Creating greater collaboration between Primary Care Networks and the VCSE sector

March 2022

locality the power of community

power to change

VCSE health & wellbeing alliance

1. Introduction

Locality, in consortium with Power to Change, is part of the VCSE Health and Wellbeing Alliance (HW Alliance). This is an initiative of the Department of Health and Social Care and NHS England and NHS Improvement.

The HW Alliance exists to connect the voluntary, community, and social enterprise (VCSE) sector with the health and care system to provide a voice for policy and improve health and wellbeing for all communities. As part of this effort, we are publishing the following learnings and recommendations for greater collaboration between Primary Care Networks[1] and the VCSE sector.

Integrated Care Systems (ICSs) will become statutory bodies during 2022 and have been tasked with developing stronger partnerships with stakeholders outside of the health system such as the VCSE sector. VCSE partnership is likely to be embedded through an alliance or group of VCSE organisations acting as a single point of contact at place level.

Significant work has already been done to understand how to embed VCSE partnership at ICS place level.[2] However, for most neighbourhood-based VCSE organisations, collaboration is likely to take place more significantly with Primary Care Networks (PCNs).[2] Through our work on the HW Alliance, we are learning how to create greater collaboration between Primary Care Networks (PCNs) and the VCSE sector. We have established a Community of Practice through which a targeted group of VCSE organisations and PCNs meet to work through some of the challenges and solutions to better collaboration.

We are also working through the FutureNHS platform to develop an online Community of Influence. Here, a broader community of PCN members and VCSE organisations can share resources and information to help better collaboration.

This briefing paper is designed to share the value, principles, and examples of collaboration with the VCSE sector. The findings are based on interviews with NHS and VCSE organisations working with Integrated Care Partnerships[3] and workshops with our Community of Practice. It outlines some of the opportunities and challenges for greater collaboration between the VCSE sector and PCNs. It also includes some recommendations to improve joint working at a local level. We will continue to identify and publish good practice on the FutureNHS platform though our Community of Influence. For more information about involvement in the Community of Influence, see section 4 – '**Next steps**'on p7.

[1.] Primary Care Networks (PCNs) PCNs are groups of GP practices working closely together - along with other healthcare staff and organisations - providing integrated services to the local population. See: https://www.bma.org.uk/advice-and-support/gp-practices/primary-care-networks/primary-care-networks-pcns

[2.] NHS, 2021, "Integrated Care Systems: design framework". Available at: https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf

[3] Integrated Care Partnerships (ICPs) are alliances of NHS providers that work together to deliver care by agreeing to collaborate rather than compete. These providers include hospitals, community services, mental health services and GPs. Social care and independent and third sector providers may also be involved. See: https://www.kingsfund.org.uk/publications/making-sense-integrated-care-systems

2. Our findings

The benefits of collaboration

There are considerable benefits to local health outcomes when the health system and local VCSE sector work together.

For example, most GPs believe that social prescribing programmes can help reduce their workload.[4] We also know from other HW Alliance partners that collaborating with the local VCSE sector can support people and communities faced with additional health inequalities.[5] VCSE organisations often have closer links to these marginalised communities and are therefore better able to support their health and wellbeing needs. To support the culture change needed for effective collaboration, Integrated Care Systems could support joint working at PCN level to reduce local pressures on the health system and provide better health outcomes for patients. There are challenges to this type of collaboration, but many local VCSE organisations and PCNs are developing good practice around collaborating in this way (see case studies on p4, 5, and 6).

The main opportunities and challenges fall into three categories: relationships, structures, and capacity and shared understanding.

Relationships

- Where collaboration is happening between the VCSE sector and PCNs, it is usually because of a small group of individuals driving it forward. It is often reliant on GPs or other PCN representatives (social prescribers, care navigators, PCN managers) reaching out to VCSE organisations, and this does not happen consistently across the country. Effective collaboration needs committed drivers and leadership within PCNs and a requirement for PCNs to develop collaborative processes with the local VCSE sector.

- Funding opportunities for collaborative projects might offer opportunities to develop a greater understanding of the different sectors and improve local collaboration. A greater understanding of the role of the VCSE sector and how it can contribute to local health system outcomes could support further collaboration.

Structures

- Local forums and provider collaboratives are a tool for making collaboration happen. This is a way of getting organisations together at place or PCN level to share information and work out problems.

