communities after covid. Participation in something meaningful is also impactful, and many people have come for a particular group, but then find out about, and access another, including opportunities to showcase their creative talent.



4.1.3 Impact upon PCN Relationships

This is a new partnership that has been convened specifically to work together on this project. The partners have worked closely to develop the planned activities and are meeting once every two weeks during the delivery phase. This regular communication has been key. There is also really strong PCN engagement, with the PCN Manager being part of the partnership. Link workers and staff from the PCN are getting to know the local area and understand the opportunities and the benefits of the VCFSE sector approach, working beyond a traditional, transactional approach with individuals. The PCN are also referring patients to the services of this Test and Learn Site, with four individuals receiving regular Talking Therapy as a result.

There is a strong partnership formed, however it does take time to build and for this evolve. The keys to success in this partnership have been numerous and include the following. First, there are common themes that interest the partners, and they were quickly able to develop shared objectives. Second, the partners have committed to regular meetings and prioritised it in their diary. Third, the partners recognise that this is not a quick fix, or part of a discrete project, and is more like the new normal in their way of working. Fourth, the partners have recognised that people and organisations have different ways of working, and it can take time to understand these. Fifth, the partners approached the pilot with an understanding that the current ways of working and the system in general is not working for everyone, and that each organisation has a role to play in improving things. Finally, proximity has been key, being in the same room and mixing with members of the public in the café has generated unplanned conversations and contributed to the learning from the site. The result has been that the group have ‘changed perceptions of others within the group, and hopefully with the

beneficiaries as well’.

As previously mentioned, it has been a positive development for health professionals to spend time outside of their traditional settings, and in the public space of the café. This has allowed them to meet people in a different context and it has also disrupted the traditional hierarchy for these meetings that we all have, even subconsciously. Another successful approach has been going out for a walk to explore the local community, and this has helped staff see the benefits of less structure, formality and hierarchy in the approach that they take.

4.1.4 Impact upon Organisations

One of the outcomes that the project sought to achieve was *‘There is increased trust in services and people access them more readily’*. Patient engagement is hard for primary care and so it was hoped that by accessing alternative settings, they would begin to build relationships with people who may not normally engage. Whilst it is early days to see an impact in terms of changes in the way people access services, the site has fostered an increased sense of trust in health services, even if just by showing the human side behind the service.

Each of the partners have has been impacted through their involvement in this site:

- Groundwork have shown that despite lacking a VCSFE infrastructure body, it is possible to play a link role and unite sectors that may not have previously engaged.
- The CCG have lobbied for the development of a board level committee to discuss how the system can support activity such as this. It will be chaired by a director at the Council and will have commissioners involved. All partners at this Site have recognised the value of assets such as the café.
- Complete Kindness has looked to establish medium term priorities which includes looking at their status and funding options. They have also been able to develop further networks as part of the pilot, and the partnership recognise the need to support Complete Kindness once the café has closed.
- For the PCN, the pilot has changed the way they book health checks, with people now able to choose when and where these take place. The result has been an increase of 40% in bookings, and some people who don’t traditionally access the GP have also signed up. In addition, the project has broadened the horizons of the PCN to work beyond Complete Kindness and in other settings and with other VCFSE organisations.
- All of the partners are committed to continue working together in this new way, and they will also seek to expand the group to include new members, including in housing, social care, business support, and Wigan Wellbeing.

4.1.5 Learning and Policy Implications

There is much rich learning from this site and a number of policy implications, particularly around how the capacity of small VCSFE organisations can be boosted, and how issues of risk and responsibility can be approached.

- A challenge here is going to be, with Complete Kindness closing, how can the activities be sustained? The partners are committed to continuing their meetings, but will the effectiveness of the partnership and the richness be lost, if meetings take place virtually or in a non-public office?
- The project his highlighted the value in different ways of capturing impact, whether that be through creative means, or through recording informal conversations with beneficiaries. It is important we do not lose sight of the value of these stories, and indeed, we ensure that the sector

is supported to develop ways of capturing these and provided with training to help them communicate this in an impactful way.

- There is a particular atmosphere that Dionne and the team at Complete Kindness have created. It is important to understand how she has done this, because the beneficiaries all refer to the importance of the space and the feeling of it. These lessons may have implications for the planning of health settings, or in the selection of locations for health services that are delivered in the community.
- Another important question that has been raised through this work is, how can we boost the capacity of the VCSFE sector? This is particularly in a context where an individual does a huge amount of work over a prolonged period, and then has to step back, with the result being a reduction in services offered. If we have a future with much closer working relationships between the VCSFE sector and Primary Care, then continuity of service, and investing in the people and organisations that deliver it should be imperative.
- As in other Sites we have seen the impact of geography and scale. Communities operate in socially constructed boundaries, and it is important to recognise that these do not necessarily correspond to the structures that have been established, such as PCNs or wards. In addition, there is a consideration for health services in general here, in that they have been set up to work at population level and at scale. Do they have the skills and the capacity to be able to engage with people in settings such as Complete Kindness?
- There are always likely to be legal considerations in partnerships of this nature. And one of those highlighted was the issue for the VCSFE of risk transfer. This is because the CQC guidance is unclear on what is and is not a regulated service and is something that the PCN feel they need clear guidance on. In addition, there are questions of information sharing and governance, particularly on how do we move people between different organisations, and who has overall responsibility for a person. This requires a memorandum of understanding between partners, but it also requires clear guidance and policy.
- Wigan does not currently have a VCSFE infrastructure organisation to provide support to organisations such as Complete Kindness. Groundwork have convened the partnership and provided support as necessary. However, if more VCSFE organisations are going to begin working with PCNs and other health bodies, it is vital that they have the support to navigate some of the legal challenges that these alliances will pose.
- Finally, this site has also demonstrated that the VCSFE sector can provide an alternative pathway for people to access services that improve their physical and mental wellbeing. There are challenges to ensure that access to these services is fair, and that the health sector is aware of the offer and able to signpost or refer their patients.

4.2 Trafford



This Test and Learn Site aimed to develop a community-based broad co-operative research and engagement partnership approach, to focus on empowering communities through trusted VCFSE organisations. The two geographical focus areas that the Test and Learn Site is working in are in the Sale PCN. Sale West has an existing, well used community centre which has been established for over 50 years with a number of resources for the community based there - for example, the Citizens Advice Bureau which runs sessions from the building. In contrast Sale Moor does not have similar facilities and there is no established, central hub for the community. The Test and Learn Site has approached both areas differently and we hoped to learn from the contrast in the existing resources for these two areas.

4.2.1 About the Site's Aims and Activities and Outcomes and Outputs

The Trafford Site has three key aims and accompanying activities:

Improve information/knowledge

Improve the flow of information regarding access to cancer screening and services, access to respiratory support and community-based mental health support through 3 key community events (February, April, June 2023). In addition, a map of existing support and resources in each focus area will be created.

Increase Access

Increased access, trust and confidence in cancer screening, respiratory support and mental health support will be achieved by engaging directly with individuals, families and communities to co-design and deliver future services based on need (to June 2023) as well as improving & promoting the "Know where to find support" information (to June 2023).

Improve Experience – the site will work with providers and other stakeholders to:

Influence Primary Care delivery of future services and the future design and commissioning of services in Trafford using two citizen conversation events in Sale West and Sale Moor (March and May 2023) and continuing to build the multi-agency approach to future engagement (to June 2023).

The Site had the following expected outcomes and outputs:

- Supporting people into community-based support through engagement and through more formal social prescribing channels.
- Connecting people and communities to tackle mental distress.
- Improve uptake in cancer screening and support to improve respiratory conditions.
- Improved uptake of health checks for people with Learning Disabilities and SMI.
- Improve mental wellbeing.

4.2.2 One-to-One Conversation Findings (February 2023)

In February 2023, we held an initial one-to-one conversation with the Trafford Site to explore their aspirations. The Site sees the Test and Learn activity as a springboard to a broader programme of change to address health inequalities locally. The Site is seeking to affect change at three levels: system, community and individual. They are seeking to change the approach of the system which will engage more effectively with people who are impacted by health inequalities. They are also seeking to develop communities which are more engaged in their health and more able to support with and

respond to health challenges. In addition, there is an aim to have an impact at the individual level, supporting people to engage with their health and make positive choices. During June 2023, we again met the Trafford Site to explore their impacts to date, with the following being the core findings of those conversations.

4.2.3 Impact upon Beneficiaries

The Site has provided regular drop ins at a community centre in Sale West, with Community Health Advisors employed two days every week. Through this approach, the Site has successfully added health access which is a critical element to the community offer for the residents of Sale West, and had been a missing element of the holistic offer through the One Stop Shop approach in the locality. These Advisors have been seeing people without an appointment to talk about any health concerns, smoking cessation, weight management, diabetes, healthy eating, vaccinations and heart disease. They have also been able to support arranging breast, bowel and other cancer screening tests. This Test and Learn Site has engaged 153 individual beneficiaries.

