Snowballs and Eels

A rapid review of national funding for cross-sector partnership building in health and care in England from 2019 to 2022

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Summary of findings

Collaboration, integration and partnership across the public sector and voluntary, community and social enterprise (VCSE) sector is a route to improving health and wellbeing and reducing health inequalities. Yet delivering this represents a significant system change with practical, structural, capacity and cultural challenges to overcome.

National funders recognise both the benefits and the challenges, and that local health system investment into the VCSE sector infrastructure needed for partnership is historically rare. In response, over recent years, we have seen an increased injection of national funds directed at building cross-sector partnerships in health and care – both in terms of structural/strategic partnership development, and in terms of formation of partnership for specific delivery.

The VCSE sector, recognised as a key partner within health and care systems, has been a recipient of such funding. Many in the sector have been able to build sustainable partnerships over time, using funds from a variety of public sector and other sources, in a snowball effect. However, the funding landscape is complex, fragmented and opaque, with funders sometimes described as 'eels in a bucket'. All this makes it difficult for individual funders to judge where their investment is most needed and where it can be most effective.

This report - of snowballs and eels, the aggregation of funding, or its lack - considers the results of a rapid review of the national funding available for cross-sector partnership building in health and care over the last three years. Considering the longer term, we find that since the launch of the 42 sustainability and transformation partnerships in 2016, through to the placing of integrated care systems (ICSs) onto a statutory footing in July 2022, much progress has been made. There are now enough examples of systems - we identify 11 - where cross-sector partnerships in health and care are progressing well, so we know it can be achieved. Nonetheless, this is not easy, straightforward or quick work. We conclude that external funding and support for the VCS continues to have a role to play in supporting local VCS partnerships to develop and thrive and play a full role in ICSs.

During this review we found:

- Small amounts of direct funding, relatively, are channelled into the VCSE sector for partnership building;
- Investment takes different forms, including grants, one-on-one and peer support, and to support capturing and sharing learning;
- Pump priming, pilots and time limited project funding is the norm;
- Longer term structural funding for the partnership infrastructure needed is less common;
- There is high demand for the national partnership funding available;
- There are geographical winners and losers - the East and Southwest of England appear to benefit proportionally less from this national funding than other areas.

We think there is a lot more that can be achieved with the right support. To aid future funding decisions we identified some key learning, recommendations and further work to consider.

Relationships, shared vision and culture are what counts when building effective partnerships

- Future funding for partnership building, including for partnership delivery, needs to create the time, space and focus on getting the fundamentals of partnership right first – so strong leadership, a focus on relationship building, a shared vision and an agreed way of working together.
- To aid this process, further research to extract and communicate learning from the Embedding VCSE and other programmes identified in this review, could help local leaders to better understand the purpose, vision and process for VCSE partnership building in health and care.

The structural building blocks and infrastructure of partnerships needs intentional investment

- Where systems are more challenged, and progressing partnership building is more difficult, there is a case for continued national funding at ICS level until local systems and leaders are more established.
- To aid this process, and avoid a situation of more eels in more buckets, further work could be undertaken to identify systems where additional short term national funding for structural partnership building is most needed. Our assessment is that there are eight ICSs where partnership building is more challenging. This could be a good place to start.

Direct funding on its own is often not enough

- Funding alone is not the answer. Better enabling the VCSE sector to access, capture and share its knowledge across all systems, through peer and facilitated one-on-one support, and the sharing of good practice, is as important.
- System leadership styles and behaviours also need to be supportive of collaborative working. This can require a significant culture shift within the NHS to fully recognise the value of the VCSE sector and the additional assets it brings. It can also require change within the VCSE sector, towards more cross-sector collaboration and the structural constraints faced by health systems.

Securing national funding does not automatically transition to local funding, which is often harder to secure

- National funding - for structural or delivery-focused partnerships – should consider how best to include a legacy-building element, for instant including an explicit expectation of securing sustainable investment into successful partnerships once national funding ends.
- Despite NHS guidance being clear, we found there is more work to do on clarifying and communicating the vision for VCSE partnerships in health and care, at all levels within ICSs. This includes at system, place and neighbourhood levels to set out what cross-sector partnerships can achieve and why they need investment, in a way that local public sector leaders, including finance colleagues, can hear.
- To aid this process, further work could be undertaken to evidence the funding required for successful partnerships, by examining and sharing details of local funding for partnerships in trailblazer systems, its impact and added benefit.
- Collective action by national funders and VCSE sector umbrella bodies to influence future policy and practice should be considered. There is an ongoing need to ensure ICSs understand the purpose and costs of partnership, so that they fund the infrastructure for VCSE involvement as key partners at system, place and neighbourhood levels.

System level funding and support does not often trickle down to place and neighbourhood

- Further research is needed to better understand what structural funding is available for VCSE partnership building with health and care at place and neighbourhood.

This is a long-term project

- Future funding for partnership building needs to be offered longer term, ideally for three years minimum.

Partnership funding can have a snowball effect

- Further study of the factors that enable this snowball effect, including the role of pre-existing VCSE infrastructure organisations and networks, could help other areas to replicate the approach.

There is VCSE sector knowledge and practical experience to be shared

- To aid this, further work could be undertaken to explore the feasibility of building capacity to better share practical VCSE sector knowledge and experience of partnership building, developing shared culture and system change.

In the short term, potential quick wins could include:

- Bringing together materials about the value of the VCSE sector in health and care, and the associated costs of developing sustainable partnership infrastructure, in an accessible and engaging way for use by colleagues working within ICSs.
- Supporting the VCSE sector to recognise expertise aligned to their values in this area and develop an accredited provider list or network based on testimonials and evidence of impact.

Introduction

Almost every day, new reports and statistics highlight the struggle of people and communities in England. Currently 14 million people live with multiple long-term health conditions. 1 in 8 people are on an NHS waiting list for treatment. 2.5 million people have left the workforce due to ill health. Standards of living are falling, life expectancy has flatlined, health inequalities are rising, and worse is expected to come. Business as usual is not an option.

