



Creating Community Chests for Social Prescribing in London

Community Chest Paper



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Produced by Healthy Partnership London and ACO Projects

Contents

Contents	2
About this Paper	2
Outline	4
Core Concepts	4
Introduction	5
Who will benefit from combined investment in VCFSEs and why?	6
What is a Community Chest?	8
Why is it beneficial to set up a jointly funded Community Chest and why now?	9
What is required to make a Community Chest work?	14
How to Guide	16
What are the next steps?	19
What can ICSs do to take this forward?	19

About this Paper

The findings in this paper are based on:

- More than **40 interviews** with social prescribing managers and Link Workers, clinicians, people from a range of roles in VCFSEs and network organisations, local authorities, and ICSs, CCG and PCN decision-makers to understand the context, challenges and opportunities.
- A **best practice scan** of micro-commissioning and Community Chest initiatives across London and the UK and how they work in practice.
- A **survey** with a network of 56 social prescribing link workers and managers.
- A **workshop** with 20+ stakeholders to test priority setting in a decision-making context around a Community Chest at borough level (Lewisham in the SEL ICS).
- Background **research** and findings from existing literature.

This paper and accompanying documents were commissioned by Healthy London Partnership and were produced through a project led by a team from social innovation consultancy Year Here during August - October 2021. This revised version (March 2022) has been updated by ACO Projects who are continuing the work on the Community Chest for social prescribing initiative.

Outline

This paper explores how Community Chests that are funded by combined health investment, might commission local VCFSE services that social prescribers refer to. It begins by laying out the context, outlining why VCFSE services are in need of this vital support and explaining what a Community Chest for social prescribing is. It then looks at who the key actors are in a more integrated, co-produced funding system and why they will benefit. The final section of the paper provides a series of recommendations and scopes out some of the key requirements needed to bring a Community Chest for social prescribing to life.

Core Concepts

This paper proposes that:

- A combined health investment (NHS and local authority) in VCFSEs, through a Community Chest, can have a transformative effect on health and wellbeing outcomes by supporting local solutions for population health.
- Activities delivered locally by VCFSEs form a key pillar of social prescribing and investing in them is central to sustaining social prescribing in the long-term.
- Pressure on the NHS can be alleviated by funding the VCFSE sector, who can deliver community led, localised response and prevention initiatives.
- Community Chests should be co-produced, bringing together diverse stakeholders together from across the social prescribing landscape; this means communities are empowered to respond to inequalities on their own terms.
- Community Chests link to the wider strategic direction of NHS and local authority actors fostering long-term community based solutions to resilience.

Accompanying Documents

[Community Chests for London - How to Guide](#) - A suggested six stage framework for creating a Community Chest.

[Community Chests - Best Practice Scan and Detailed Examples](#) - A summary of best practice Community Chests and small grant funding schemes from around the UK with a focus on health and wellbeing.

[‘Building strong integrated care systems everywhere’](#) - (NHS England / NHS Improvement)
ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector.

Introduction

Health inequalities are rising. People living in deprived communities are more likely to have poorer health.¹ Support for social interventions that promote better health outcomes, enable better understanding of population needs and address gaps in services should be at the heart of tackling these disparities. Social prescribing is now championed by the NHS and has been adopted wholesale across primary care networks; the [NHS Long Term Plan](#) made a commitment to 1,000 social prescribing link workers in place in England by 2020/21, rising further to approximately 4000 by 2023/24, with the aim of over 900,000 patients using this referral route annually by then.²

The biggest threat to a viable impact and the sustainable growth of social prescribing is the chronic underfunding of voluntary, community, faith and social enterprise (VCFSE) services which form a core pillar of the social prescribing journey. Over the last decade many of these organisations have faced cuts and a severe lack of investment which has been exacerbated and exposed by the pandemic.

VCFSE organisations offer vital support to people and communities. Their specialised, trusted and hyper-local knowledge supports people with their long term health journeys and they have proven their fundamental role in weaving together the fabric of our society through community engagement, collective care and mutual aid during the pandemic. 2020/21 has amplified an already existing need for people to receive better person-centred care in joined up ways and VCFSEs need to be supported to do this. How the NHS and social care can take a more active role in fostering integration with communities, is one of the key questions of this paper.