The impact of the availability of the Community Health Advisors has been building since they started work in April 2023. They have been able to engage people who were unlikely to make an appointment with a GP practice. Through their interventions with these individuals, the Community Health Advisors have supported people to speak to them, opening up and sharing some of the difficulties that they are having and as a result received critical advice, to improve their health and well-being. The Site reports that a familiar, non-clinical environment, embedded in the community has been critical to engaging these individuals.

There are a number of examples of these impacts; one individual came in to see the Advisor and asked for a blood pressure check. Following a discussion, that individual was also supported with vaccination planning and support for her role as the primary carer for her husband who has Parkinson's disease. The Community Health Advisor was able to link her up with Age UK Trafford who have provided her with significant advice and support to enable her to continue in her caring role. Another individual returned to the service to thank them, and shared that they had made further appointments with their GP following the initial support from the Advisor, and are addressing their health issues.

The Team have also been able to support individuals to register and link-in with their GPs having attended the Community Health Advisors drop-in sessions. Some of these individuals have been experiencing multiple health and inequalities and the interventions support have provided an opportunity to address healthcare issues as well as social and financial difficulties through onward referrals to relevant partner agencies. One individual opened up to the Advisor about their low mood and feeling isolated; they were referred on to a local mental health service and linked into a community group which was able to provide cultural and practical support.

4.2.4 Impact upon PCN Relationships

The Site has seen a positive impact on the already well-developed relationships between the VCFSE sector and the PCN locally. The Community Health Advisors have developed a wider range of knowledge about the VCFSE organisations locally which has meant that they can make referrals as well as give information to individuals who have gone on to self-refer to those organisations. Sale West Community Health Panel has also been established, linking people who are less likely to access formal health services without support, into primary care as well as links to social and financial support dependent on their needs and circumstances.

The Community Health Advisors have learnt a substantial amount in terms of the approach and style of VCFSE organisations. They have seen the benefits of a less direct, less clinical approach with individuals who have then gone on to engage with their health, where previously they have not accessed support. The agile, positive approach that VCFSE organisations have demonstrated has been

picked up by the Community Health Advisors, with them seeing the benefits of a less transactional way of working, leading to better outcomes for those people attending the sessions who may not have engaged with professionals in a more traditional approach. The nurses working on the community health roles have also seen some personal and professional development in terms of the range of need and presentation from individuals, and experiencing a new way of working.

4.2.5 Impact upon Organisations

The VCFSE organisations are continuing to influence the approach and process of the PCNs. For example, the Site has been able to establish a Community Health Panel which has a focus on addressing the presence of health inequalities and what can be done to address them locally. The Panel is developing a booklet which includes myth-busting around accessing health services, alongside what is available across the local area and how people can access these services. There are ongoing discussions with the Public Health Team in Trafford around publishing this formally.

The Living Well Team (a recently established service for people with mental health needs) was set up with the referral route being through GPs. There are ongoing discussions, through the influence of the VCFSE organisations, to broaden the referral route to other trusted community organisations, expanding the number of people who will be able to benefit. Many of these individuals are subject to health inequalities already, and less likely to engage with formal health services.

The strength of the relationship between the PCN and local VCFSE organisations has developed through the pilot site work. For example, the Trafford Community Collective had originally led on the neighbourhood workshops, but the relationship with the Clinical Director of the PCN has given the Site an additional profile within the Health and Wellbeing Board in Trafford, as well as at the Locality Board. This is leading to further opportunities and funding applications seeking to develop and expand the work of the pilot Site.

The VCFSE organisations linked into the Site have also built on the working relationships that they have developed with the PCN to make progress in addressing a long-term challenge of a lack of community space in the Sale Central area. They have raised this with local Councillors and there has been some progress in accessing a base locally, which has been a long-term issue.

4.2.6 Learning and Policy Implications

The Site has used Core20PLUS5 as a key element of designing the approach, for example in using the model in identifying the lower super output areas that have been targeted. The Site has identified a lack of wider understanding of the Core20PLUS5 approach, highlighting that other parts of the health system may benefit from a more in depth understanding of health and inequalities across their populations through this model.

The Site has also established the critical role of having an established community space and links to other resources which can support individuals with core concerns in their lives. For example, once people have been able to access advice around social care or debt management, they are then in a position to engage with their health needs. The greater impact in Sale West compared to Sale Moor has shown the value of an established base, well-known and trusted in the community and this is something that the organisations (both PCN and VCFSEs) within the Site are looking to address. For example, The Site has linked in with the Bread and Butter Thing Warm Hub locally as an alternative to a community base in Sale Moor and this has been helpful in the absence of a base in the area.

The organisations have also recognised the importance of local decision-making and governance structures in embedding an integrated way of working across organisations. Engaging with the Health and Wellbeing Board and Locality Board has been critical in reinforcing the strength of the message around the approach to addressing health inequalities. Supporting individuals to have their voices

heard locally has been challenging for the Site, but the positive relationships within leadership and in the direct work with individuals has been important in breaking down the barriers for people in accessing and addressing their health needs.

The Site has encountered challenges in using NHS IT infrastructure outside of the GP practice which has had a limiting effect on the impact and the responsiveness of the service that they have been able to offer to individuals. The Community Health Advisors have had difficulty in accessing EMIS system and therefore booking appointments for individuals who have attended the sessions where they are agreeing to engage with formal healthcare, often for the first time. This is another element that the PCN are determined to address as they feel that a smoother service with easy access to appointment booking will lead to better outcomes for individuals who may not book an appointment separately. The leadership across the key organisations has also been critical in the development of the Site and the impact for individuals, and it is hoped that the evaluation of the work will give opportunities to continue and develop the approach locally and beyond. It has been recognised that longer term finance is needed to fully embed the approach, and that this is a current challenge for the Site partners as the funding comes to an end for the pilot.

4.3 Stockport



This Test and Learn Site is a partnership between SPARC, who are a mental health charity that focus on social and therapeutic interventions; BOOST, who are a social enterprise that deliver free services to sports groups to help with mental health, social isolation and loneliness; and the Victoria PCN, which has five GPs surgeries.

The key condition of focus for this Site is SMI, specifically ensuring that patients are registered, and attend their health checks. Stockport had a statistically significantly higher premature mortality rate for adults with SMI between 2018-20. The PCN also has 26% of patients living in the most deprived 20% of communities nationally. In terms of SMI statistics, in July 2021 the PCN had 433 people registered, and only 52% of these patients had their health checks in 2021-22.

4.3.1 About the sites Activities and Outcomes and Outputs

The majority of the work at this Test and Lean Site has involved setting up the partnership. As the PCN is a complex and decentralised entity this involved a large amount of coordination between different professionals and organisations.

The delivery phase of the programme ran from late February 2023. BOOST are delivering a programme of free physical activity sessions in Victoria. The sessions are based on the needs of the attendees, and will evolve over time, however, the types of activity already delivered by BOOST include non-contact boxing, circuit classes, and football. SPARC deliver a range of social and therapeutic activities in the Victoria area such as gardening, football, relaxation and counselling/therapy. The partner organisations have a long history of successful programmes that have improved attendees physical and mental health. To ensure that the service is publicised, SPARC and BOOST have developed a new referral pathway, and worked with the PCN on the logistical and operational challenges this has created. Attendees of the sessions can also be linked with public health teams, their services, and their wider network.

In terms of capturing the impact of the service on attendees, the delivery partners are both experienced in developing participant surveys and collecting data. The partners do, however, recognise that the timeframe of this funding may affect the ability to collect impact data, but have found evidence of a change in intent and attitude from participants to engage with services.

The Site had the following expected outcomes and outputs:

Outcomes the site aimed to achieve:

- Improve the referral process for people with SMI and overcome barriers to participation in VCSFE led activity.
- Improved mental health.
- Increased confidence and self-esteem.

Outputs that the site aimed to record:

- Number of people getting health checks (There are several checks to complete, and the wait time is long to be seen, so an appropriate measure may also be, declared intention to book and attend a check).
- Number of attendees for the sessions.

There is also an aim to show that the outcomes and outputs achieved are due to strong communication and an effective relationship between the partners and the PCN.

4.3.2 Impact upon Beneficiaries

The start date for the delivery of sessions was pushed back and they are ongoing. However, there have been some impacts in terms of individuals, but also for the infrastructure of those working with people with SMI.

Firstly, the development of the referral pathway is a significant achievement. The project is now receiving referrals directly from the PCN and the VCFSE sector and this is enabling people who would not ordinarily have contacted either the Voluntary Sector or perhaps their GP, to get involved. Secondly, once beneficiaries have been to a session, they are often expressing an interest in other activities provided by the VCSFE which are shared with them. This leads people to widen their social networks and discover new opportunities that are available locally.