For well over a decade, health and care policy has identified collaboration, partnership, and integration as a priority if we are to change the current trajectory. Most recently the NHS Long Term Plan and the Health and Care Act 2022 have deemed that shifting the health service away from competition to collaboration, to work in partnership with others outside the NHS, is essential for our current and future health and wellbeing as a nation.

Putting policy into practice, 42 integrated care systems (ICSs) in England now have responsibility for the planning and delivery of health and care for their local communities. ICSs are set up to be partnerships of all organisations involved in health and wellbeing in a local area. They are not just the NHS or clinical commissioning groups with a new name. The work of the voluntary, community and social enterprise sector (VCSE), as a key partner within ICSs, is identified in NHS guidance as integral to their success. This recognises the VCSE sector's value in health and care - with its close links to people and communities, its provision of information, advice, support and services, and an approach that recognises the role of communities and social, practical and emotional support alongside clinical services.

Supporting this system change, the last few years has seen an increase in national funding directed at partnerships, and for the purpose of partnership building, between the public and VCSE sectors in health and care.

In this report we explore the funding and support that has been made available to VCSE organisations for partnership building, what it has achieved and what we can learn. Whilst they can be described as 'eels in a bucket' we know that national funders - whether public, private or charitable - want to invest their money where it is most needed, and where it can be most effective. We also know that many partnerships go from strength-to-strength, building on multiple sources of partnership funding in 'snowball effect'.

Our hope is that this report helps ensure that all can benefit from the snowballs, the eels are minimised, and that future decisions in this space are as impactful as they can be on health and wellbeing and tackling health inequalities.

About this report

This report sets out the findings of a rapid review of national funding for cross-sector partnership building in health and care in England over the years 2019 to 2022. The review was conducted by NAVCA. NAVCA is the national membership body for local VCSE infrastructure organisations (LIOs) in England. LIOs provide support and development for voluntary and community action across England. Our members support hundreds of thousands of local charities, voluntary groups and social enterprises at a community level, helping them to thrive and deliver essential services. More information on the role of LIOs can be found here. The lead researcher and author was NAVCA Associate Aimie Cole.

The aim of the review was to explore the national funding landscape, identifying gaps and learning. Whilst we recognise that many partnerships in health and care benefit from local sources of funding - from councils, NHS bodies and the like - this was beyond the scope of our research.

What we did

The rapid review took place over October and November 2022. It involved desk research, six interviews with national funders and input from nine VCSE infrastructure organisations working in partnership with ICSs following a call out to NAVCA's members and the Health and Wellbeing Alliance. An assessment of what has been achieved was made based on NAVCA's experience working with ICSs and their VCSE Alliances, as the support partner on NHS England's Embedding VCSE in ICS development programme. Lessons have been drawn from considering what has been achieved alongside other evaluations and the reflections of funders and recipients. Further details are available in Annex A.

Acknowledgements and thanks

The results of this rapid review are far from the full picture, but thanks to The National Lottery Community Fund for commissioning this report, some notable learning and gaps are identified. Thanks are also due to colleagues from the VCSE organisations, NHS England, and other funders involved, for generously sharing their time and insights during the review.

Why the need for national funding?

Partnership is a route to improving health and wellbeing and reducing health inequalities. Yet bringing together organisations and sectors with different cultures and ways of working, in a way they have not been before, over the bigger geographic area of ICSs, requires thought and planning. This is a significant **system change** with practical, structural, capacity, and cultural challenges to overcome.

Practical challenges

- With a few exceptions, existing VCSE infrastructure has not traditionally been organised around, or worked across, the **new geographical footprints** that make up ICSs. A decline in funding for more than a decade has also led to weaker or complete loss of VCSE infrastructure in some areas. This means many areas are starting from scratch in developing the infrastructure for partnership at this level.
- There are also practical **'plug and socket'** challenges. The VCSE sector is as diverse as the people and communities it serves. This is its strength. It brings together a myriad of skills, experience, approach and specialism in different fields, with different people, and across different types of organisations. But this creates a challenge - how to plug the 1000s of diverse VCSE organisations into a system with a handful of considerably larger and more homogenous organisations?
- Similarly, there are challenges with plugging a diverse sector which is **not systematically and consistently funded** into a system with partners who are systematically and consistently funded. Whilst statutory health bodies and local authorities have faced continuous funding challenges, their funding is far more consistent and reliable compared to the VCSE sector, which is funded through a myriad of short term, unpredictable and inconsistent streams.

Structural challenges

- Moving on from the historical and existing structures of **silos and specialisms** in health and care is a significant reform. This is an area of significant difference to the VCSE, which is more likely to take a holistic approach.
- Different **lines of accountability,** and regulatory responsibilities, within a complex system like health and care can affect an organisation's ability to engage fully in partnership.

- Over a decade of **competitive commissioning** practices has created an environment of competition within the VCSE sector, affecting the ability of organisations to cooperate and collaborate between and within communities.
- Given the size of the NHS and its position as the majority budget holder, **power imbalances** often exist. There are often transactional rather than collaborative or strategic relationships in place.

Capacity challenges

- The ever-increasing and **high demand** on health services, limits on the availability of social care, and ongoing impacts of Covid at a time of financial and workforce pressure (in systems and NHS England) means it can be hard to shift attention from short-term pressures and move on from the systems and processes of the status-quo.
- This is especially true when having to **'double run'** the old system at the same time as developing the new system, and the partnerships and relationships underpinning it.
- Years of **funding cuts** from austerity and more recent frontloading of funding to deal with the Covid crisis are hitting VCSE sector capacity particularly badly now, and especially its infrastructure. Recent research from 360 Giving shows how the stark decline in investment in voluntary sector infrastructure over the last decade means it is now much smaller, but supporting a larger voluntary sector. NAVCA's 2021 research with Sheffield Hallam University finds the total income of its members was £173 million in 2021, with 38% of funding coming from local authorities. Whilst this was an 18% increase compared to 2020, many expect this to be a one-off rise related to Covid and that there will be a return to a more normal trajectory of 4% growth in line with historical trends since 2016 or even a fall. For example, we know from the VCSE Review that overall funding for infrastructure and umbrella charities fell by a third between 2008/09 and 2012/13.
- At the same time, a barometer survey by Nottingham Trent University shows the VCSE sector experienced **increased demand** as the needs of people and communities grew and mainstream services scaled back during the pandemic. This heightened demand is enduring, especially now with the additional cost of living crisis.