“The voluntary sector can at times be competitively minded because it has needed to be. But now with collaborations in integrated care systems, we’re more able to think about what unites us and how we can collaborate.”

(Beccy Wardle, Head of NHS partnerships, Rethink Mental Illness)

¹ [Health Equity in England: The Marmot Review 10 Years On](#)

² [NHS Long Term Plan](#)

Who will benefit from combined investment in VCFSEs and why?

Combined investment provides an opportunity to address health inequalities by benefitting groups that need it most. This creates a strong foundation for social prescribing with the potential to contribute to transformed integrated healthcare at a community level.

Patients: for whom public health services can only provide a certain level of social health support, and are therefore not getting access to sufficient, relevant and personalised services that can be delivered by community based organisations to empower them to be more independent and experience better long-term health outcomes. For some patients, trust is eroded and can be rebuilt through community engagement mechanisms

Integrated Care Systems (ICSs): who are committed to a longer term policy agenda of working together through Integrated Care Partnerships (ICPs), including working directly with the VCFSE sector as part of this, to address health inequalities.³

PCNs and Social Prescribing Link Workers: who, as per the standard model of social prescribing, need to have a good understanding of the wider community context they are working in, and can gain this from closer liaison with VCFSE's in their work.^{4 5} Who are not currently able to consistently refer patients to VCFSE's because capacity does not exist to meet gaps in need.

VCFSEs: who form a core pillar of social prescribing but who only have access to limited combined health (NHS and local authority) funding that addresses health needs in the social space; particularly funding, that is flexible, accessible, and also allows for measurable, accountable and impactful response to population needs.

³ [Integrated Care Partnership \(ICP\) engagement document](#), Department of Health and Social Care and NHS England, September 2021

⁴ [Social Prescribing](#), NHS England

⁵ [How health and care systems can work better with VCSE partners](#), NHS Confederation, August 2020

ICSs and the VCFSE Sector

The proposed development of Community Chests is timely. NHS England and NHS Improvement have recently published guidance (September, 2021) detailing how Integrated Care Systems should partner with the VCFSE sector.⁶ They recognise the VCFSE sector as key to the creation of successful integrated care systems.

The ICS design framework sets the expectation that integrated care board (ICB) governance and decision-making arrangements support close working with the VCFSE sector as a strategic partner in shaping, improving and delivering services, and developing and delivering plans to tackle the wider determinants of health.⁷