Thirdly, there are some signs and positive indicators from the beneficiaries who have attended sessions to date. These include short-term improvements in mental health, and increased confidence and self-esteem. There has also been an increased awareness of the importance of physical activity and a willingness to engage in activities as part of a holistic approach to wellbeing. Although the time frame has limited the degree to which the site can track engagement with services, particularly health checks (a 12 month plus project would begin to see outcomes in this regard), the coordinators have picked up signs of positive intent to engage, such as the commitment to make an appointment. And finally, the sessions are making a big difference for people who live alone and may suffer from isolation – and are providing an opportunity to create social networks and build routine into their week.

Fourthly, the partners involved in the pilot all recognise that there is unmet need in primary care for SMI, particularly to ensure that people are not missed. This project allows for a safety net to be provided for people who may not fit criteria for other services or may not wish to engage with them. There are examples already of people who have been picked up by the project, who ‘really should have been with us before’. Through these groups engaging, the partners are now able to better understand need and put interventions in place that will improve people's health.

In terms of beneficiaries: there have been a small number of referrals during the timeframe of the project. Of those who have been referred, most have taken up a part of the service and are currently engaging with the SPARC/Boost on a regular basis:

- SPARC are seeing service users attending their young adults activities, gardening sessions and telephone support.
- Due to the nature of the people that the Site is attempting to engage with; they are ‘hard to reach’ and there are multiple attempts made to complete the referral process with some people. As well as some who the partnership were not able to contact
- The partners have observed that a trusting and familiar relationship with the professional contact as the PCN increases the likelihood that a person will engage with community projects.

4.3.3 Impact upon PCN Relationships

It has taken a bit of time to establish the partnership with the PCN as this was not an existing relationship. There has never been resistance from the PCN to working with the VCSFE, but they have different working cultures, there are huge and shifting pressures on the different services, and capacity is an issue. It is however, a source of pride amongst the partners that they been able to

establish a working partnership with the PCN at significant pace and have lines of communication working between the three organisations.

That is not to say there is not learning from the early period of the project. For example, the partners initially started off pulling in different directions, and because the bid was VCSFE led, the PCN did not necessarily understand what they were getting in to. However, the partners worked for two months to develop their relationship, and found common ground in their desire to provide more effective support for those with SMI.

The partners also had to take the time to develop an understanding of how the other works. There was a learning process where the VCSFE had to work out how the PCN works, and the intricacies of each of the GP practices in the area as well; this was important to ensure that the referral pathway into the free sessions was effective. It is also interesting to note how the decision making and chain of command processes differ between the health and VCSFE sectors, and the impact this has on how agile the organisations can be in decision making terms. One example of an issue that was overcome here is that a significant issue with GDPR has been resolved, which means that information and referrals are flowing between the PCN and the VCSFE.

The partners were also able to effectively communicate around what was a complex issue, in a fairly short timeframe, namely the development of the referral pathway. This was no easy task and involved developing and agreeing referral criteria, creating a form that met all risk and safeguarding requirements, and making sure that the GPs are confident to refer to the programme. The partners were also able to work in an agile manner to decide on an approach which focussed on the biggest GP initially to test the process, with the largest population and the highest need in terms of SMI; before seeking to roll it out to the others in the PCN.

4.3.4 Impact upon Organisations

For the VCSFE organisations involved in the partnership, BOOST and Sparc, it has been a major achievement to develop a referral process for people with SMI and overcome barriers to participation in VCSFE led activity. They have proved they can work effectively with the PCN, and by communicating the impact this has had for beneficiaries, they will be able to make a case for further resource, and more importantly, continue to offer this valuable service.

The VCSFE organisations also have an increased understanding of the primary care landscape and the complexities that they have to deal with, but crucially the project has given them an opportunity to invest time in building a partnership, which now has some real momentum. It has also allowed them to understand the needs of service users who they may not have otherwise interacted with.

For the PCN, they now have an extra service that they are able to confidently refer patients to, which is a necessity in an area where the incidence of SMI is much higher than national and regional averages. SMI is also a key priority for the PCN, and this project is one of the activities that is helping them begin to make inroads here.

4.3.5 Learning and Policy Implications

There has been a wide range of learning from this site and some pertinent questions raised, particularly around how to develop and cascade a formal procedure between VCSFE and health:

- Given more time, there is an opportunity to create a workable blueprint for referral systems and communication pathways. The partners here will continue to work together and thus there is valuable learning to come.
- Where there are smaller VCSFE organisations involved, there is a benefit to working in a consortium – particularly as the time required to develop and deliver the approach taken at this Site has been significant. This would increase the capacity of the partnership, provide a continuity of service, reduce the risk to any one VCSFE organisation, and also allow the health sector to work with a greater range of skills and capabilities. It would also allow partnerships to be maintained and ensure that they are not over reliant on one or two individuals, and aid VCSFE organisations that often deal with short-term funding, balancing the needs of users, and maintaining partnerships.
- From a practical perspective, when a project starts can be important, particularly when it involves forming a new partnership. Ideally this would not include times such as the end of the financial year, or reporting periods for example.
- Again, the consideration of scale has been raised through this site. In this case, because of time and in order to ensure the approach was appropriate, it was decided to focus on one GP practice, which was the biggest and the one with the greatest need in terms of SMI. Perhaps if you are establishing something formal such as this referral pathway, it might be prudent to focus on one practice then roll out at a PCN level. In addition, for larger PCNs there might be a requirement for a coordinator to curate and maintain the relationships with the VCSFE.
- A PCN is a complex organisation and the GPs within it are also very different. For example, you might find different roles at the different surgeries, and different approaches to addressing conditions such as SMI. This needs to be acknowledged when considering developing a blueprint or general guidance on VCSFE and health partnerships.
- There is a need to share learning and communicate impact. The PCN here reported that initially it was a challenge to ‘sell’ the project to colleagues, particularly as the bid was VCSFE led, but also because the time requirements were fairly uncertain. Collecting this evidence of impact would make it easier to make a case for such work to take place elsewhere.
- It is feasible to establish new ways of working, to include a working relationship between the VCSFE sector, or organisations within it, and PCNs. However, to deliver specific services, there will be requirement for ongoing resource.
- There needs to be guidance around developing and sustaining a partnership. Things are easy when organisations are working in ‘normal conditions’, but when there is a sudden priority shift or a developing situation, as the PCN had at this site, how can we put systems in place to ensure that the partnership sustains?
- There is also a wider question around the terms of engagement between PCNs and the VCSFE sector. In this case the PCN focussed on this as a priority project, however not all PCNs will be able to do that as management and strategy time is tight. Therefore, if there is resource to develop a toolkit which helps the partners find a common ground, or a mutual opportunity on which to focus, that would be useful.

4.4 Ardwick and Lonsight



This site is based in the area of Ardwick and Longsight PCN, a neighbourhood with a high population of BAME communities and seven GP practices. The lead organisation is Afrocats, a black-led charity that supports people in Manchester who face exclusion because of their immigration status, class, age, cultural inexperience, and education. The partner organisations are Manchester University NHS Foundation Trust (MFT); Caribbean and African Health Network (CAHN), who aim to eradicate health inequalities within a generation for Caribbean & African people; the PCN; and Little Lions, which is a mutual support group for refugee women.

The objective of this site was to help the PCN identify the needs of particular sections of the community and the barriers they face in accessing maternity services, and for the women who attend the sessions to understand what is on offer to them, and to begin engaging more with health services. The plan was to focus on maternity and then widen the remit based on the needs of the attendees.

4.4.1 About the sites Activities and Outcomes and Outputs

There is an existing group for women from Africa and Asia called Little Lions. The project has worked with this group to deliver a series of eight sessions, with a total attendance of 105. They come from a community that statistically is expected to have poorer health outcomes than average and the early work found this was influenced by factors such as: generally poor health literacy, cultural differences, language is a barrier, and poor access to IT.



The sessions have not just had a clinical focus, with time allocated for African Dance at each. The remainder of the time has been spent providing advice, guidance, and mutual support. This has been varied and has included PCN representatives, who consulted with the group to identify their needs and work collaboratively to find out barriers to engagement, and to discuss bowel cancer screening; CAHN's Community Connector has delivered an input around maternity; visits from a midwife; a visit to the local Sure Start Centre; and more. The advice has not just been limited to health-related matters, and as the group continues to meet, there are plans to engage with a wider range of services, including first aid training, a dietician, and an optician. In total, there was 16 hours of engagement with guest speakers, from seven different organisations.

The Site had the following expected outcomes and outputs:

Outcomes the site aimed to achieve:

- Attendees will have more trust in the healthcare sector.
- The attendees will know which services are on offer, and how to engage with these.
- Improved mental and physical health for attendees.
- Women's voices are heard, and their input used to inform better practices in community care.
- Improved sense of self-worth.
- Reduced stress and anxiety.

Outputs that the site aimed to record:

- Number of sessions run.
- Number of attendees across all sessions, and number of contact hours delivered.

