

A 'test and learn' approach to community-led health and care

Lancashire and South Cumbria

This is the story of how we worked across sectors in Lancashire and South Cumbria to design a way for statutory services to share leadership with the voluntary and community sector.

The work was led by a steering group comprising of the Head of Communications for the Lancashire and South Cumbria ICS team (delivering the shared Healthier Lancashire and South Cumbria vision), representatives from Public Health England, the local authority and leaders from the VCFSE.

The challenge

Improving health services only contributes to about 20% of population health.¹ This is why, across England, health systems are now required to work with PCNs. Building on the core of current primary care services, multi-sector PCN teams mobilise community assets, integrate care models and help improve people's access to housing, transport and employment.

We recognised that the VCFSE sector and Lancashire and South Cumbria ICS needed to work together as equal partners to develop new models of health and care that are centred on preventing, rather than treating, ill health.

TERMINOLOGY

ICS

Integrated Care System: a new partnership and collaboration system between the NHS, local councils and others, that manages resources collectively to deliver NHS standards and improve the health of the population in their area

ICP

Integrated Care Partnership: locality-level areas that form an ICS

PCN

Primary Care Network: neighbourhood-level partnerships that group together GP surgeries and serve populations of 30-50,000

VCFSE

Voluntary, community, faith and social enterprise

¹ www.england.nhs.uk/integratedcare/building-blocks/p hm/

What we did

The VCFSE sector, the local authority and NHS in Lancashire and South Cumbria had already worked together developing relationships and mechanisms for engagement between our ICS, ICPs and PCNs. As we built on this work to embed some system leadership approaches, a key challenge surfaced: we needed to move away from tokenistic representation of the VCFSE sector in key pieces of work. To address this, our steering group set out to explore how we could:

- Ensure the VCFSE is an equal partner in delivering health and wellbeing outcomes
- Shift the current working culture to strengthen relationships and improve collaboration
- Build consistent models of VCFSE engagement within and across all ICPs locally, particularly as a key partner within the developing PCNs at a neighbourhood level

“People need to be in a space like this [Building Health Partnerships workshop] to see themselves as part of an interconnected whole and start to model healthy system behaviours.” — VCFSE leader

We drew inspiration from Toby Lowe’s work on commissioning in complexity,² particularly around the need to:

- Think about the language we are using and whether everyone understands it
- Be human with each other – show empathy, variety and strength while also trusting individuals’ decision-making processes
- Respond to variety, using assets-based strengths
- Continuously learn and adapt what we are doing
- Have better systems and nurture these

To illustrate what a multi-sector partnership looks like at a neighbourhood level and to demonstrate the value of this way of working, we developed talking points to help VCFSE leaders explore new ways of working in partnership and whether we can scale up existing ways of working that are already being practiced at ICP level.

After establishing what was already happening and exploring what we had learnt in the process of trying to create better health partnerships, we decided to take a ‘test, learn and review’ approach to help us understand how the VCFSE sector could help improve health and wellbeing outcomes for neighbourhoods in Lancashire and South Cumbria.

² <https://collaboratecic.com/exploring-the-new-world-practical-insights-for-funding-commissioning-and-managing-in-complexity-20a0c53b89aa>

What we achieved

We are currently piloting the 'test, learn and review' approach in five areas of Lancashire and South Cumbria. This initiative will explore how open, transparent and shared leadership between statutory health and care partners and the VCFSE can improve community health and wellbeing at a neighbourhood level.

The ICS is investing up to £50,000 to support VCFSE leader groups in five neighbourhoods, working in partnership with the PCN to facilitate projects on a specific health or wellbeing area (possibly including mental health and supporting people leaving hospital), based on the needs of local people. This investment reflects an understanding of the changes required to ensure the VCFSE sector is an equal partner with the statutory health and care system. Through this initiative we are seeking to rebalance relationships between sectors, aiming for a better understanding of different strengths to support future collaboration.

What made it work

- **Collaborative champions taking the lead and initiating change:** VCFSE leaders were proactive in conversations with Directors of Commissioning and Transformation at Lancashire and South Cumbria Integrated Care System. This led to a shared agreement and commitment on where we want to get to and why.
- **Starting small but with a big purpose:** We focused on local neighbourhoods and what they need to feel empowered to make positive changes. There was a common understanding across all partners that the VCFSE sector can have greatest impact supporting and enabling communities at grassroots level.
- **Allowing time to collaborate, build trust and relationships:** We made Building Health Partnership sessions safe spaces to explore issues in open, honest ways, encouraging participants to share their thoughts, ideas and worries, use their voices, challenge, agree, disagree, get to know each other and explore new ideas. There are highs and lows in building relationships. It is important to keep talking, remembering that it takes time and that it won't always feel nice.
- **Being open to learn together and share power:** We demonstrated our commitment to transformation by putting resources behind this initiative to move things forward and by focusing our energies on developing better relationships between the VCFSE and building communities.
- **Working together for change:** Realising there needed to be a 'thinking' change for both commissioners and providers together, we agreed on the principles for ways of working that could underpin any kind of structure and survive change.

What next?

Possible measures for whether this shared leadership approach is working include improvements to particular treatment or recovery pathways, as well as public experience of using health services or alternative community initiatives to improve health. We also plan to capture the perceptions of all leaders involved in the pilots before, during and after to determine whether we have developed sustainable relationships and what these have led – or could lead – to. This work with the VCFSE and ICS has resulted in the establishment of a remunerated VCFSE network Chair role, which will improve sector coordination activity across the system and sit on the ICS main Board.

We may consider longer-term patient activation measures³ and business intelligence to determine whether any initiatives within the test sites have an impact on demand and outcomes of local services. Because we expect the outcomes to be focused on the wider determinants of health, the tests will capture examples of where partnership work has improved lives, demonstrating the value of the VCFSE sector on community health and wellbeing. We hope this work will help us to:

- Understand what is required to create and sustain a new culture of neighbourhood leadership – for example, link workers who understand VCFSE assets in communities
- Support partners to recognise and embed the value of this relationship at ICP level by demonstrating ways to create a shared understanding across statutory health and care partners about what VCFSEs have to offer to support new approaches to investing in community-led activity
- Produce a range of resources that support others to take this approach to investing in community-led health and care at a neighbourhood level.

Contact

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³ These are patients' knowledge, skills and confidence in managing their own health and care.

Further information

This work was supported by the **Building Health Partnerships Programme**⁴, delivered by the Institute for Voluntary Action Research and Social Enterprise UK and jointly funded by The National Lottery Community Fund and NHS England and NHS Improvement. For further information and resources, please visit **www.ivar.org.uk/transforming-together**

⁴ <https://www.ivar.org.uk/our-research/building-health-partnerships/>