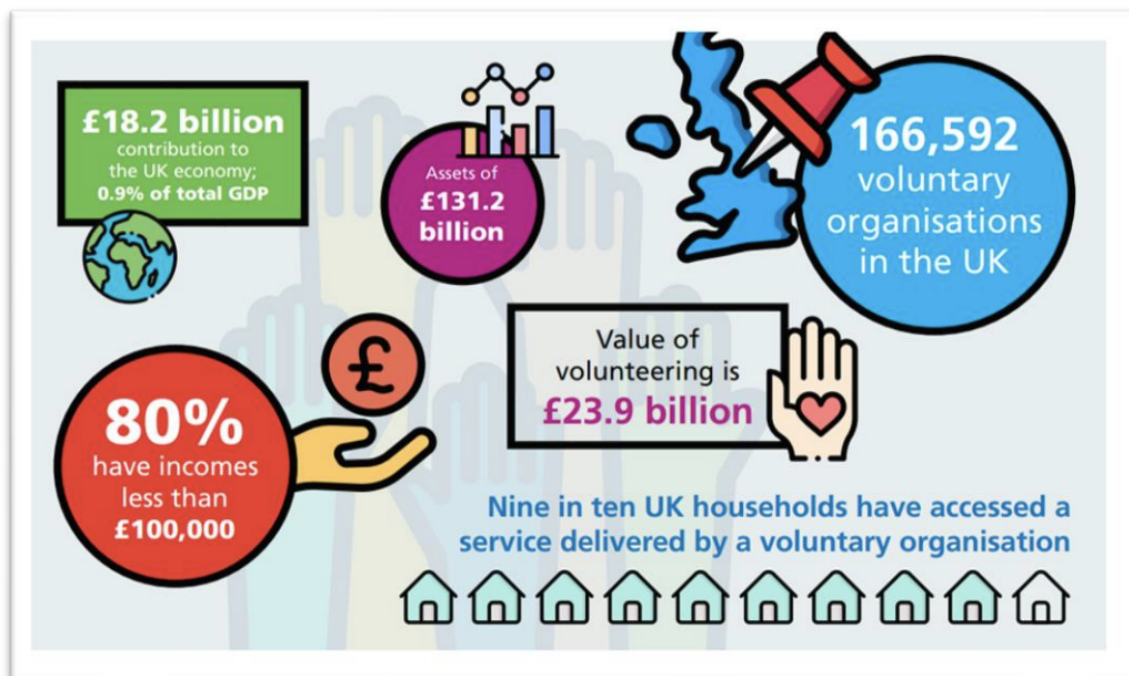


Diagram: The voluntary sector in numbers (Source: The UK Civil Society Almanac, 2020)

⁶ [Building strong integrated care systems everywhere ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector](#), NHS England and NHS Improvement, September 2021

⁷ [ICS Design Framework](#), NHS England and NHS Improvement, 2021

What is a Community Chest for social prescribing?

A Community Chest for social prescribing is a grant fund for VCFSE's that social prescribers refer on to. It is responsive to community intelligence in terms of needs, gaps and capacity. It is designed to directly address health inequalities and promote sustainable impact for communities.

A Community Chest for social prescribing is:

- **A flexible, agile and adaptable fund** - supporting services and activities that address current gaps in need for social prescribing patients at a local and hyper local level.
- **Co-produced** - with participation from a range of actors including from the ICS/CCG, local authority, other borough level stakeholders and the VCFSE sector.
- **Supportive of capacity building** - showing sensitivity to the resources of VCFSE's and recognising the need to support core funding
- **Easy to access** - with straightforward application processes and light touch evaluation requirements.
- **Focused on Equity** - diversity and inclusion is grounded in the initiative through work with equity partners early on in the process.

How would it work?

- Through **joint funding** from the NHS (through the ICS) and local authority.
- It would be **operationalised at the borough level** and delivered locally
- Dedicated staff resource is needed to manage the fund
- Long term visioning is essential to make the fund sustainable
- Fund amount: £20-40k per neighbourhood⁸
- Award value: between £500 - £5,000* per application⁹

What are the expected outcomes?

- **Better integration** with communities across the ICS

⁸ Subject to budgets

⁹ With the possibility of higher capacity building grants in later funding rounds subject to budgets.

- **Alleviating pressure** on NHS primary care services
- **Knowledge and skill sharing** between social prescribers and VCFSE's
- **Leadership development** opportunities for social prescribing link workers
- **Improving data and intelligence** on gaps/need and patient outcome information

Why is it beneficial to set up a jointly funded Community Chest and why now?

Harnessing Momentum from the Pandemic

COVID-19 showed the health sector that working together with local authorities, the VCFSE sector and volunteers, is vital for community health resilience. A Community Chest builds on this cooperation to address health inequalities, trust and bring communities closer together.

A Community Chest can...

- Build on the radical cooperation shown throughout the pandemic, in vaccination efforts, shielding support, and the explosion of volunteer rosters at PCN and VCFSE level.
- Help to address [the stark nature of widening health inequalities](#), and the deepening the trust divide between care providers and their communities through closer working together.
- Help social prescribing shift from reactive, emergency needs response (such as food, housing, crisis pots), towards recovery and tackling worsening long term issues including obesity, long-term conditions and mental health.^{10 11}
- Build on increased awareness amongst populations of the impact of social issues on health.
- Harness increased appetite to fund community resilience through developing new partnerships for long-term change. (The London Community Response Fund raised a very quick £67 million fund from multiple funders in the context of the pandemic).¹²

“COVID-19 made people rely more on the state/NHS system but this sort of funding can support communities taking agency for their own health.” - Dr Jagan John, NEL ICS lead

¹⁰ [Direct and indirect impacts of COVID-19 on health and wellbeing](#), Health & Equity in Recovery Plans Working Group, June 2020

¹¹ [Tackling Obesity in the NHS](#), Kings Fund, July 2021

¹² [London Community Response Learnings from the London Community Response’s equity-centred grantmaking during Covid-19](#), London Funders, 2021

Alleviating Pressure on NHS Primary Care Services

By enabling capacity development in local VCFSEs, a Community Chest can provide more relevant and appropriately chosen social services that intervene more early in a person's healthcare journey. VCFSEs may help alleviate pressures on PCNs to address issues such as patients requiring support while on waiting lists, or who are relying significantly on other services for social health interventions.