4.4.2 Impact upon Beneficiaries

This project has built bridges that connect those who suffer from exclusion to services, to reduce the health risks, which are disproportionately higher for immigrant women in the UK. The impact evaluation work we undertook and the report on the project from Afrocats demonstrated a range of impacts for the attendees of the group.

It is important to consider why the Site was able to work so well for those who engaged. Firstly, the project has provided a safe environment where women felt confident enough to ask questions they would not normally ask; this is down to the facilitation of the group (and the fact that a pre-existing group was worked with), but also using the church as a venue. Secondly, the sessions have been culturally appropriate and there has also been effort made to design the sessions to mix creative opportunities, such as the dancing, with the opportunity to learn new information and ask questions. Thirdly, the women feel empowered by the project. This is because they were able to engage health professionals on their terms, and also because the sessions were designed around their requirements. Finally, the women in the group were around other women with similar experiences.

Looking at key outcomes, it was the aim of this project that 'attendees will know which services are on offer, and how to engage with these'. The sessions have provided a range of information relating to the services on offer locally, and the women reported a range of new knowledge, including:

- How to access their GPs, to obtain referrals and get access to vital information about their health, including the translation service, which eases the language barrier.
- Raised awareness about bowel cancer, and the screening services that are available (previously only two out of 18 women had heard about bowel cancer).
- Connecting with a health visitor and understanding more about their role.
- How to be engage with a speech and language therapist, which the Community Connector facilitated and subsequently a member of the group was able to receive support for their son through this service.
- Support with ESOL, which is beginning to increase their skills in comprehension and writing.
- Visiting the Sure Start Centre, which the group did not have a great deal of engagement with previously.

The activities also sought to deliver improved mental and physical health for attendees, and the women have reported a range of benefits here, including:

- Increased confidence, particularly in terms of engaging in the group and coming forward to let the coordinators know what they wanted to find out more about.
- Following the connection, some women have registered with a local Sure Start Centre and are now able to get a monthly supply of vitamin D for free whilst they are pregnant, and up to their baby's first birthday.
- Reduced stress and anxiety, particularly now there are other people to share problems with.
- The exercise has been important for the women also, this is particularly true because many reported that they did not have time for exercise after they have had children.
- There is a social side to being part of the group. The women reported that they have enjoyed being part of the community and had the opportunity to make new friends, which is important, as with the kids they can sometimes feel almost housebound.

Case study - Seniat* didn't know about Sure Start Centres before joining our Maternity Care project. After joining a session, she was able to learn about the mother and baby activities and services available to equip her with enough knowledge and strategies to support her child with difficult behaviours and learn how to play effectively as a family.

4.4.3 Impact upon PCN Relationships

As with some of the other Sites, this case sees a new relationship between the lead organisation and the PCN, although the process of setting up the site has been made smoother by the facilitation role of CAHN, who are a trusted local organisation. It is a significant outcome for Afrocats that they are now connected into the system via the PCN, and the CEO has already used this connection as a feedback loop for learning from this project. Indeed, a report produced by Afrocats has been provided as a resource for the PCN, who have begun to share the findings across agencies in Manchester.

The Ardwick and Longsight PCN have been open to collaboration through this project, and it was reported that having a relationship where anything can be discussed has been key. In addition, the PCN have staff who work across different settings, including going out into the community, which means they were prepared to take the opportunity offered to visit the Little Lions Group. It was also useful for the PCN to meet other health professionals through the project, and also to meet the women.

4.4.4 Impact upon Organisations

Another outcome that was planned as part of this project was that 'women's voices are heard, and their input used to inform better practices in community care'. The report produced by Afrocats will be widely shared, and it is hoped that the findings and recommendations in it will help health professionals to shape their approach. There were also tangible examples of services who have visited the group, making what may seem small changes to their service, but the changes will have a big impact on the service users. These include providing more culturally appropriate settings and providing the opportunity to use a translation service. In addition, the project aimed to develop more trust in the healthcare sector. By bringing professionals to the group and meeting in their venue, this has already shown a willingness to engage, and also the way the services have interacted with the group has further built trust:

"Thanks to this project by Afrocats, I now know what support is in my neighbourhood. I feel supported. I have booked an appointment to come back next week for further support. The professionals have made me feel safe. I will not feel alone or have fear of not being heard."

As discussed above, the pilot has seen new connections forged between people, and between services. For Afrocats, they have now been connected with MACC, who are the Manchester VCFSE infrastructure body, and they have been sharing findings at a strategic level. In addition, Afrocats have also been connected to many of the services in the local area, some of whom will be coming to speak with the group in future.

The PCN also reported various aspects of the project which have generated useful learning for them. For example, it has reiterated the importance of non-clinical spaces as an appropriate setting in which to engage members of the community; and strengthened their belief that groups such as Little Lions are able to access a demographic that the PCN often struggle to engage with. It has also raised questions for the PCN as to how they can link with the group in the future in a way that is mutually beneficial. In addition, it has highlighted a continuing issue with a lack of engagement and trust in health services, which is being compounded by poor access to information and to services. Finally, from a service perspective, the PCN know that black women's outcomes are worse in terms of maternity services and see the value in the insight garnered from this group on how it can change the service to meet their needs. If maternity services can better understand the needs of this community, this would be a profound shift.

4.4.5 Learning and Policy Implications

There has been a wide range of learning from this site and some pertinent questions raised. These include questions of how groups such as this can be engaged and also resourced.

- Little Lions was an established group. By working with an existing group (although new people have joined during the project), the Site was able to work quickly to understand their needs and the group were comfortable discussing health matters in a shared forum. The question is, is this a model for engaging communities that the health sector label as hard to reach?
- The role of the Community Connector cannot be underestimated in the project. She had lived experience of maternity care in the locality, she understands the barriers to accessing primary care and has an awareness of the services that are available in the community. She is a bridge between the community and primary care, and also has connections with the PCN.
- Having the group meet in a non-clinical space overcame an aspect of the lack of trust that may exist in services.
- Although the group were focussed on having time in each session to discuss health services and opportunities, there was also time for physical activity allocated. Having the dancing so that the group is not solely focussed on support has been good and encouraged the women to attend.
- There are questions of geography to consider as well. First, it has been a hyperlocal group – they really plug in to what is available in the immediate community, and this makes it relevant to all. Second, there can be challenges of scale for some PCNs. The Ardwick and Longsight PCN for example, is the largest in Greater Manchester, and if something is planned to work at PCN scale, this must be considered.
- In terms of the wider system, this pilot has also posed the questions of how to engage with and potentially work alongside (with funding as well) groups similar to this. They are able to work with communities that health services find difficult to engage, and in this case, the resource required has been very modest. However, this should not be seen as an opportunity to do things on the cheap, and larger and more prolonged funding to such groups should also be considered alongside these smaller, time sensitive awards.

- For health services, it has highlighted a challenge that is well known in the sector, around accessibility. In this case it was language and culturally appropriate treatment that had proved to be the principal barriers to engagement. This work has also highlighted that the wider VCSFE has a role in convening these groups of people, these key groups from a health perspective (particularly from a CORE20PLUS5) of people that would normally slip through the net and not engage with formal services. There is a particular opportunity to collaborate with the VCSFE sector to enhance information sharing and accessibility of services for refugees and asylum seekers.
- The project has discovered a disconnect between social prescribers, organisations like Sure Start and a number of other agencies that individuals need to access. One example has been that referrals are online only and a number of people accessing the project have not been able to get online and get the support that they need. The project has helped them in providing these connections acting as the glue, but Afrocats are concerned that more fundamental action is needed to ensure that people are able to access what is fairly fundamental support easily, and that there are huge gaps in provision.

4.5 Salford



The Salford Test and Learn Site is being led by Salford CVS and links into the wider Greater Manchester Answer Cancer Programme and Salford's Wellbeing Matters Programme. The Site is focused upon increasing levels of cervical cancer screening (smear tests) in two parts of Salford – Eccles and Irlam. As a combined PCN area, these parts of Salford have disproportionately low levels of screening rates for 25 to 49 year olds, with rates of screening also declining over the last 10 years. The focus is upon three GP practices – Salford Primary Care Together, Eccles (current rate 54.4%), Springfield Medical Practice (current rate 67%), and Chapel Medical Practice (current rate 69.8%). The Site is also focused upon providing support and guidance to people recently diagnosed with cancer and linking into more mainstream approaches.

4.5.1 About the Site's Aims and Activities and Outcomes and Outputs

Using the experience of Answer Cancer's wider VCSFE based approaches across Greater Manchester, the Salford Site is aiming to:

- Increase cervical cancer screening rates.
- Provide funding and support to local VCFSE organisations to undertake community-based cancer screening awareness raising activity across the PCN, and to also provide support to local people recently diagnosed with cancer.