Cultural challenges

- The approach of the VCSE sector in health is commonly focused on wellbeing and addressing the social, practical and emotional factors that influence health. This underpins the holistic, person-centred and community-based culture of the VCSE sector. It is a different starting point to the traditional bio-medical approach of the health service, more akin to public and population health approaches, and this can create a lack of understanding across sectors.
- Even when there is a shared understanding of a new system approach to health and wellbeing, building a shared system culture takes time and effort.
- Learning and experience tells us that to overcome these challenges, effective partnerships need strong leadership, a focus on relationship building, a shared vision and an agreed way of working together. But even with all these components in place, partnership development does not happen by magic. The VCSE sector needs investment and resources to fund:
- People with responsibility to build relationships, partnership structures and shared culture
- An ability to communicate and engage others in an inclusive way - from small to big organisations, generalist to specialist and across different communities of interest and identity

- Meetings and events – and people's time to attend, and prepare for, them
- Development of ways of working and proposals - including engagement exercises, technical work on structures and mechanisms, governance documents, business cases and the like
- Infrastructure for partnership - like digital platforms and technology, document management and file sharing, websites and so on. These are not one-off set-up costs. It is an ongoing business cost of a system built on partnerships. Partnerships need infrastructure and ongoing maintenance, as well as resources to enable them to deliver change once they are established.
- Local VCSE infrastructure organisations have an important role to play to support the development of these partnerships. However, sustained local investment into VCSE infrastructure and partnership building efforts is rare. As a consequence, local partnerships often need to seek a range of external support and investment to get things going. National funders recognise this and look to fill the gap in the short to medium term, enabling local partnerships to demonstrate success to local decision makers, boards and budget holders.

What did we find?

The funding landscape is complex, fragmented and opaque

Partnership building can be a messy business. The path to progress, and end result, is influenced by history, personalities, politics, leadership, local context and institutions, and more.

> *"Currently it's just a morass of people - like eels in a bucket."*

Understanding this, national policy makers have not been overly prescriptive about what cross-sector partnerships in health and care should look like. And whilst we know what underpins an effective partnership, we are all still learning about how best to put the building blocks to enable partnerships to create impact.

As a consequence, there is no overarching master plan about how to best fund the VCSE element of partnerships in health and care. For example, there is no nationally agreed 'fee' to cover VCSE time, ICSs have not been mandated to cover the costs of specific roles or structures in the VCSE for partnership building, nor has there been one large injection of national funds from one source to cover the VCSE costs of this system change.

Instead, funding comes from different public, private, national and local sources, with different criteria, timelines and reporting requirements.

- Partnership building is sometimes the purpose of funding – we call this **structural funding for partnership building**.
- In other funding programmes, partnerships are required for delivery of a specific outcome or intervention in a geographic area - we call this **funding for partnership delivery**.

We found that funding is available nationwide but there are many areas that do not receive any, or receive proportionally less than other areas.

All this combined makes the funding landscape complex, fragmented and opaque. As one interviewee told us, "currently it's just a morass of people - like eels in a bucket." During this review, we experienced this ourselves. It was difficult to follow how much funding has gone where, and for what.

Small amounts, relatively, are channelled into the VCSE sector for partnership building

Given the fragmentation and complexity, our research took a two-pronged approach. We reviewed funding top-down from national programmes, and also considered the experience of recipients in the VCSE sector bottom-up.

Whilst our rapid review was far from exhaustive, we reviewed 48 potential sources of funding for cross-sector partnership building and judged 17 to be relevant to this research. These are summarised in the table attached in the annex.

We found the most significant investments from national funders into structural partnership building, or for partnership delivery, in health and care are from NHS Charities Together, NHS England, Health Foundation, The National Lottery Community Fund, Department of Health and Social Care (via the National Academy of Social Prescribing) and Charities Aid Foundation.

There is some evidence that funding is becoming longer term. For example, the Health Foundation and The National Lottery Community Fund usually offer three or four years of funding. But national structural funding still appears to be largely short term in nature.

It is hard to determine the total amount of funding going into the VCSE for partnership building. But over the 3-year period from 2019 we estimate something in the region of £15 million of national funding was invested in the VCSE sector for some form of partnership building in health and care, whether as a structural investment in partnership building itself, or to enable the development of a partnership approach to deliver a certain outcome. This figure is conservatively estimated, based on national data as shown in the table in the attached annex.

Whilst this is not an insignificant number, it needs to be placed in context. Integrated care boards combined have a total budget of £1 billion for running costs. Whilst the spending of this allowance is determined locally, and does include the costs of commissioning, a large part of this budget is essentially a budget to fund the administration and infrastructure of bringing together the NHS bodies to manage how they will meet their statutory requirements. Within the ICS, other funding is also available to cover the costs of developing and running networks and partnerships at different levels of the system. For example, Primary Care Networks (PCNs) are provided with £1.50 a year per registered patient to cover core costs and support the operation of the network. This equates to about £100 million a year. Staff costs, additional roles and specific activities that PCNs are asked to undertake are funded additionally.

The funding takes different forms

Looking across the funding programmes available, support for partnership building is provided in different forms.

It includes direct **grants to local VCSE organisations** to lead partnership building activities or participate within a partnership. For example, lead VCSE organisations on the NHS England national development programme were provided with grants ranging from £10,000 to £65,000. In 2021, NHS England also provided VCSE alliances within ICSs grants totalling £950k to enable participation in the Population Health Management programme.