[Evidence for social prescribing is broadly supportive of its capacity to reduce demand on primary and secondary care](#), but only when it is followed through on.¹³

A Community Chest can...

- Understand that community services form a core pillar of social prescribing.
- Help close the loop between VCFSE-led services and social health interventions to encourage follow-through on activities.
- Alleviate pressure on VCFSE's to support the sustainability of social prescribing.
- Fund VCFSEs to provide interim support to those awaiting care on NHS and social prescribing waiting lists.
- Enable longer-term capacity development for VCFSE's, therefore having a direct impact on reducing the demand for social health interventions at primary care.
- Create opportunities for knowledge and skill-sharing between social prescribing and VCFSEs, mutually benefitting both as capacity and communities of good practice builds.
- Encourage patient outreach, building connections with under-served communities, and understanding community assets. Finding out what works in one particular community at place-based level and sharing this across an ICS can inform approaches in other communities.
- Provide funding for VCFSEs to provide interim support to those awaiting care on NHS and social prescribing waiting lists, thus alleviating pressure on primary care networks.¹⁴
- Provide additional support to alleviate pressures on other NHS services such as mental health.

¹³ [A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications. University of Westminster](#), Polley, M.J. and Pilkington, K. 2017

¹⁴ [Pressure points in the NHS](#), British Medical Association (BMA), Sept 2021

Integration, Trust and Co-creation

A Community Chest creates opportunities to foster long-term collaborative partnerships at all levels across the NHS and local authorities, addressing NHS England and NHS Improvement's framework on ICS integration with local VCFSE's.¹⁵ It builds upon wider social value initiatives and incorporates much-needed equity and access approaches for communities.

A Community Chest can...

- Create a platform for ICSs to work collaboratively with a range of stakeholders at a borough level. It is part of a wider strategic direction that the NHS and local authorities can address together.
- Enable an intelligent way of commissioning services through joint strategic needs assessments (done by healthcare commissioners) being combined with on the ground (social prescribing and VCFSE) understanding of gaps in services. (Testing a Community Chest governance function in the Lewisham context (September 2021) showed how existing consultative mechanisms and insights on needs can be brought together to do this).
- Enable borough-level healthcare commissioners and primary care networks to build better connections with the community and vice versa.
- Ensure that co-creation and trust is at the centre of ways of working through all stages of the fund - from priority setting to awarding and delivery.
- Be part of building on the wider social value/investment work that involves cooperation with actors beyond the usual set of players.¹⁶

“Building trust in the community can be done by focusing on what brings people together, not by deciding what people think they want.” - Communities Driving Change, Tower Hamlets, community worker (Young Foundation)

¹⁵ [Integrated Care Partnership \(ICP\) engagement document](#), Department of Health and Social Care and NHS England, September 2021

¹⁶ Existing initiatives include: Government work through the Department for Work and Pensions (DWP), Ministry of Housing, Communities and Local Government (MHCLG), National Academy for Social Prescribing (NASP) funding, London Funders, and potential private sector partnerships through crowdfunding or fund-matching schemes). Evidence for social impact bonds (including the Ways to Wellness fund) shows these kinds of partnerships can have a snowball effect.

The personalised care agenda and better patient outcomes

Benefiting 2.5 million people nationally by 2024 personalised care is central to change. Acknowledging that **community services are a core part of social prescribing** is part of this shift. A Community Chest will support evolution, offer unique interventions that the health sector does not have the capacity to provide and improve the lives of patients.

A Community Chest can...

- Encourage patient outreach at PCN level, building connections with under-served and more diverse communities, and understanding community assets better.
- Enable more personalised and responsive care for patients to community based initiatives and activities, fostering better outcomes.
- Empower patients, giving patient engagement representatives a seat at the table in governance and convening at ICS level.
- Support patients to become more independent by integrating their health journeys into community initiatives that are relevant to their needs. Social prescribing staff interviewed had a strong understanding of patient needs and felt a Community Chest could help direct funding to activities that patients actually *want* and would therefore participate willingly and independently in)
- Offer unique community-led interventions that the health sector does not have the capacity, or knowledge to provide.