These aims will look to be met through three activities. First, a spot purchased grants programme will be used to award grants to local VCFSE organisations to deliver a variety of screening awareness and support activities to increase cervical screening rates. Second, a range of local VCFSE organisations will be trained through three learning workshops to deliver the Answer Cancer engagement approach. Third, through a mixture of community provision and social activities, the project will look to provide support to people living with cancer and their families. Referrals to this support will come directly from the PCN and will utilise the Wellbeing Matters Community Connectors.

Salford CVS will largely collect output data in relation to the above activities as follows:

- Number of conversations/interactions had with individuals re. cervical cancer screening as a direct result of funded community engagement.
- Number of people who voice an intention to attend their smear clinic as a direct result of a conversation/interaction of a funded project.
- Number of groups attending screening awareness training (across the three learning workshops).
- Number of groups receiving support to develop their offer to individuals as part of the ecosystem.

4.5.2 One-to-One Conversation Findings (March 2023)

The Salford CVS Test and Learn Site had a delay in commencing activities due to the need to amend their funding application slightly and also as a result of the departure of the Programme Manager for Answer Cancer. However, there is and has already been an emerging relationship between the VCFSE sector and the PCN both on a partnership and clinical level. In addition, two Macmillan care coordinators had been appointed for the Eccles and Irlam PCN area and these would provide input to the delivery of training and other support activities.

The delay in commencing activities in Salford gave the CVS and other partners the opportunity to recalibrate the approach of the Site and to recruit a new Answer Cancer Programme Manager. This gave the activities a new outlook and impetus and enabled activities to be designed around Salford

CVS's existing assets and skills and including a skilled and experienced training provider, the Salford Third Sector Grants Fund, and the Wellbeing Matters Programme. This experience and asset base has meant that once ready, the delivery has started to happen seamlessly.

However, at the time of undertaking evaluation activities in late July to explore the impact of the training and spot purchasing activities, not all activities had been completed, meaning that our evaluation of impact outlined below includes both actual and potential impacts. Delivery activities will continue throughout the Summer and into early Autumn. In terms of completed delivery activities thus far, the following has been undertaken:

- Three learning workshops have been undertaken, utilising the Wellbeing Matters community engagement approach as a principle to provide training in engagement around cervical cancer screening and support.
- Six grants of up to £2,500 have been awarded to VCFSE organisations to provide cervical screening awareness activities to local communities.
- Six grants of up to £2500 have been awarded to VCFSE organisations to provide support activities to those recently diagnosed with cancer and their families.

4.5.3 Impact upon Beneficiaries

Beneficiaries of the Sites activities can be split into two categories. First, there are those individuals that have benefited from participating in the learning workshops or those VCFSE organisations that have been in receipt of the grants. In total, five VCSE organisations have attended general awareness raising courses, with three attending cervical cancer screening training. Second, there are those individuals that have benefited from the awareness and support activities provided by the workshop participants or by the VCFSE organisations. In total, 830 conversations have been held around cervical cancer screening, 59 of which have voiced an intention to attend their smear tests.

For impact upon organisations, we provide the following case studies of VCFSE organisations which have been in receipt of the grant funding. In total,



Carers Together

Carers Together is a network of individuals and families from across Eccles and Irlam that are responsible for the care of a wider member of their family, often a child with autism. The carers meet on a weekly basis over breakfast to share experiences and to work together on the challenges they face. Carers together also has a number of members who have direct lived experience of cervical cancer and recognised that this was a significant challenge for both their members and the wider community.

The Secretary of the organisation therefore applied for one of the grants to raise awareness of the importance of cervical cancer screening, both within their group, and within the wider community. As part of this they participated in the learning workshop and have since been looking to transfer that knowledge within Carers Together, through a number of activities. This has included an afternoon tea at the local golf club where the training course content was transferred to the network. They also have a family day planned for the end of August in the local park, where the network of carers and families will look to raise awareness of the importance of screening with the

wider community. The grant has also enabled for Carers Together to purchase t-shirts promoting the importance of screening.

The grant, whilst relatively small has had a significant impact upon Carers Together, its people, and the wider community. It has provided a 'snowball effect' through which learning has been gathered from the training, and then passed through the network members, and then hopefully into the community through a series of summer events.

Salford Families in Need

Salford Families in Need provides vital access to food for between 80-100 families every week. Funded through a mixture of grant funding, donations and individual capital, the community are invited to come and collect food every Wednesday afternoon. These activities have enabled Salford Families in Need to build relationships and trust with members of the local community and subsequently have enabled conversations around other issues such as debt, benefits, and housing to emerge.

Given the scale of the challenge facing Eccles and Irlam around cervical cancer screening and the continuous engagement that they had with communities every Wednesday, Salford Families in Need decided to apply for the awareness raising grant as part of the 'Test and Learn Site'. They have subsequently used QR codes as families have come to collect their food to show letters around screening appointments, and to signpost towards further support. They are also doing work more informally by walking down the high street in Monton and again asking people to scan QR codes and learn about the importance of cervical screening.

Salford Families in Need recognised that for a relatively small amount of funding, they have had significant engagement, with over 500 estimated engagements so far. They believe the approach of engaging communities through food is crucial to raising awareness about not only cancer but also other health conditions and also access to services.



Recreate-U

Recreate-U is a Community Interest Company which specialises in engagement and education work around nature and the environment in schools and wider community assets, including at RHS Bridgewater. Recreate-U was approached by Salford CVS to apply for the grant funding associated with this project, because of their

tried and tested approach to engagement and the use of educational activities as a way of raising awareness of wider issues such as the importance of cervical cancer screening. They have used the funding to add to their existing activities and engage with a wider diversity of people across Salford, including at RHS Bridgewater and at the allotments in Cadishead. The activities have been successful because of the already trusted nature of Recreate-U and the connections they have into the community.

The organisations benefiting from the activities also identified the importance of the learning workshops in developing confidence in how to talk to people about cancer. For individuals benefiting from activities, the following outcomes and impacts have been identified by Salford CVS, the PCN, the Cancer Care Coordinators, and the VCFSE organisations:

- More socially engaged people and communities.

- Enhanced awareness of the importance of cervical cancer screening and participating in support activities in a 'safe' space.
- Better connections to support mechanisms around cancer and also wider access to services around food, debt and welfare, for example.
- Enhanced physical and mental well-being.
- Increased awareness of the local environment through activities taking place in green and other community spaces.
- An opportunity to engage with peers and other members of the local community facing similar challenges.

4.5.4 Impact upon PCN Relationships

Activities undertaken in Salford in relation to the Site have not been started from scratch, nor have they been undertaken in isolation. First, Salford CVS has very successfully designed, administered, and managed the Salford Third Sector Grants Programme since 2015 – this has formed the basis of the spot purchasing grant activities of the Site. Second, as a result of this activity and through the Wellbeing Matters Programme, Salford CVS already had an effective relationship with the five Salford PCNs and the health system in Salford. Salford CVS also has effective relationships with the wider Greater Manchester Health System through Answer Cancer, and established working relationships with the Greater Manchester Population Health Directorate. Third, and as a result of this relationship, there has been a strong emerging relationship between Salford CVS and the Eccles and Irlam PCN, particularly in relation to the MacMillan Care Coordinators and brokering support to cancer patients and their families with the VCFSE sector.

The Test and Learn Site has enabled Salford CVS and the wider VCFSE sector to solidify and enhance these relationships. There is a stronger awareness within the PCN of the role and value of the VCFSE sector in providing support, awareness raising and training around cervical cancer issues; there is a greater knowledge of individual VCFSE organisations that can provide such support; there are more referrals from the Cancer Care Coordinators to VCFSE organisations for support; and there is a greater recognition of the role that the Wellbeing Matters approach plays in providing support around not only cancer, but also wider issues such as access to food and debt advice. In particular, the Site has enabled existing relationships and activities to be built upon and a more 'joined-up' approach to cervical cancer awareness.

There are a number of reasons or principles as to why VCFSE and PCN relationships have evolved in Eccles and Irlam, both generally, and as a result of the activities of the Site. First, both organisations have really strong leadership and strategic direction, which has enabled mutual trust and co-working on the issues of health inequalities to emerge. Second, Salford CVS in particular are tenacious in their approach to addressing the challenges that Salford faces and in promoting the VCFSE sector, with this driven by the personalities of the management team. Third, there are clear identified roles for stakeholders in the delivery of awareness and support activities around the issue of cervical cancer screening, with each stakeholder having clarity on what they need to do and where they fit within the activities. Fourth, the PCN clearly recognises the value of the VCFSE sector and are champions of its role in raising awareness of health challenges, in providing support to families, and in contributing towards addressing health inequalities.

4.5.5 Impact upon Organisations

Salford CVS described being involved in the Test and Learn Site as being a great experience. This was for a number of reasons. First, it has enabled them to add value to and strengthen the bond between the Answer Cancer and Wellbeing Matters Programmes, with the Site being a practical means through which cancer awareness and community engagement methodologies could be implemented. Second,

it has enabled them to further develop relationships with local VCFSE organisations and communities and build the Salford CVS membership base and network – indeed, a couple of the organisations in receipt of grant funding were previously unknown to Salford CVS. Third, it has enabled a new way of working to evolve and including colleagues in the PCN, the Cancer Care Coordinators, the VCFSE sector and internally at the CVS.