Many funders also commission and fund external organisations to act as **support or learning partners** to the programme, and often both. Activities of support partners can vary but include providing support to grantees through independent consultancy, facilitation, brokerage and cross-sector translation, and peer networks and relationship building. Activities of learning partners can include formal evaluation, learning capture and sharing, development of tools to aid partnership development. For example, the Health Foundation Common Ambition programme has a partnership of National Voices and Rubis-QI providing

ongoing support to grantees over the course of the three year programme, and SQW to provide independent evaluation of the programme.

Support for partnership building can also take the form of system leadership, training and network building. Although it is rare that this involves representatives from across sectors. For example, the NHS England system leadership training and NHS Confederation ICS network are currently only open to employees of ICSs.

Pump priming, pilots and project funding is the norm

During the review we found that the bulk of funding in this space was for projects or pilots where partnerships are needed for success. The two most common themes being social prescribing and health inequalities. This funding is mostly available for projects at local authority or community level - understood as place and neighbourhood by the NHS.

Details of this and other funding reviewed are available in the table in the attached annex. It includes, for example:

- The £2.6 million three-year Health Foundation Common Ambition Programme, which is supporting four projects to develop collaborative communities where people, families, health care professionals and researchers work together to improve health care.
- The £1.8 million National Academy of Social Prescribing's Thriving Communities Fund, which supported 38 local VCSE projects, bringing together place-based partnerships to improve and increase the range and reach of available social prescribing community activities – especially for those people most impacted by COVID-19 and health inequalities.

Structural funding for partnership infrastructure is less common

During the review we found only one universal offer of funding to the VCSE sector for structural partnership building. The NHS England National VCSE Development Programme - known first as the VCSE Leadership Programme and then the Embedding VCSE in ICS Programme - built up to a universal support offer to the VCSE sector in all 42 ICSs in 2021/22 through three cohorts starting in 2018.

Over the 4 years a total of £1.7 million was provided to support VCSE partnership building within ICSs. This included £1.5 million in direct grants to a VCSE lead or consortium of organisations responsible for partnership building. It also included around £200k of funding for support partners to provide direct consultancy, develop a peer support network and shared learning events, provide learning and evaluation support, system leadership opportunities, and develop practical tools for partnership building and overcoming barriers. This programme has now ended, and as far as we are aware there are no plans for a future national development programme in this space.

In some other policy areas, for example the Community Mental Health Transformation Fund, there is a reported lack of investment in VCSE partnership building. In response to this, Rethink Mental Illness, supported by the Charities Aid Foundation and the Association for Business Insurers, established a Community Mental Health Unit. Based on their experience in Somerset, the Community Mental Health Unit has funds totalling £3 million to invest in four new alliances in England - Northeast Lincolnshire, Sheffield, Tower Hamlets and Coventry and Warwickshire.

There is high demand for the national funding available

We found evidence that there is a high demand for the funding that is available. For example:

- The National Lottery Community Fund's Healthy Communities Together programme received around 200 applications for 6 grants, which it later increased to 20 awards.

- Health Foundation Common Ambition programme received 361 applications for 4 grants.

The programmes above offer funding for partnership delivery so we cannot assume all this demand is driven by the partnership element. However, this combined with the relatively low level of funding for structural partnership building within the VCSE sector in comparison to other parts of the health and care system, leads us to conclude that there is a high level of demand in the VCSE sector for more significant structural support to build the necessary partnerships envisioned in the reform of the health and care service. Our experience working with the VCSE sector in systems through the Embedding VCSE programme confirms this conclusion. While it is hard to put an exact figure on it given the level of funding required is dependent on the local context, we have seen that when ICSs fund their partnerships themselves, it is often in the order of hundreds (rather than tens) of thousands of pounds.

There are geographical funding winners, and losers

As the tables and maps in Annex B show, some ICSs and areas of the country appear to get less than their share of national partnership funding, whereas other areas appear to be very successful at getting more.

Whilst we do not have complete information, and more research is needed, we can see that a number of ICSs appear to have not received national funding for partnership building outside of the NHS England Embedding VCSE programme. These include systems like Cambridgeshire and Peterborough, and Dorset, where this may be because the ICS itself has made funds available or the local authority still funds VCSE infrastructure organisations. But it also includes systems like Hampshire and the Isle of Wight, and Herefordshire and Worcestershire, where there is as yet no local funding for VCSE partnership within the system.

At the same time, we found that other systems - like Cheshire & Merseyside, Devon, Gloucestershire, Humber & North Yorkshire and South Yorkshire - and places within these systems have benefited from nearly all national funding opportunities available.

Looking regionally, at the spread of funding through the NASP Thriving Communities Fund, and The National Lottery Community Fund HCT Programme there appears to be less in the east of England above London and less in the Southwest, two of the least densely populated more rural parts of the country.

What has been achieved?

There are few, if any, robust and publicly available evaluations of the impact of funding for partnership building in health and care. It is an area of impact measurement that is less developed, partly because of the inherent difficulties in measuring the impact of partnerships. There are practical difficulties in the sharing of data across partners, different approaches are used across sectors, a lack of funding for evaluation of partnerships and difficulty attributing outcomes across systems and partnerships, especially given the results may be seen beyond the lifetime of the funding.

However, NAVCA has developed a subjective view on how VCSE partnership building in ICSs is progressing. While all 42 ICSs now have some form of VCSE alliance established, they are at different stages of development and embedded within ICSs to different degrees. In November 2022 we made an assessment of progress and grouped ICSs according to the categories of trailblazers, making progress and challenging.

Our assessment is based on our opinion from a particular point in time (November 2022) about:

- the breadth and depth of the VCSE alliance
- how embedded the VCSE alliance is in ICS governance
- whether there is a cross-sector MOU in place

- if the ICS is funding the infrastructure needed for partnership

Our opinion on each of these four elements has been informed by our team's in-depth knowledge and relationships with VCSE infrastructure organisations and partnership builders working with ICSs, as well as reporting information, from our role as support partner to the NHS England Embedding VCSE in ICS programme up until end September 2022. Some systems did not engage with the NHSE Embedding VCSE in ICS programme. For these systems, where possible, we have made a judgement based on knowledge from outside this programme. There were two systems where this was not possible, so they are not included in our assessment.

