

How do Core20PLUS Connectors perceive their impact? Insights from a small-scale research project July 2025

National Voices

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Background information

[National Voices](#) is a coalition of over 200 health and social care charities in England. Our mission is to advocate for more equitable and person-centred health and care, shaped by the people who use and need it the most.

The [Core20PLUS Connectors programme](#) is part of the support framework for progressing the goals of Core20PLUS5. The programme, funded by NHS England, funds ICSs to recruit, mobilise and support influential Connectors to take practical action to improve health and reduce inequalities across the clinical priorities outlined in the Core20PLUS5 approach for [adults](#) and [children and young people](#).

This research project was commissioned by [NHS South, Central and West \(NHS SCW\) Commissioning Support Unit](#) during their final year of leading the delivery of the Core20PLUS Connectors programme on behalf of the Health Inequalities Improvement team at NHS England.

National Voices is proud to have supported SCW and NHS England throughout the Connectors programme. As learning partner, we have:

- Delivered a series of **learning and support sessions** for ICSs, voluntary sector organisations and Connectors.
- Matched 13 senior leaders across ICSs in **Voices for Improvement** coaching relationships with people with lived experience.
- Delivered a series of interviews with Connectors and VCSE Coordinators.

Project aims and scope

This project was designed to:

1. Uncover any changes to the way local communities discuss and approach their health; and the way NHS services are delivered as a result of Connector activity.
2. Understand the stories and data that Connectors believe best communicate the impact of the programme.
3. Explore how these insights can inform any future iterations of the programme.

During Winter 2024 and Spring 2025, we ran 10 interviews in total, eight with current and former Connectors; and two with Voluntary, Community and Social Enterprise (VCSE) sector coordinators. These are employees of local VCSE organisations who are responsible for coordinating one or more Connectors and act as an intermediary between the Connectors and the local Integrated Care System (ICS) programme lead. Interview participants were offered a £25 thank you payment.

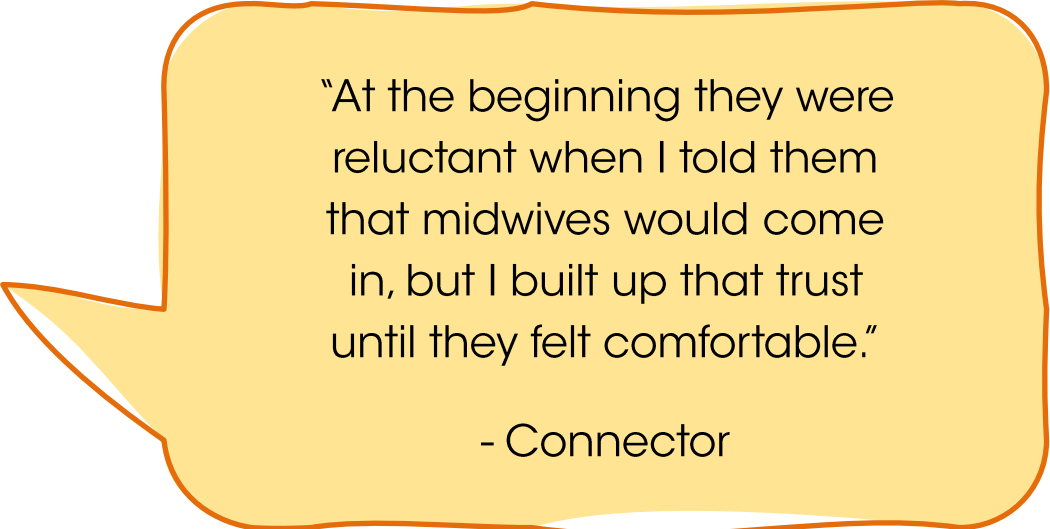
Whilst there were challenges around recruiting Connectors for interviews, this project was never intended to act as an evaluation of the Connectors programme. Rather its aim was to collect a range of Connectors' insights and stories.

Connectors' perceptions of the success and impact of the programme

Creating an inclusive environment

Connectors unanimously agreed that their biggest impact is creating and holding spaces in which the local community can talk about health issues and/or access support and information without fear of judgement or discrimination. This included hosting a support group for new and expectant mothers; discussing the causes and risks associated with chronic obstructive pulmonary disease (COPD); and raising awareness of prostate cancer screening initiatives.

This was mostly achieved through direct engagement and organising events in places that people are familiar with and feel comfortable in, such as places of worship and community centres. Connectors tended to either host smaller regular workshops targeting a specific segment of the population such as expectant mothers, or organise one-off larger events aimed at a broader audience such as the local Asian community.