The PCN also recognised the value that the Site activities have added to their organisation and their relationship with the communities of Eccles and Irlam. In particular, it has enabled them to add to their 'directory' of VCFSE organisations that GPs and Cancer Care Coordinators can refer people to, or through which people can engage with on matters associated with their health and well-being.

4.5.6 Learning and Policy Implications

There has been significant learning identified through the activities of the Salford 'Test and Learn Site' and as detailed below:

- The NHS England Social Prescribing Mandate and the CORE20PLUS5 has provided a blueprint through which PCNs and VCFSE organisations can engage with each other and raise awareness of key health issues facing communities.
- The existing infrastructure in Salford has enabled the activities of the Site to evolve and for PCN and VCFSE sector relationships to develop. This infrastructure includes a strong CVS; an existing grant fund for the VCFSE sector, existing community engagement and cancer programmes in the form of Wellbeing Matters and Answer Cancer; an existing relationship between the PCN and the VCFSE sector; and supporting infrastructure in the form of Cancer Care Coordinators.
- The three training workshops and the accompanying grants for awareness raising and support are an effective method in 'snowballing' messages around the importance of cervical cancer screening. Awareness raising is particularly effective when twinned to other activities such as the provision of food and family fun days.
- The relationship that has evolved between Salford CVS, the VCFSE sector and the PCN has been framed by a number of factors including leadership, trust, confidence, experience of working together, wider activities, a clear methodology, and access to communities through wider issues and challenges.
- 'Community space' has played a key role in the delivery of the activities of the VCFSE groups – it is often a 'safe space' which communities will use for other things, and through which awareness raising activities can be undertaken.

5. Collective Learning

This section of the Final Evaluation Report brings together the findings from the process and impact evaluation, to detail collective learning across the Sites - it should be noted that each Site had its own particular nuances, with activities undertaken in different ways. We have broken the learning down into three categories of: the design of Site activities, the delivery of Site activities, and the challenges associated with continuing Site activities into the future.

5.1 Design

The key learning identified from the evaluation in relation to the design of the project and its activities was as follows:

- Each of the Sites have been ***led by individuals and organisations with really strong leadership skills and personalities*** with a clear commitment to address health inequalities in their places. This leadership has been evident across both VCFSE organisations and PCNs and has enabled effective design of activities relevant to their area and communities.
- Each of the Sites have recognised that ***this project has not just been about health – instead it has been about using wider activities to stimulate conversations about health*** and raise awareness of the importance of addressing specific health challenges. These wider activities have included cafes, food provision, and educational work.
- Each of the Sites have recognised the ***valued role of VCFSE sector infrastructure organisations in the design of activities for this project***. This is equally important across Sites that have been led by VCFSE infrastructure and those which have engaged with infrastructure for support, or for those which have developed a coalition of organisations in their locality.
- Each of the Sites have recognised ***the integral role of the CORE20PLUS5 model as a framework for designing their activities***. It has enabled them to focus upon particular cohorts of the community and specific health challenges. Once design was complete however, Sites did not necessarily refer back to the CORE20PLUS5 model frequently.

5.2 Delivery

The key learning identified from the evaluation in relation to the delivery of the project and its activities was as follows:

- Each of the Sites have recognised ***the importance of ‘non-clinical spaces’ in delivering effective outcomes in this project***. By this we mean the use of community spaces such as parks, specific events wrapped around existing activities, and the use of community provision such as food as a means of starting conversations about health challenges. VCFSE organisations add value to mainstream health provision as they often work with groups that can be difficult to engage.
- Each of the Sites have recognised ***that 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.
- Each of the Sites have recognised the ***vital role PCNs have played in the realisation of the outcomes of this project***. This has showcased the importance of developing relationships with both individuals and communities, and with wider strategic stakeholders around the challenge of health inequalities.

- Each of the Sites have recognised that ***scale is an important consideration in the delivery of activities associated with addressing health inequalities***. For some Sites and activities, very local or neighbourhood approaches are important – whereas for others it may be the entirety of a PCN area or wider.

5.3 Sustainability Challenges

The key learning identified from the evaluation in relation to challenges associated with the sustainability of the project and its activities was as follows:

- Each of the Sites recognised that the ***timeframes for the delivery of activities were too short***. By the time the project got going in February 2023, there was only really opportunity for six months of delivery.
- Each of the Sites recognised that the ***delivery of activities had been sometimes undermined by concerns over the future of PCN and VCSE contracting arrangements post March 2024***, and particularly their future funding and role around addressing health inequalities.
- Each of the Sites recognised that whilst they had been able to collect some limited output data in relation to delivery activities, ***it had been much more difficult to collect outcomes and ongoing stories of impact on beneficiaries***, given the short delivery timeframes. Being able to demonstrate outcomes will be crucial in evidencing the impact this type of work has.
- Each of the Sites recognised that there was a ***need for ongoing resource in at least the coming 12 months to mainstream the pilot activities*** into their areas, and also in order to develop fuller strategic relationships with PCNs and around addressing health inequalities.
- Each of the Site's recognised that there was ***a need for more effective communication and dissemination of their activities and impacts***, and particularly where there were language and cultural barriers to delivering awareness raising activities around health inequalities.

Appendix 1 – Literature Review

As part of the Test and Learn approach to finding innovative ways of tackling health inequalities, a literature review was carried out to explore PCN and VCSE relationship models. For this we looked at the CORE20PLUS5 model, alongside the factors that enable successful relationships between health organisations and VCSEs in the context of health inequalities.

The searches for materials to develop the review were carried out in two bibliographic databases on the Ovid platform: HMIC (Health Management Information Consortium) and Medline. Searches were also carried out in Google Scholar and the National Grey Literature Collection, as well as general internet search engines.

The HMIC database covers health management and policy literature with a UK focus. We used it as the Test and Learn sites will be operating in the UK context and the articles produced are more likely to be directly relevant to the programme. We searched Medline in addition, to ensure that relevant worldwide information or evidence was unlikely to be missed. Grey literature was also part of the search strategy, given the limited work on the topics within the formal literature and the applied nature of the programme being undertaken. Grey literature is information that is not published in books or formal journal articles. The information that is likely to be picked up in these searches includes reports from organisations (including government, other statutory agencies and independent organisations), conference proceedings, unpublished reviews and evaluations.

Two sets of searches were carried out. The first focused specifically on the CORE20PLUS5 model, using the term CORE20PLUS5, along with variations in the way it may have been typed out.

The second set of searches focused on the relationships between health organisations and VCSEs. We used terms such as “partnership”, “relationship”, “Primary Care” (and alternatives such as GP, PCN) and “VCSE” (and alternatives such as Voluntary & Faith Organisations & Sector, Social Enterprise) produced several relevant articles.

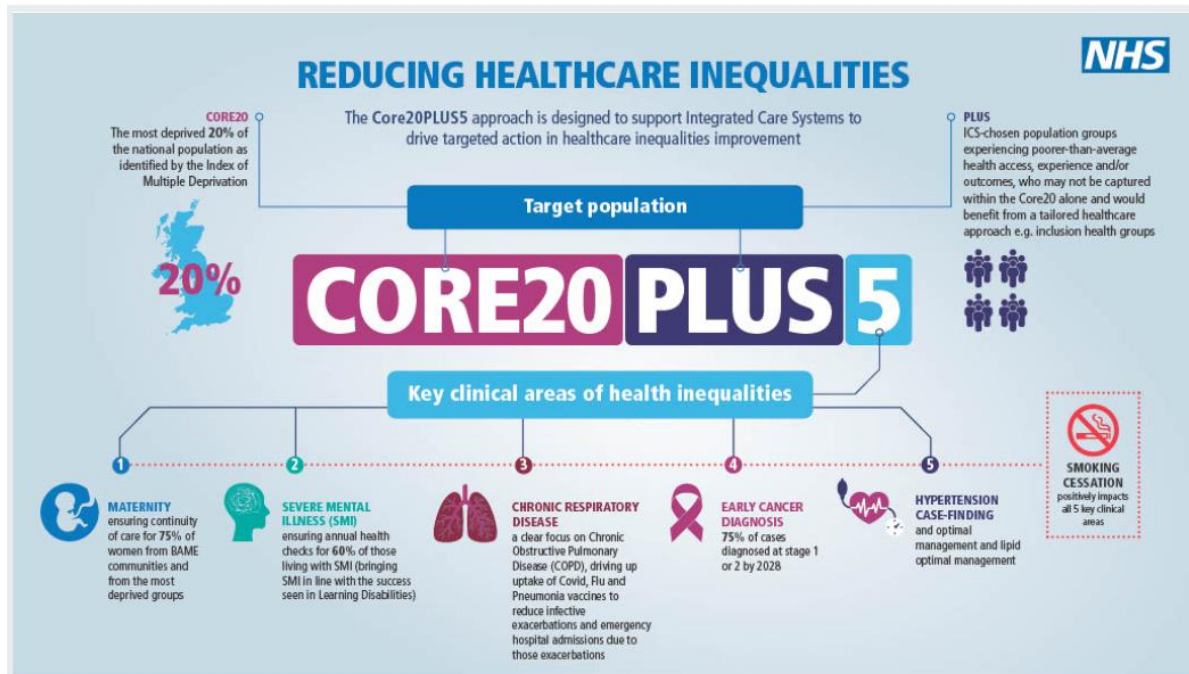
5.4 Review of Search for Relevant Literature and Resources

5.4.1 *CORE20PLUS5 Approach*

The Test and Learn Site opportunity will be using the CORE20PLUS5 approach to explore how collaborative partnerships between Primary Care Networks (PCNs) of General Practices, and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector are developed and sustained, to tackle health inequality.

