

Written evidence submitted by Locality (PHS0057)

Locality's supports local community organisations to be strong and successful. Our national network of over 1,600 members helps hundreds of thousands of people every week. We are part of the government's VCSE Health and Wellbeing Alliance (HW Alliance). Through this, we have recently published a [report](#) exploring the involvement of 'community anchor organisations' (CAOs) – the largest and most established neighbourhood organisations – in local health systems to successfully address illness prevention priorities through a wider-determinants-of-health approach.

This includes both those prioritised in the NHS Long Term Plan – including weight management, alcohol management, and smoking cessation – and others of interest for local authority public health teams.

Key learnings

Our research found that CAOs mostly deliver their prevention work through an approach that combines multiple types of healthy living and wellness support. However, in general, and despite the opportunities for impact presented by CAOs, we found that they were under-engaged by local health systems. We have identified four key ways in which health systems can improve the involvement of CAOs for the delivery of wider-determinants-led prevention services.

1. Maximising good practice:

- **Learning from pandemic partnerships** – During the Covid-19 pandemic, it became clear to local statutory bodies that supporting communities, particularly those most at risk, would not be possible without the networks and agility of VCSE partners.
- **Peer-led health promotion** – Health messaging has the greatest chance of landing with its target audiences if it comes from those they trust, facilitated by CAOs.
- **Co-location of clinical services in CAO settings** – There are interesting examples across the country of local health bodies and CAOs sharing physical space. This helps to increase their access by those least likely to attend purely clinical settings.

2. Finding the right delivery approach:

- **Integrated Health and Wellbeing Services** – CAOs are well-placed to deliver this formalised model of holistic prevention service.
- **Social prescribing** – CAOs provide differing and valuable forms of social prescribing in different places.

3. Achieving collaborative commissioning:

- **Inclusivity and cultural competence** – Across all health system priority prevention areas, CAOs led by and serving minoritised communities are able to interpret commissioned services for maximum impact.
- **Asset-based community development** – By designing prevention services which begin from and develop the resources, skills, and experience of communities, commissioners can facilitate local people to support their own wellbeing.

- **Capacity and capability building** – Investing in the core functions of CAOs can support them to find the necessary time to effectively bid for and deliver prevention services.

4. Measuring outcomes usefully

- **Understanding impact on the wider determinants of health** – We have identified a need to shift the collective mindset away from individual output targets for prevention services. Instead, focus should be on developing a wider-determinants-based theory of change model for better health.
- **Data collection and impact monitoring** – In order to achieve such a shift, a compromise needs to be reached between commissioners and CAOs to better understand the opportunities and realities of monitoring prevention services.

Recommendations for the health system

Maximising good practice:

1. Use the Covid-19 pandemic experience as an opportunity to build from, including strengthening community engagement and reviewing the necessary rigour of contracts – ICS, Local authority
2. Support peer-led health promotion as an effective method of tackling health inequalities – National, ICS, Local authority
3. Make co-location as achievable as possible by supporting community asset ownership and identifying community spaces in which to co-locate – ICS, Local authority, PCN

Finding the right delivery approach:

4. Put CAOs at the helm of Integrated Health and Wellbeing Services as lead providers to increase their impact on health inequalities – ICS, Local authority
5. Explore and support diverse forms of social prescribing, including the embedding of Link Workers within CAOs where appropriate – ICS, PCN

Achieving collaborative commissioning:

6. Work with CAOs to co-produce culturally competent prevention services with the best chance of tackling health inequalities – ICS, Local authority
7. Understand the assets of local communities and design prevention services that make the most of them – National, ICS, Local authority
8. Understand and invest in the capacity and capability of CAOs to produce sustainable and impactful prevention outcomes – ICS, Local authority

Measuring outcomes usefully:

9. Move away from short-term prevention targets towards a theory-of-change approach to reducing ill health, based on proxy indicators – National, ICS, Local authority
10. Consider the value of compassionate services that destigmatise health issues for greater engagement – ICS, Local authority
11. Embrace “test and learn” approaches to prevention services – ICS, Local authority

12. Make systems for data collection, feedback, and reporting consistent – National, ICS, Local authority

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