Of the 40 ICSs included in our assessment, we conclude, in terms of progress VCSE partnership building, there are:

- 11 trailblazer ICS;
- 21 ICSs that are making progress;
- 8 challenging ICSs.

What did we learn?

Relationships, vision and shared culture are what counts

The complex, fragmented and opaque funding landscape for partnership building in health and care makes it hard for funders to understand where there are gaps and what is effective. It is also hard for recipients - the partnerships and partnership builders - who often have to work hard to piece together relatively small amounts of funding from different sources, and manage the requirements attached to that funding. Part of this issue relates to the different starting points for partnership building - i.e., to tackle a specific issue or develop a particular intervention vs. structural partnerships embedded within a system. There are also different approaches - relational and technical - that are needed to build partnerships and different opinions about how best to proceed.

The cultural shift is not only about ways of working, it is also about spreading the acceptance that strong civil society and communities create good health.

Successful partnerships look different in different systems, and often build from a wide variety of starting points. However, the practical experience of successful cross-sector partnerships, in places like West Yorkshire and Humber and North Yorkshire, demonstrates that time spent upfront to develop relationships, a shared vision of what an effective partnership looks like, and how partners will practically work together is essential for success and longevity. As learning from the Suffolk ICS shows, bringing the focus back to people and communities, and seeking to build relationships to shift culture in the system is what fundamentally drives change. And this cultural shift is not only about ways of working, it is also about spreading the acceptance that strong civil society and communities create good health.

The structural building blocks of partnership need ongoing investment

With funding for structural partnership building in short supply, many local partnerships face a gap in funding to cover the important initial stages of building relationships, a shared vision and culture.

Partnerships can develop as a result of crisis, or to tackle an identified priority or issue in a community. However, as highlighted in the evaluation of the National Academy of Social Prescribing's Thriving Communities Fund, funding that enables partners to come together and jump into what the partnership is trying to achieve - whilst welcome for delivery and short term action - does not necessarily mean that the partnership can be developed or sustained over the longer term without ongoing investment and focus.

There are examples where the leap has been made. For example, the new Devon VCSE Assembly was able to build on the earlier investment and experience of partners involved in the Sustainability and Transformation Plan Voluntary Sector Reference Group for social prescribing. But, to make this leap required intentional action and external support, including funding. The experience in Covid further reinforces this, when many cross-sector partnerships were built overnight in response to the crisis, but few have been sustained. As does the experience of Staffordshire, where early cross-sector partnership building efforts in health and care focused on End of Life care, and despite success in this area, the system struggled to replicate the approach across to other areas.

One issue here, as National Voices research on social prescribing highlights, is that there can be difficulties for the VCSE sector if bespoke partnerships are created around particular issues or interventions, like social prescribing, or to target issues like health inequalities, children and young people, end-of-life care and more. This is because it is usually the same group of VCSE organisations that are involved at a strategic level and therefore being asked to get involved in a partnership for x, y or z. Recognising this, and again as the experience in West Yorkshire shows, it appears that investing in the VCSE sector to enable the building blocks of a partnership to be put in place, means these relationships and structures can then be developed to flex and focus on priority issues as they arise.

There can be difficulties for the VCSE sector if bespoke partnerships are created around particular issues or interventions.

Direct funding on its own is often not enough

Partnership building and system change is hard work. Even if funding for capacity and infrastructure is in abundance, as the findings of this review show, most people in partnerships or those trying to build partnerships, benefit from advice and support along the way. Knowing where to start can be a challenge. Navigating different systems, ways of working and translating between the two, all require skills and experience beyond most people's day jobs. Thinking about how to embed new behaviours and cultures is never straightforward, especially when operating within a system under such considerable pressure.

Most people in partnerships, or those trying to build partnerships, benefit from advice and support along the way.

This advice and support are often most helpful coming from peers, but our experience as hosts of the peer support network on the Embedding VCSE in ICS programme is that this is often more effective and sustainable if it is organised and facilitated independently, and includes partnership builders from across both sectors. We have also found that having an ability to link and feedback to national policy makers from this as beneficial. For example, some issues raised during peer support sessions can only be fixed through policy and guidance.

For those trying to build partnerships across new or complex footprints, or within challenged systems, there is often an additional need for one-on-one support and advice, that can share the experience of others and act as a sounding board.

The building of partnership infrastructure can face a lot of practical difficulties to do with data sharing, governance, representation and communications. In this review we saw very few examples of national funding being made available for technical support in these areas. There are examples where funding has been successfully deployed in this way, for example in North West London ICS, NHS England funding was used very effectively

We saw very few examples of national funding for partnership building being made available for technical support issues.

to fund technical consultants to undertake the development of VCSE alliance 3ST, its membership structures, governance and other technical documents.

Local funding is hard won

It is not always easy to secure funding locally for partnership building activities, especially as there can be a lack of understanding in the public sector about how the VCSE sector is funded and run.

As any VCSE sector CEO will tell you, a large part of their time is spent on fundraising. Charity trustees and boards, and ultimately the Charity Commission, work to ensure that all charitable spending is working towards achieving agreed charitable aims and objectives.

This means that VCSE sector organisations, particularly in a constrained funding environment, think carefully about how they invest their hard won funding, with people's time and other resources allocated to budgets accordingly. This includes decisions about investing time in building partnerships with or for the public sector. Even when the resources exist in the VCSE sector, unlike their NHS colleagues, their remit is wider than just health and therefore there is often an opportunity cost to short term delivery across a range of priorities that must be considered.

While the public sector is often much more able to invest in its partnership building efforts through established budgets and roles, it can be difficult for local public sector finance managers to sanction spending on VCSE partnership infrastructure without fully understanding what it is and what it can deliver, especially if operating under financial constraints and facing short term pressures from rising demand.