Durham Community Action

The Health and Wellbeing Coordinator at Durham Community Action (DCA) supports and promotes community groups and organisations within County Durham through the health and wellbeing agenda. This includes building on the relationships (both new and old) of those who are connecting people to community-based support. They can then act as a link between the local authority, NHS partners, VCSE sector, Social Prescribing Link Workers (SPLW), and PCNs.

The role also ensures community and voluntary groups have a voice and are included in discussion and consultation to meet community needs and avoid duplication of work. DCA encourages partnership work to include volunteer-led community groups, including working with SPLWs. To highlight the work of the VCSE sector and support the connector model, DCA facilitates the SPLW network and has regular catchup meetings with the teams. This encourages SPLWs to connect with new VCSE projects and promotes referral pathways.

- The PCN contract might be a helpful statutory tool to encourage collaboration[7] through the Social Prescribing Link Worker role. This role requires effective engagement with local VCSE organisations, which provides an opportunity to broaden the social prescribing offer and address locally determined heath inequalities.

- Effective VCSE engagement at ICS level is very challenging where there might be thousands of VCSE organisations covering a wide range of areas that all need representing. Mechanisms of engagement are needed that support a more meaningful voice for the VCSE sector.

- Creating opportunities for engagement with the VCSE sector to share good practice is important. But it can be hard to find time to invest in these opportunities when there is little flex in the system.

- As with all place-based work there needs to be a recognition that there is no one-size-fits-all approach. Local factors will determine how collaboration takes place.

Capacity and shared understanding

- The health system and VCSE organisations use a completely different language and have different priorities. The adoption of shared language – including that around the wider determinants of health – supports collaboration.

- The wide-ranging nature of the VCSE sector, from neighbourhood level volunteer-led groups to national health providers, can lead to a lack of understanding of the role of the sector in their local communities.

- It's important to understand how the local VCSE sector can support community involvement as well as support the pressures on local health systems.

[7] NHS England and NHS Improvement, 2020, "Network Contract Directed Enhanced Service" (pp. 76-79). Available at: https://www.england.nhs.uk/wp-content/uploads/2020/03/Network-Contract-DES-Specification-PCN-Requirements-and-Entitlements-2020-21-October-FINAL.pdf

Edberts House

In 2009, Gateshead Council leased the empty Edberts House to a local charity to enable them to support their local tenants more effectively. At the time, the area had the highest anti-social behaviour rates in the borough and a lot of nearby houses were boarded up.

Following funding from Power to Change and the Peoples Health Trust, Edberts House piloted a social prescribing service to reduce the amount of non-clinical appointments made at the local GP service.

It was trialled in one practice initially, where the Community Link Worker became an embedded part of the GP team. GPs could directly refer a patient to them to discuss issues going on in their life – such as having benefits stopped, struggling with housing or relationships, or losing their job – which were leading to health issues.

> **"Community Link Workers are better placed to ask 'what matters to you' than a GP and can signpost people to practical ways of improving their life."** Stephen Ward, Gateshead Council.

The Community Link Workers bring their community development experience and match it with the clinical expertise of GPs to provide a more holistic service to patients. The project quickly scaled up to four local practices, who were all keen to experience the benefits of this new, holistic approach.

Having proved how effective the service was at reducing unnecessary visits to GPs, in October 2018, Power to Change awarded Edberts House £60,537 health and social care development grant to expand the Community Link Workers programme into a further five GP surgeries. This target has already been exceeded as they are now operating in 13 surgeries and are set to sign contracts to cover the whole borough – 30 surgeries in all. The contracts with the GPs are a source of sustainable unrestricted funding for Edberts House, as they charge a management fee to deliver the service which is reinvested into core salaries within the organisation. This allows valuable community activity to be delivered through their community hubs.

● The local VCSE sector is not a homogenous block with a shared understanding and approach to addressing local health outcomes. Relationships in the sector have been strained by years of competitive commissioning – expecting them to come together and take part in additional competitive bidding processes is unlikely to build a shared approach to tackling local health issues.

● In amongst all the above, neither PCNs nor the VCSE sector have the capacity to pursue these relationships, take part in forums, and build up an understanding of each other's roles.

● Changing hearts and minds within PCNs takes time, head space, local knowledge, and agreed purpose.