"At the beginning they were reluctant when I told them that midwives would come in, but I built up that trust until they felt comfortable."

- Connector

Signposting and combatting misinformation

Connectors also explained how they were able to combat misinformation and break down taboos as a result of creating these safe and inclusive spaces. This was often achieved either by inviting medical professionals to attend community events, or by handing out information on health conditions and signposting to relevant services.

Connectors felt that providing accurate information and signposting community members to relevant services would reduce barriers for those who are most likely to experience health inequalities. They felt that this would help to ensure that people experiencing health inequalities could access the support they need.

"[We] talk about mental health, abuse and taboo things that people don't often talk about and empower [attendees] with a little bit more knowledge and signposting them to [the] right direction."

- Connector

"It's about building trust with people who look like them in the community, to talk to them about their story. That was a shocking thing for me, that everyone has a story of inequalities."

- Connector

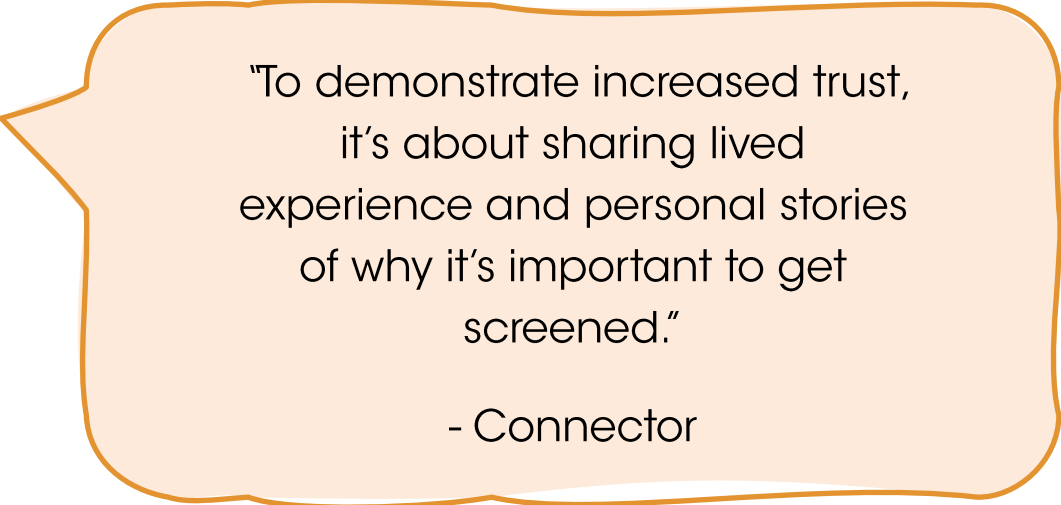
“I am able to, as a Connector, to connect them to different services that are available in the community that they were unaware of beforehand.”

- Connector

Shifting attitudes and mindset

Connectors felt that by creating safe spaces and providing relevant health information they were also changing public attitudes towards the health and care system more broadly. Many Connectors explained that a lack of trust in conventional medical services and institutions meant that some members of their community would avoid seeking support, including preventative support such as screening appointments or blood pressure checks. Through modelling positive behaviours, sharing their own lived experiences, and inviting healthcare professionals to attend events in safe spaces, Connectors felt that they were slowly but surely shifting the mindsets of their peers towards being more proactive around their health.

Through building stronger links between the community, VCSE sector and local NHS services, Connectors reported an increase in trust levels between community members and their ICS.



"To demonstrate increased trust, it's about sharing lived experience and personal stories of why it's important to get screened."

- Connector

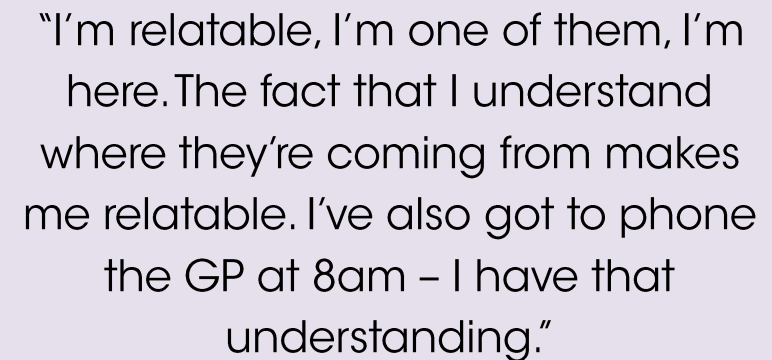
Connectors' perceptions about key enablers of their work

Lived experience

The main enablers discussed by Connectors were; having **lived experience** of a condition; and/or **belonging to the communities** to the programme is designed to engage with.