System level funding and support does not often trickle down

During the course of this review, we found few examples of national structural funding for partnership below the level of the ICS, whereas most project funding for partnership delivery is at place or neighbourhood level.

As ever, there are some exceptions, for example some NHS England grants as part of the Embedding VCSE programme were used to strengthen place-based partnership when this was recognised as a block to, or a building block of, system-level partnership. For example, in Bath, Swindon and Wiltshire ICS, funding was used to strengthen VCSE sector partnership and engagement in the rural county of Wiltshire as it was lacking. In the Norfolk and Waveney ICS, one-on-one consultancy support was used to support VCSE place-based network leads in the process to develop their ways of working and Terms of Reference.

> Both VCSE and ICS leads from one system highlighted the difficulty in getting funding to flow down from the system level

But overall, there seems to be a distinct lack of 'trickle-down' funding. Both VCSE and ICS leads from one system that input into this review highlighted the difficulty, despite best intentions, in getting funding to flow down from the system level to where it is most needed in localities and neighbourhoods.

This should perhaps not be a surprise at neighbourhood level given PCNs get their core and operational funding direct from NHS England as part of the GP settlement. However, we have been unable to determine in this research whether any of this national NHS funding flows to the VCSE for engagement as partners within the PCNs.

Likewise at place level, whilst there is no national source of funding for the building of place-based partnerships, our experience is that money is being made available at this level from within systems for the bringing in of external support and advice to develop place-based partnerships. For example, in Kensington & Chelsea and Westminster we know that the consultancy PPL are advising the NHS on the development of

the bi-borough partnership, and a small amount of funding (less than £20k) has been made available to the local VCSE infrastructure organisations for the co-design of a VCSE strategy for partnership. In Walsall, in the early days of the change to system work, the clinical commissioning group spent £450k on a business plan for its place-based partnership that was delivered by KPMG.

This is a long term project

Whilst there is some evidence of a shift to longer term – three year – funding in the programmes we reviewed there still appears to be a gap in understanding about how long partnerships and new ways of working take to embed. It is 'not a switch that is flicked' or something that is done quickly – especially when policy is in the early stages of implementation, with personnel, governance, and the external environment constantly changing. In addition, in even the most mature system partnerships there is a need for support to ensure partnerships go on to create impact and move into collaborative design and delivery of services. Long term funding and support is needed to build, sustain and progress partnerships into action.

Partnership funding can have a snowball effect

During this review we have seen how some systems seem to benefit more from partnership funding. Tallying what we know about the funding that has been invested into each area, against our assessment of progress in VCSE partnership building, we see how the two relate. Where partnership building is progressing well, we often see a higher level of external funding invested into partnership development. We consider these areas to be 'funding winners' and successful at securing funding for their partnership building efforts from a variety of sources.

Where partnership building is progressing well, we often see a higher level of external funding invested into partnership development.

For example, NAVCA judges Gloucestershire as a trailblazer in terms of its progress towards effective partnership working in health and care. From what we have seen during this review, Gloucestershire has also historically benefitted from external funding for partnership development from multiple sources.

Further research is needed, but anecdotal evidence suggests that if initial funding is used to put the relationships and infrastructure for partnership in place then there is a greater chance that the partnership can build on past success. In some areas there seems to be a snowball effect, with funding enabling partnerships to go from strength-to-strength. And this is not important just for the partnership's sake. As one interviewee told us "where partnerships are in place, we're able to flex public money into the community at speed". This can only be a good thing, given the purpose behind the drive to partnership working, collaboration and integration to drive improvements in health and wellbeing for all.

In some areas there seems to be a snowball effect, with funding enabling partnerships to go from strength-to-strength.

Existing VCSE infrastructure organisations likely have a role here. In Gloucestershire, for example, there is pre-existing VCSE infrastructure in the form of the Gloucestershire VCS Alliance that covers the footprint of the ICS. Similarly, in North East and North Cumbria, one of the few remaining regional VCSE infrastructure bodies, Voluntary Organisations' Network North East, has been able to progress partnership building well over one of the largest and most complex ICS footprints.

There is VCSE knowledge and practical experience to be shared

There is a lot of knowledge held in the VCSE sector about partnership development and system working, consortia models, movement building and campaigning to bring about change. But there is currently a lack

of investment into how to capture and share this learning in a way that encourages practical action. Where investment is made, it is often short term and fragmented between different providers, leading to a lack of consistency in presentation and accessibility.

We see a lack of infrastructure and strategy for sharing learning effectively. There are many excellent case studies, practical tools and templates, and people willing to share their learning with others. But case studies are often held within 'promising practice' reports or toolkits, or on platforms that are not publicly available to all. This makes it hard to review and assess what learning is already available, leading to reinventing the wheel and case study-itis.

> There is potentially a strong case for investment to create a better way for sharing knowledge in a way that recognises and rewards the VCSE sector as a provider of knowledge and expertise in this space.

At the same time there is clearly demand for this knowledge, with the VCSE sector often being the supplier. There is potentially a strong case for investment to create a better way for sharing this knowledge, in a way that recognises and rewards the VCSE sector as a provider of knowledge and expertise in this space.

Conclusions and recommendations for next steps

Compared to just a few years ago, when Sustainability and Transformation Partnerships were emerging, much progress has been made to build local health and care systems as partnerships with the VCSE sector embedded within them. There is still a lot more to be done, but ICSs are now in existence, and there are local VCSE sector alliances of some form in nearly all of them.

Some of these local VCSE alliances are truly embedded and funded as an equal partner within an ICS. Most others are working hard to get to that point. All will need to keep working hard to ensure their partnerships achieve what they have been set up to do and make tangible improvements to improve health and wellbeing and tackle health inequalities.

ICSs are operating in a very challenging environment, but there are now enough examples where cross-sector partnerships in health and care are progressing well so we know it can be achieved. Nonetheless, this is not easy, straightforward or quick work. External funding and support continue to have a role to play in supporting these local partnerships to develop and thrive. Looking forward we think there is a lot more that can be achieved with the right support.