Data and intelligence to help to understand gaps in need and patient outcomes

There are ongoing improvements to data on needs, gaps and outcomes in social prescribing. Integrating this into a Community Chest will support more intelligent decision making and is part of the NHS' priorities to develop data maturity.¹⁷

A Community Chest can...

- Use data and intelligence gathered through a variety of means (from PCNs and social prescribing, VCFSEs, local authority etc.) to understand and make sense of the unique needs at place and delivery level, while accounting for broader patterns and priorities of ICSs.
- Encourage better data collection on patient outcomes through monitoring and by closing the feedback loop on patient journeys.
- Harness opportunities to work alongside existing initiatives to improve data maturity. (Existing projects to refine coding on EMIS to include use of codes for *why* and *where* a patient was referred and adopting uniform systems, such as Elemental, can be paired with gaps in need and patient outcome data collected through co-created Community Chest activities.)
- Ensure that the commissioning of services is directly tied to levels of demand and need.

¹⁷ [Chapter 5: Digitally-enabled care will go mainstream across the NHS](#). NHS England, January 2019

What is required to make a Community Chest work?

Principal and long-term NHS investment, partnered with local authority, will lay the foundations for a Community Chest, enabling other partners to support it. Working with a well developed social prescribing service would support better co-creation with the community and allow input of local intelligence. Evaluation methods that tell stories and understand the needs of VCFSEs alongside the data required by the NHS and local authority should be integrated early. The integration of equity and access will help distribute funds to communities that are underserved and increase impact where it is most needed.

These are a series of recommendations and guidance for a Community Chest to be developed at a borough level.

Principal NHS investment

- The Community Chest is driven by an initial and core investment from the NHS. This also encourages partnership funding from the local authority and elsewhere across ICSs.

Dedicated staff resource

- Oversight of the high level process could be offered by the ICS.
- Internal staff resources and support staff from the ICS would be required to support the development of the initiative.

Long term visioning

- Following a pilot, it is recommended that the Community Chest is set up for 3-5 years. This would allow sustainable intervention in communities and capacity development of local VCFSEs, where knowledge, trust, and sustainable impact is often trumped by yearly funding cycles.
- A Community Chest is a first step for ICSs to develop structures for holding and initiating this sort of community funding. It is part of a wider strategic direction that the NHS and local authorities can take on together.

A developed and strong social prescribing service

- Working with a social prescribing service that has (or is in a position to develop) strong community links and intelligence/data about local needs is important. This will support better outcomes and impact of the fund.

Co-creation with diverse community stakeholders

- Including the community through co-creation and co-production of the Community Chest to improve access and equity.
- Stakeholders include community leadership, social prescribers, other key agencies (including emergency services), clinical leads and other clinical staff, local councillors and community champions.
- Involvement of Patient Engagement Representatives at ICS level.
- Working with existing community consultation structures.
- Ensuring relationships are fostered and developed across NHS and Local Authority Public Health.

Equity Partners

Equity partners to steer the design and development of the fund and enable better access pathways to the Community Chest for under-served communities.

- Champions at ICS/CCG/PCN level include personalised care leads and clinical leads who have been engaged directly by the ICS.
- Champions at community level include health champions, volunteer networks and community leaders, including in the faith space.

Administration and Grant Management

- This could happen in a series of different ways depending on the context:
 - a. Involvement of the Local Authority, CVS or VCFSE umbrella organisation - who have experience with small grant funding.
 - b. Involvement of a grant management organisation which could be procured from within the NHS or from a third party.

Awareness of existing funding and support initiatives

- A thorough awareness of other schemes that support VCFSE's will help inform the Community Chest. This will ensure that funding is well directed and identify possible new partnerships and how the Community Chest can add value rather than duplicate existing initiatives.

Appropriate monitoring, evaluation and reporting

- Monitoring and evaluation (M&E) methods which can meet the needs and capacity of VCFSE's *and* satisfy NHS requirements.¹⁸
- M&E support should be available across various stages of the funding process to build capacity for grantees.
- Reporting should support the future adoption of best practices and promote scaling.

¹⁸ Existing best practice examples and tools to include: [Communities Driving Change](#) (Young Foundation) and [Bromley by Bow's outcome monitoring and evaluation toolkit](#).