Connectors with lived experience of conditions were seen by people they engaged with as having legitimacy when raising awareness of that condition. By openly sharing their personal experiences, Connectors formed emotional connections which fostered trust. Modelling positive behaviours around taking a proactive approach to managing their health, or the health of their friends and family, enables Connectors to reduce fear, anxiety and taboo around a subject.

Similarly, being a member of the target community addresses some of the nervousness that people may feel around whether or not a service or intervention is appropriate for them and people like them.



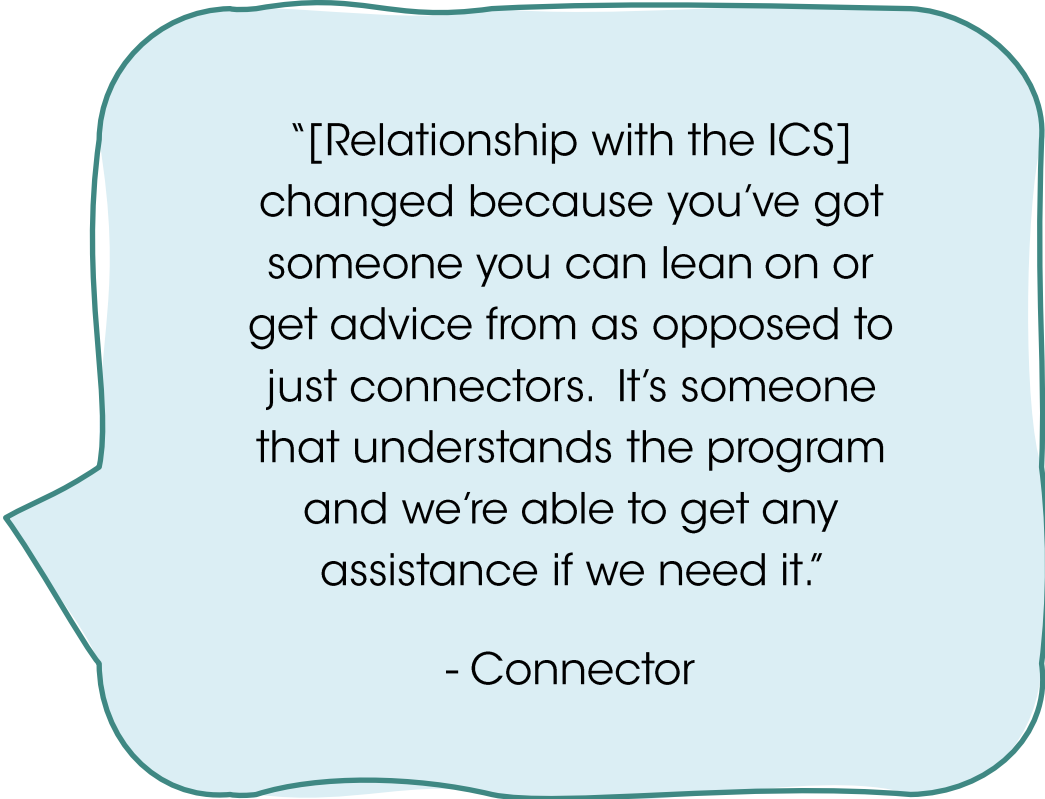
"I'm relatable, I'm one of them, I'm here. The fact that I understand where they're coming from makes me relatable. I've also got to phone the GP at 8am – I have that understanding."

- Connector

ICS and VCSE support

Another key enabler is the support that Connectors described receiving from their VCSE coordinator and local ICS. In most instances, Connectors felt that their positive relationship with their VCSE coordinator enabled them to deliver their role more effectively by; having access to resources and printed materials; being part of a network of other Connectors; and fostering a sense of legitimacy and authority to their role.

Similarly, positive relationships with the local ICS programme manager provided access to medical expertise and information; administrative support such as securing venues; and a channel to provide feedback and insights from the community into the healthcare system. However, this experience was not universal, which is discussed later in this report. It is also worth noting, Connectors felt they would have benefitted from more opportunities to learn from their peers, both locally and nationally.



"[Relationship with the ICS] changed because you've got someone you can lean on or get advice from as opposed to just connectors. It's someone that understands the program and we're able to get any assistance if we need it."