Our recommendations

Funding

- Future funding for partnership building (including at ICS level) needs to be provided over the longer term and three years minimum. It also needs to give the time, space and focus on getting the fundamentals of partnership right first. If the funding is for partnership delivery, then a proportion of funding should be earmarked to ensure the time and space to build relationships is intentionally built into the programme.
- All funding coming from national bodies - for structural or delivery-focused partnerships – should seek a legacy-building element, with an explicit outcome attached that secures sustainable investment into successful partnerships once national funding ends.

- Where systems are more financially challenged, and progressing partnership building is more difficult, there is a case for continued national structural funding at ICS level until local systems and leaders are more established.

Support the sector beyond funding

- Funding alone is not the answer, better enabling the VCSE sector to access, capture and share its knowledge across all systems, through peer or facilitated one-on-one support, and the sharing of good practice, is as important. As is the explicit recognition of what working with the VCS adds to the ICS/partnership
- Despite NHS guidance being clear, there is more work to do on clarifying and communicating the vision for VCSE partnerships in health and care at all levels within ICSs – at system, place and neighbourhood - to set out what cross-sector partnerships can achieve and why they need investment, in a way that local public sector leaders, including finance colleagues, can hear.
- Collective action by national funders and VCSE sector umbrella bodies to influence future policy and practice should be considered. There is an ongoing need to ensure ICSs understand the costs and fund the infrastructure for VCSE involvement in partnership, at system, place and neighbourhood levels.

To aid this

- Pull learning from the Embedding VCSE and other programmes identified in this review, to clarify and communicate the vision for VCSE partnership building in health and care. The development of practical resources to aid the development of relationships and shared culture would be beneficial.
- Bring together materials about the value of the VCSE sector in health and care, and the associated costs of developing sustainable partnership infrastructure, in an accessible and engaging way for use by colleagues working within ICSs.
- Evidence the funding required for successful partnerships, by examining and sharing a selection of local funding for partnerships in trailblazer systems
- Identify systems where additional short term national funding for structural partnership building is most needed. Whilst further research is needed, our assessment of the areas that are most challenged would seem a good place to start.
- Develop better understanding of what structural funding is available for the VCSE sector at place and neighbourhood.
- Further study of the factors that enable this snowball effect, including the role of pre-existing VCSE infrastructure organisations and networks, could help all areas better understand how to replicate successful and sustainable partnerships over the longer term.
- Support the VCSE sector to recognise expertise aligned to their values in this area and develop an accredited provider list or network based on testimonials and evidence of impact.
- Explore the feasibility of developing a better way for sharing practical VCSE sector knowledge and experience of partnership building, developing shared culture and system change, which recognises and contributes to the value of the VCSE sector itself. Different options to consider could include online resources and networks like the impact bond database and Health Anchors Learning Network.

Annex A – Research process

In late September 2022, The National Lottery Community Fund commissioned the National Association for Voluntary and Community Action (NAVCA) to undertake a rapid review of funding for partnership building in health and care in England from 2019 to 2022. NAVCA conducted the review in October and November 2022.

The process for the rapid review was collaborative and two-pronged, building on NAVCA's relationships with funders, its members and the wider VCSE sector nationally through the Health and Wellbeing Alliance.

It involved:

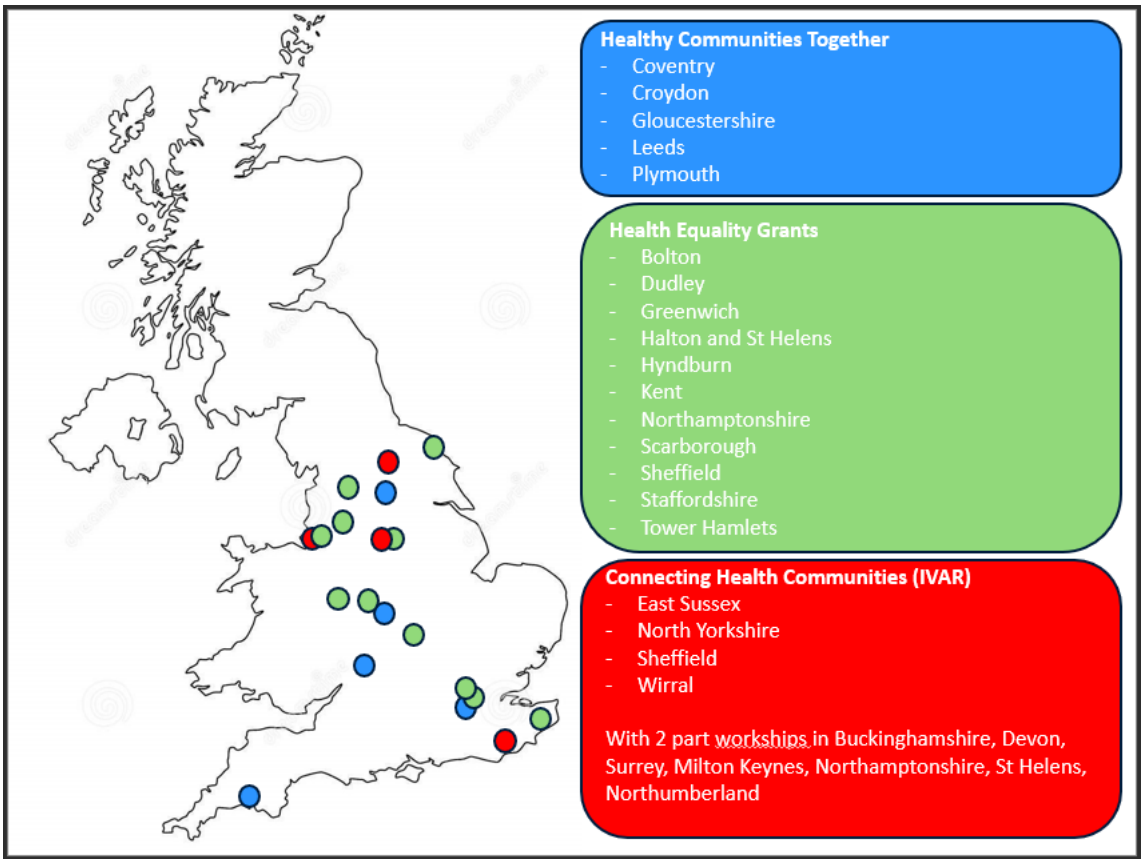
- Desk research
- A call out to VCSE organisations working in partnership with health and care bodies via NAVCA's network and the Health and Wellbeing Alliance with input coming from Devon, Cornwall, North Somerset, Cheshire & Merseyside, Southeast London, Nottinghamshire, Plymouth, West Yorkshire and Learning Disability England
- 6 interviews with funders - including NHS England Voluntary Partnerships, NHS England System Transformation, Health Foundation, NHS Confederation, Rethink Mental Illness, and the National Academy of Social Prescribing
- Scan of 360 Giving database
- Review of 48 national funding programmes, with 17 considered relevant to this review
- A mid-point summary and synthesis session with The National Lottery Community Fund team to present emerging findings
- A review and QA process of the draft report with The National Lottery Community Fund team