How to Guide

A more detailed 'how to guide' has been developed which outlines six stages of development recommended to implement a Community Chest.

[View the detailed How To Guide](#)

Overview

The overview on the next page offers key considerations and actions needed to set up a Community Chest

Phase 1: Estimated time frame: 6-9 months			
Stages		Activities and Actions	Resources Required
Stage 1	Founding	Laying the foundations for a Community Chest at ICS level. Key activities include: securing investment, time commitment, developing the fund structure, core governance, equity partners and champions of the Community Chest.	<p>Staffing</p> <ul style="list-style-type: none"> - Programme lead staff member(s) - Support staff (admin, comms, finance) - Governance lead <p>Other Resource</p> <ul style="list-style-type: none"> - Equity partners paid
Stage 2	Developing	Working in partnership with a wide range of community and local government stakeholders to co-create the direction of the Community Chest. Key activities include: securing buy-in from frontline workers, using data and intelligence from social prescribing services to support decision making, setting up the administration and grant management of the fund itself.	<p>Staffing</p> <ul style="list-style-type: none"> - Community Development lead - Patient Engagement Representative <p>Other Resource</p> <ul style="list-style-type: none"> - Grant Management Organisation - Community partners paid
Stage 3	Engaging	When the Community Chest goes live it will require outreach and relationship building with local VCFSE's. This includes communicating and increasing awareness of the fund. Key activities include: reaching organisations that serve marginalised communities, supporting organisations and groups to make applications and developing skills and capacity around sourcing funding.	<p>Staffing</p> <ul style="list-style-type: none"> - Community outreach worker(s) - Comms and marketing lead - Application support worker(s) (Programme leads?) <p>Other Resource</p> <ul style="list-style-type: none"> - Awareness events - Space for application workshops/surgeries

Phase 2: Estimated time frame 6-12 months			
Stages		Activities and Actions	Resources Required
Stage 4	Assessing	Application submissions close. Key activities include: sifting and assessment process, risk is evaluated, panels convened, community input into assessment process, final stage applicant engagement (interviews, conversations).	<p>Staffing</p> <ul style="list-style-type: none"> - Grant Management - application processing - Assessment panel convening and coordination <p>Other Resource</p> <ul style="list-style-type: none"> - Equity and community partners paid for assessment involvement
Stage 5	Awarding	Grants are disbursed and there is an open and flexible follow with grantees. Key activities include: grantee agreements, light touch process of monitoring, selected projects are more deeply engaged through in-person visits or calls.	<p>Staffing</p> <ul style="list-style-type: none"> - Grant Management: finance and contracting, grantee follow up
Stage 6	Evaluating	A light touch and simple evaluation methodology (already seeded at application stage) is used to gather key impact metrics. Key activities include: Sharing of learning and best practice through straightforward analysis and reporting. This stage will then feedback into Step 2 as a new cycle of the Community Chest begins.	<p>Staffing</p> <ul style="list-style-type: none"> - Grant Management: Evaluation lead <p>Other Resource</p> <ul style="list-style-type: none"> - Public event - Report/outcomes design (video, podcast)

What are the next steps?

There is strong interest from many of the stakeholders interviewed (more than 40 across ICSs, PCNs, in social prescribing, the VCFSE sector and beyond) that a Community Chest, set up at ICS and delivered at borough-level, could be viable in the context of London's social prescribing. There is also significant goodwill to be involved in taking it forwards.

Whilst this paper and its accompanying outputs are an initial piece of work, Healthy London Partnership will be leading this project going forwards. The outputs of the project will be shared with all stakeholders involved, and various follow up activities are planned, including a possible pan-London event.

What can ICSs do to take this forward?

We are looking for areas that would be interested in piloting a Community Chest. Some resources would be required to do this, and recommendations on how this could be rolled out can be found in more detail in the 'How to Guide'.

[View the detailed How To Guide](#)

There is an exciting opportunity to work together to take this forward and champion the idea of Community Chests in London to make this a reality. We look forward to what comes next.



This document was produced by Year Here: Alex Eisenberg, Charli Skinner, Michael-Jordan Faucher-Folie and Rossa Dooley, as part of a consulting project commissioned by Healthy Partnership London, October 2021.

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