NHS England describes the Core20PLUS5 Model as, “a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level” (ref, <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5>). The model defines the target population for reducing health inequalities as the most deprived 20% nationally (“CORE20”), as well as locally defined population groups experiencing poorer than average health access, experience and or outcomes (“PLUS”). In addition, the model details five clinical areas of focus; maternity, severe mental illness, chronic

respiratory disease, early cancer diagnosis and hypertension (“5”). NHS England has detailed an evidence base for these areas of focus which has used worldwide and national data sources (<https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/evidence-for-the-five-clinical-priorities>).



The evidence base that the DHSC have put behind the five clinical areas of focus shows the impact of the health inequalities at play:

- **Maternity** – the recently published MBRRACE-UK Saving Lives Improving Mothers' Care analysis (2022) concluded that both Black women and Asian women were more likely to die giving birth than white women (3.7 times and 1.8 times respectively).
- **Severe Mental Illness** - Public Health England (2018) reported that people with a mental illness (for example; schizophrenia or bipolar disorder) can expect to live 15 to 20 years less than people who do not have a Severe Mental Illness.
- **Chronic Respiratory Disease** - Public Health England data from 2020 shows that people from the 20% most deprived communities in England were twice as likely to die early as a result of Chronic Respiratory Disease
- **Cancer** – Cancer Research UK's 2020 evaluation found that communities with higher levels of deprivation have increased levels of risk factors, know less about cancer symptoms, find it harder to get help, are less likely to be involved in screening programmes and end up being diagnosed in a way that leads to lower survival rates.
- **Hypertension** – people living in the most deprived areas of the UK were almost twice as likely to have a stroke in comparison to those living in the least deprived areas (Bray et al., 2018).

The CORE20PLUS5 model was launched in late 2021 and is referenced/outlined by the Department of Health and Social Care in 2022/23 Planning Guidance. There are a number of published reports and case studies that evidence positive work that has been developed using the CORE20PLUS5 principles.

People within CORE20PLUS5 cohorts have comparatively poorer health outcomes which can be exacerbated as a result of inequality in terms of access, experience and outcomes across health and care services and treatment pathways. Our literature review has focused on the available evidence around the approaches to addressing this inequity, under the CORE20PLUS5 model.

As the CORE20PLUS5 approach is so new, the evidence for and evaluation of its impact and efficacy is not yet in place. Keyword searches for 'CORE20PLUS5' on HMIIC and Medline databases produced no results, but the model itself is based on evidence in respect of health inequalities and where action is required. Similarly, searching grey literature sources Google Scholar and the National Grey Literature Collection did not produce any results for evidence of impact. However, it is clear from specific web searches that a number of former Clinical Commissioning Groups and now Integrated Care Systems are using CORE20PLUS5 as the basis of their approach to addressing health inequalities in their areas (for example, Northamptonshire CCG; <https://www.northamptonshire.gov.uk/councilservices/health/health-and-wellbeing-board/northamptonshire-jsna/Documents/PCN%20Profile%20-%20MWEB%202022.pdf>).

The National Institute for Health and Care Excellence (NICE) produces evidence-based guidance on health and social care topics. NICE have recently developed a suite of resources on health inequalities which was launched in November 2022 and this includes, alongside some fundamental information about health inequalities, NICE's guidance mapped to the CORE20PLUS5 model (<https://www.nice.org.uk/about/what-we-do/nice-and-health-inequalities>). This is likely to be a helpful resource for Test and Learn sites as they seek to address health inequalities using the model.

2.2.2 Developing partnerships between VCSE & PCNs

A number of the articles found focused on social prescribing approaches. This covers a broad approach to connecting people to activities in their community to improve their well-being, without an agreed definition or model. Westlake et al (2022) were embedded researchers looking specifically at social prescribing within an ICS area within the context of the COVID-19 pandemic. They reported that prescribers working for local VCSE organisations were better placed to support individuals as they were working to a well-established delivery model, and had good individual working relationships across the local systems, which meant they were able to be flexible in meeting needs. They also reported that a more structured model was important to social prescribing in avoiding requests outside of individual prescriber's areas of expertise and confidence.

A systematic review looking at success factors and barriers to effective implementation of social prescribing by Pescheny et al (2018) in the UK highlighted the importance of codesign in developing mutual understanding and expectations to address health inequalities. A formal partnership agreement was recommended as a success factor, as well as structured meetings, communication, evaluation and feedback mechanisms across the partnership. A flexible approach to systems within this formality was viewed as important in addressing health inequalities effectively.

The NHS guide to "Tackling inequalities in healthcare access, experience, and outcomes" (Future NHS, 2022) emphasises the importance of having clear understanding and aims across organisations to maximise the impact on health inequalities. They also highlight the critical role of people with lived

experience and community organisations in codesigning the solutions to health inequalities as equal partners. The guide contains a number of relevant actionable insights which the authors have indicated are success factors in impacting on health for people under the CORE20PLUS5 model and is likely to be helpful research for the Test and Learn sites. Insights from this include, for example, physically going into communities rather than expecting people to attend formal service sites which are often not in their community. In contrast, Southby and Gamsu (2018) in their review of GP and VCSE collaboration noted feedback from a voluntary sector partner who had found benefit in using the practice building as a starting point for health walks, and noted positive feedback from casual meetings in the coffee room at the practice. Flexibility in defining expectations appears to be as critical as having clearly worked through those expectations.

Looking at wider international sources, Runckle & Nelson (2021) investigated disconnects between primary care and community organisations (specifically food pantries or banks) in USA. The authors interviewed primary care providers and both staff and clients of food pantries to understand how each views their respective roles in addressing food insecurity. They found that there were similar themes which primary care and community organisations both address separately (meaningful relationships; stigma; conversation starters; having the answers; safe spaces; and purposeful training), identifying the opportunity for primary care and community organisations to work collaboratively for the benefit of individuals whilst meeting the goals of both potential partners more effectively.

2.2.3 Community Connectors

Core20PLUS Connectors are people from underserved communities who can use their experience and community connections to help change local services to support their community better. This approach recognises that people and communities often know what they need and what would work best for them. It recognises the importance of engagement and partnerships which these roles help to cultivate. Pilot sites have been selected to take part in wave one and two of the programme, with the Caribbean and African Health Network (CAHN) having been selected to take part in the DHSC programme. As part of this work CAHN will support 30 Caribbean & African people to become trained and equipped to engage in their local health system; championing prevention and promoting screening.

The community connectors approach is distinct from social prescribing initiatives, whilst building on the learning from these schemes. The available literature on social prescribing approaches in the UK gives a mixed picture of impact. Kiely et al (2021) completed a systematic review of the effect of social prescribing link workers on health outcomes and costs and concluded that there is an absence of evidence for social prescribing link workers, calling for further evidence. Chng et al (2021) evaluated the impact of a Link Worker Programme (who were social prescribers) over a 2-year period, in seven general practices in deprived areas of Glasgow. In common with Calderón-Larrañaga et al (2021), their research found a mixed picture of integration of the programme into GP practices but both reviews were able to draw out similar success factors. These were commitment from clinical staff, collaborative leadership, good team ethos and relationship and a focus on a single programme rather than a suite of innovations being implemented at the same time. As Tierney et al (2019) point out, these type of roles (for example; care navigators or social prescribers) are often not concretely defined and it is challenging to evaluate different approaches in a systematic way. A number of social

prescribing initiatives show workers being individually employed by practices and working for, rather than with, health staff. The literature highlights collaborative working with community organisations which have an established, trusted presence in their communities as key to impacting on health inequalities (for example; Cannon & Ferguson, 2018). This is as critical to the Test and Learn sites as to the Community Connectors approach.