Annex B – Analysis of funding by integrated care system and across regions

Table 1: TNLCF First Round Applications for HCT in March 2020

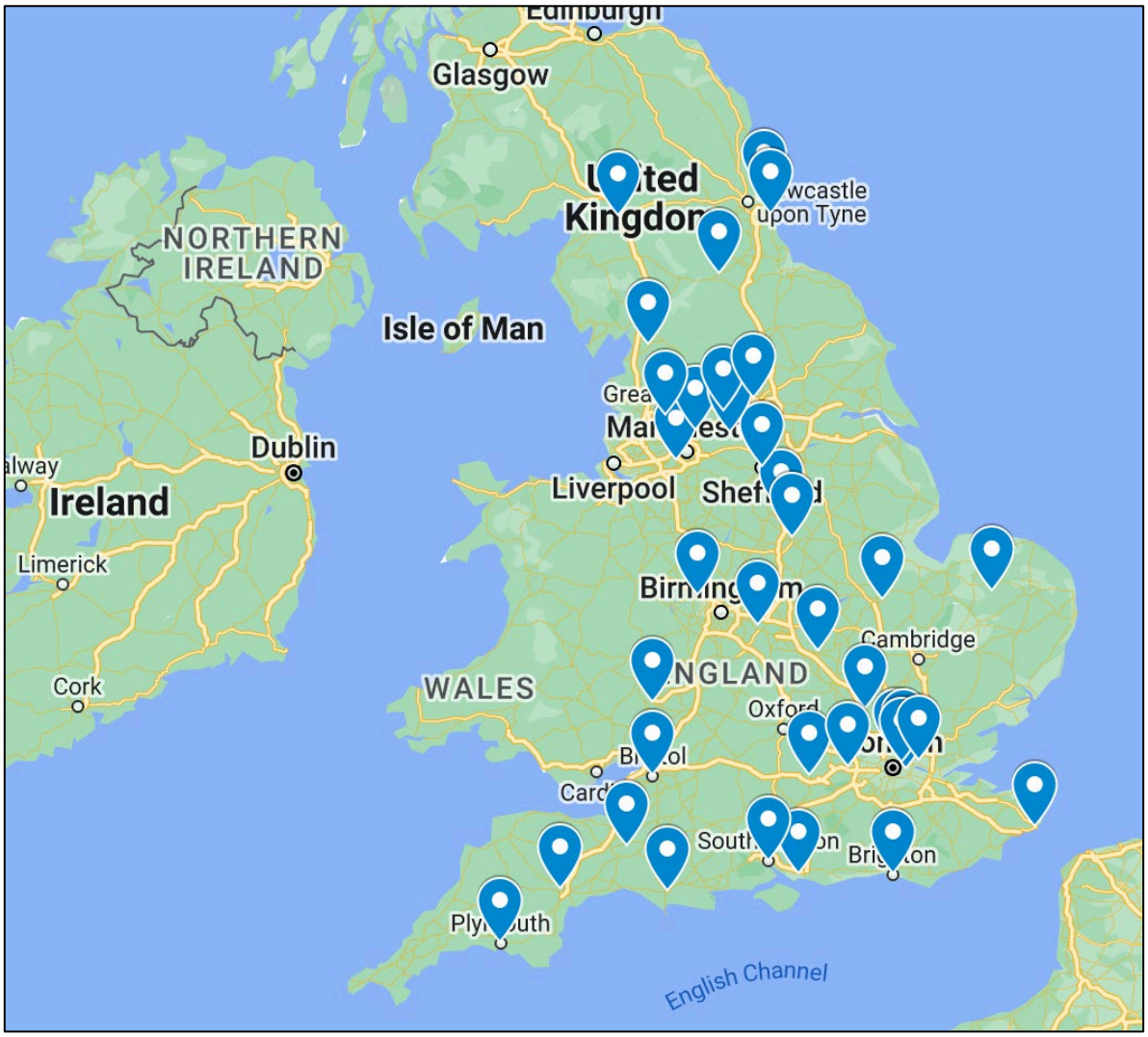
Location	Applications	Invited to 2nd stage
London and SE	123	13
South West	18	3
Midlands	44	9
North East and Cumbria	16	3
North West	33	5
Yorkshire and Humber	22	7
National	8	0
Totals	264	40

Map 2: TNLCF Healthy Communities Together Grants (at March 2021)



Map 3: NASP Thriving Communities Projects

https://socialprescribingacademy.org.uk/thriving-communities/thriving-communities-fund/projects/


Glasgow
NORTHERN IRELAND
Isle of Man
Dublin
Ireland
Limerick
Cork
Liverpool
WALES
Cambridge
English Channel