2. Recommendations:

From the conversations we've had as part of this project, we're making the following initial recommendations to improve joint working between PCNs and the local VCSE sector:

● **PCNs and ICSs should adopt commissioning and procurement approaches that encourage collaboration and shared outcomes with and amongst the local VCSE sector.** These should support a shared understanding and approach exploring questions around: how and what to commission; the value and purpose of PCNs collaborating with the local VCSE sector; what a joint approach would look like, and; where social prescribing is being sustainably funded.

Case study

Wakefield Connecting Care

Wakefield's Connecting Care programme is a collaboration between local health partners, the local authority, and the VCSE sector. It's designed to integrate health and care support in the district. This work includes direct investment into local community organisations to make sure older people have access to support in their local community.

● **Shared language and parity of esteem should be prioritised as fundamental to good collaboration.** This should involve an effort from both health system partners and the local VCSE sector to create a clearer, shared language. It could begin with the production of an NHS language guide. There should also be a recognition that any one place contains an ecosystem of health which includes the VCSE sector. As such, good collaboration will require an understanding and harmonisation of the ethos and ways of working of all parties.

● **Support the capacity of PCN leads/ clinicians and VCSE organisations to meet and engage with each other.** The time to build relationships and trust will be just as important as getting them to work together on a specific project from the off.

● **Create space for the development of shared understanding of local health outcomes.** This should lead to a joint plan for connecting existing work and determining collective impact.

● **Shift the culture to "invest to save".** One GP described to us the value of trying to understand the root cause of a patient's problem and using the Social Prescribing Link Worker to identify local support for the patient.

● **Use the ICS level VCSE leadership alliance to coproduce place-level VCSE engagement outcomes.** Membership of the alliance requires significant resource commitment from VCSE leaders for information to flow through to place-level VCSE. VCSE organisations will need support to take up roles in ICS leadership structures including resourcing and/or capacity building. There should be support for a role which works across the ICS level to help them understand the role of the VCSE sector.

● **Ensure that there is guidance for PCNs from the NHS which sets out the value of the VCSE sector and the impact it has.** Ensure that ICSs can resource VCSE organisations to be part of co-producing engagement plans.

4. Next steps

We will build on these findings and recommendations as we continue to work with our Community of Practice, Community of Influence, and wider health system partners.

Through our work so far, we have heard on many occasions that there is a disconnect between the socially prescribed activities and services local VCSE organisations are asked to provide, and the amount and sustainability of funding available for them.

As we move into our next year of work on the HW Alliance, we will have a particular focus on the importance of a whole-system approach to funding local health systems.

Using the Office for Health Improvements and Disparities

(OHID) definition of a local, whole-system approach that "responds to complexity through an ongoing, dynamic and flexible way of working", we want to explore the funding profile of local health systems. This includes how they might work to support the different elements (including local VCSE organisations) within the system.

To explore this, we will develop knowledge on what sustainable, place-based health systems look like, and how they can be created and maintained.

If you would like to become involved in the Community of Influence, please contact meena.bharadwa@locality.org.uk.

Locality

Locality supports local community organisations to be strong and successful. Our national network of over 1,500 members helps hundreds of thousands of people every week. We offer specialist advice, peer learning and campaign with members for a fairer society. Together we unlock the power of community.

Power to Change

Power to Change is the independent trust that supports community businesses in England.

Community businesses are locally rooted, community-led, trade for community benefit and make life better for local people. The sector owns assets worth £870m and comprises 11,300 community businesses across England who employ more than 37,000 people. (Source: Community Business Market 2020).

From pubs to libraries; shops to bakeries; swimming pools to solar farms; community businesses are creating great products and services, providing employment and training and transforming lives. Power to Change received an original endowment from the National Lottery Community Fund in 2015 and a further £20 million grant in 2021.

VCSE Health and Wellbeing Alliance

The VCSE Health and Wellbeing Alliance (HW Alliance) is a part of the VCSE Health and Wellbeing Programme (HW Programme) which is delivered by Department of Health and Social Care and NHS England and NHS Improvement (the system partners).

The HW Alliance is new network of 18 member organisations (and one coordinator) established to collaborate and coproduce to bring different solutions and perspectives to policy and programme issues. All HW Alliance members represent communities that we need to hear from as we develop health and social care policy and programmes.

All photography apart from case studies courtesy of © Alex Brenner