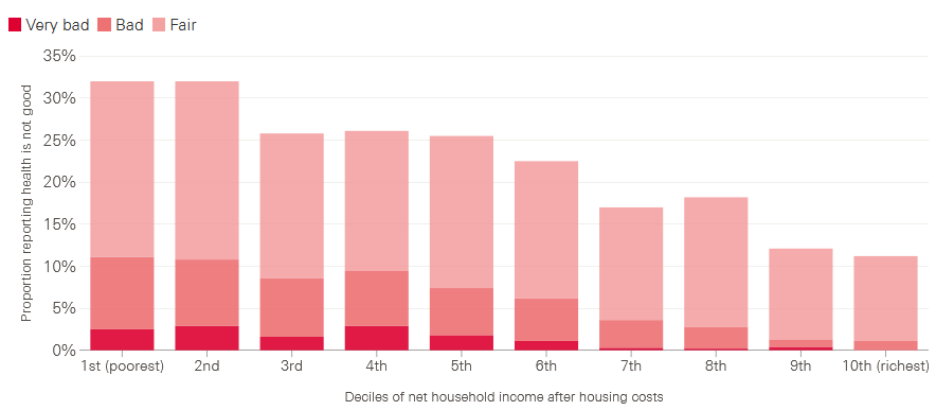
2.2.4 Addressing Health Inequalities in Greater Manchester

There is a significant body of reports that view the VSCE sector as having a critical role in addressing health inequalities, in particular following the adverse impact of the COVID-19 Pandemic, for example; COVID-19 and the Northern Powerhouse (Northern Health Science Alliance, 2020) along with others from Health Creation Alliance and National Voices. How these inequalities are addressed will be dependent on the priorities and specific focus of each Test and Learn Site. However, the NICE health inequality resources grouped around the CORE20PLUS5 programme will be an option to provide structure and guidance to sites as they develop partnerships and seek to address the significant challenges in Greater Manchester.

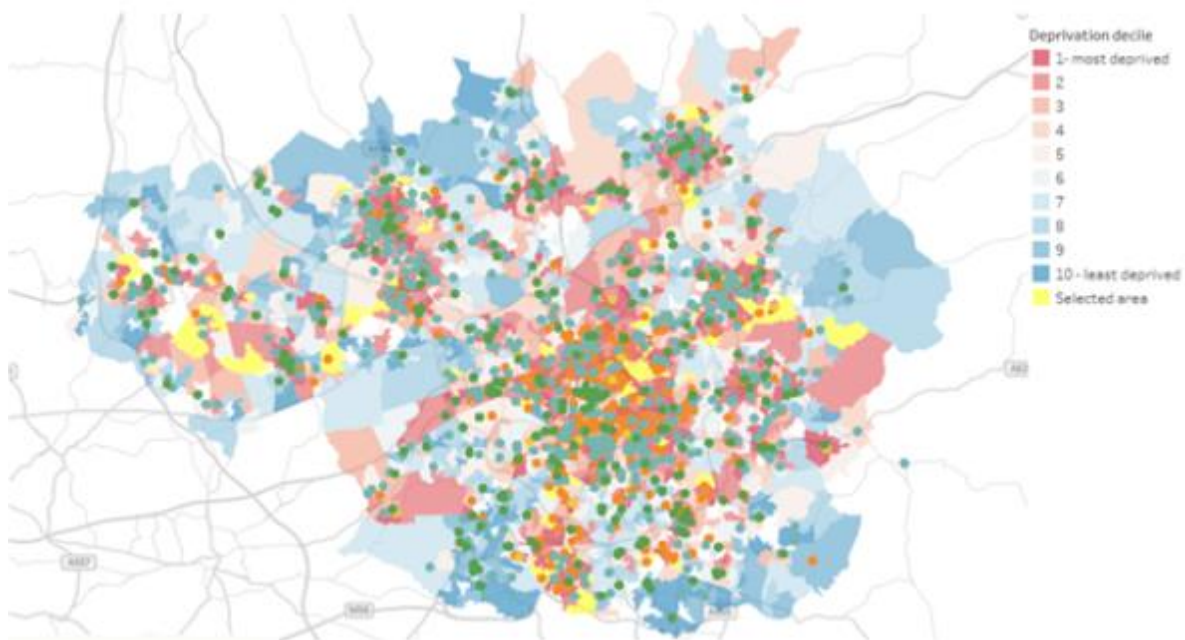
In 2021, the Greater Manchester Primary Care Provider Board commissioned the Utilisation Management Unit to produce health inequalities data reports for all Greater Manchester PCNs, totalling 62 individual reports. These reports provide an overview of multiple health inequality indicators and associated benchmarking, drawn from a range of existing publicly available data sources, including; GP Quality and Outcome Framework (QOF), Public Health England (Fingertips), Secondary Uses Service (SUS) data, and Office of National Statistics (ONS). This data is important in identifying priorities across Greater Manchester in line with the CORE20PLUS5 methodology on a PCN by PCN basis. The data is available at <https://gmpcb.org.uk/general-practice/pcn-health-inequalities-data>. Economic deprivation has been shown to be a significant determinant of health outcomes (for example; Inglis et al, 2019) with people with lower incomes reporting poorer health. The Health Foundation analysis shows significant disparities across the income distributions, as illustrated by the chart below:

People with lower incomes are more likely to report their health as 'bad' or 'very bad'

Self-rated health and employment rate by household income, adults aged 55 years and under: UK, 2018/19



The challenge of health inequalities remains significant across Greater Manchester, an area which itself is socially and economically diverse. This is reflected in the levels of inequality and the levels of deprivation experienced across Greater Manchester (GMCA, 2019) compared with England as a whole. There are a significant number of communities in Greater Manchester that fall into the most economically deprived deciles as the map below illustrates:



Evidence Update on Health Inequalities from the Greater Manchester Independent Prosperity Review reported that life expectancy at birth in Greater Manchester was the highest it has ever been, prior to the COVID-19 pandemic. In addition, Britteon et al (2022, cited in the report) notes that there was a positive impact associated with Health and Social Care devolution across Greater Manchester. However, the impact of the pandemic on these measures has been significant and was disproportionately large in Greater Manchester compared to the rest of the country. The decrease in life expectancy and healthy life expectancy seen through the first phase of the pandemic in 2020 for both males and females in Greater Manchester was larger than the decrease found at the national level. The report emphasises the disparity across the area, with healthy life expectancy in Oldham for men being less than 57 years, close to 10 years lower than that in the highest local authority, backing up the challenges evident from the PCN inequalities data.

5.5 Summary of Main Messages

The main messages can be summarised as follows:

- The CORE20PLUS5 model is new but is itself evidence based and a number of robust resources are available to support implementation.
- The evidence that exists around the success factors in developing and maintaining relationships that help PCNs and the VCSE sector work together to tackle health inequality suggests some key building block to these partnerships' success, for example:
 - Co-design of interventions,

- Equal partnership arrangements between established organisations,
- Structured communications training and expectations.
- Health Inequalities experienced in Greater Manchester have been negatively impacted by the COVID-19 Pandemic, to a greater extent than across the rest of the Country, and there are wide variations across the area in health impacts and outcomes.

4.8 Success Factors in VSFSE Sector & PCN collaboration

The available evidence on the impact of VCFSE organisation and Primary Care collaboration is limited, and the differential approaches used in local areas reflects disparate needs and challenges. This reflects a strength of hyper-local, bespoke partnerships which have the potential to reduce health inequalities in unique and innovative ways. The Test and Learn sites can add to the evolving evidence base, particularly with regard to the CORE20PLUS5 Model approach. There are themes within the literature which are drawn out below; a number of the studies and analyses highlight key elements of successful partnerships which have a positive impact for people who are experiencing disadvantage as a result of health inequalities.

- **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. The NHS guide to “Tackling inequalities in healthcare access, experience and outcomes” suggests that fundamentally agreeing aims maximizes the impact of a partnership on health inequalities.
- **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. Westlake et al (2022) identified the importance of social prescribers working for an established VCFSE organisation which led to a clear role and a confident flexible approach to working with individuals. Cannon & Ferguson (2018) underlined the value of established community organisations as partners in addressing health inequalities, given their presence in and reach into impacted communities.
- **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. Pescheny et al (2018) noted the value of codesigning this type of agreement in terms of efficacy in addressing health inequalities.
- **Structured Team Building** – ongoing, consistent opportunities to meet, discuss, review and plan collaboratively. A team ethos was something that Chng et al (2021) noted in their analysis of a number of partnerships seeking to address health inequalities in Glasgow.
- **Flexibility** - arrangements to enable partnerships to evolve to meet needs in uncertain and complex circumstances. Southby and Gamsu (2018) indicate that flexibility around mutual expectations was important in successful partnerships seeking to address health inequalities.
- **Appraisal** - system of accountability across partners that tracks inputs, processes, and outcomes. Focusing on a specific innovation was something that Calderon-Larranaga et al (2021) highlighted as an element that was associated with successful partnerships addressing health inequalities.