- Connector

Connectors' perceptions
about key barriers or
challenges within their work

Duration and scale of funding

Connectors identified that one of the biggest barriers they faced was insufficient funding in terms of both amount and duration. A number of Connectors told us that they felt that the prohibitive costs of hiring venues and equipment acted as a barrier to delivering high quality, engaging and accessible events. Several Connectors described relying on donated venue spaces to host community events but also highlighted that this approach was not sustainable in the long-term and limited choice of where to host events.

"The mosque donated the space, but since we're planning on going to different churches and other venues they require payment so funding is a struggle."

- Connector

Some Connectors reported that short-term limited funding makes it more difficult to build relationships with their communities, as people are hesitant to engage with a programme that is unlikely to have any longevity. One Connector described how when meeting community members for the first time, they are often asked "how long is your funding for?" as this will determine the extent to which the community will invest time in developing a relationship with the Connector. For the small number of Connectors in paid positions, a small hourly wage increases turnover as it makes the role less attractive. This can create capacity challenges.

“Delay of the funding to scale up - we were getting the team ready but there was anxiety about the funding not coming through.”

- VCSE Coordinator

Racism and discrimination

Concerningly, we heard multiple reports of experiences of direct racist discrimination faced by Connectors while performing their roles. For example, a number of Connectors reported that they were denied use of venues due to their accent or because their name was not traditionally British. As well as the emotional impact of racist discrimination, it also increased the workload of Connectors and in some cases made them more reliant on supervisors to complete operational tasks than they would otherwise have been.

Discrimination can also make it more difficult to raise awareness of community engagement events. Examples of this include white British venue managers not publicising events hosted by Connectors aimed at minority ethnic groups; and venues owned by people belonging to minority ethnic groups being hesitant to publicise events linked to health screening because of misunderstanding and discriminatory beliefs. In one instance, a local restaurant owner was uncomfortable putting up a bowel cancer screening awareness poster because of a misinformed association between the disease and homosexuality. More generally, racism and discrimination creates 'othering' and fosters a sense of exclusion – deepening divides amongst communities.

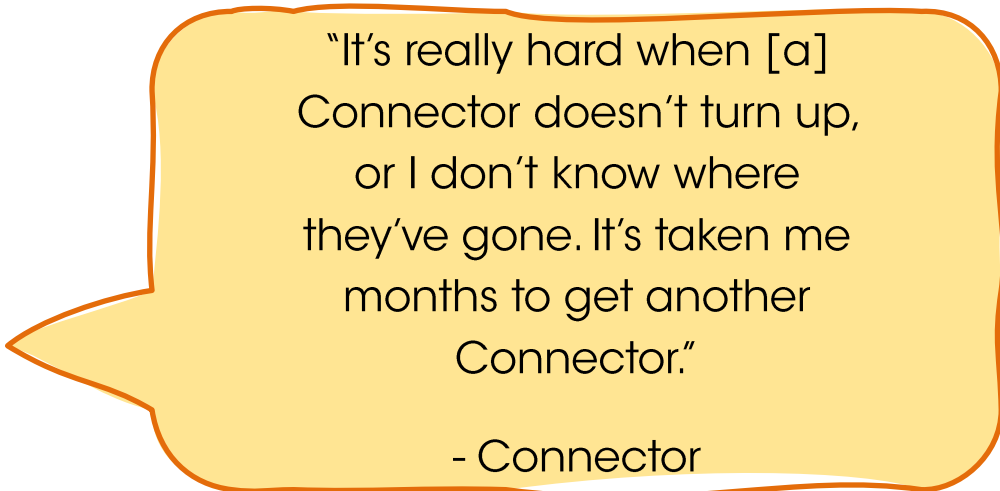
“It’s really disheartening and you have to have a bit of a thick skin. Because being born and bred in England and you like to think it’s got nothing to do with my ethnicity or religion, in reality you need to open your eyes and think these people are gate keeping”

- Connector

Operational challenges

Connectors explained that when the communities that they work with are not aware of the programme or its objectives they are required to spend a lot of time explaining their role and what it is they are trying to achieve. This barrier can be exacerbated by the lack of available funding for marketing; and if there are several seemingly similar initiatives already in place locally such as Health Champions; Community Health Workers; Social Prescribing Link Workers; and Vaccine Champions.

Several Connectors shared instances in which high turnover rates amongst Connectors has created capacity issues as well as generally made it more difficult to do their roles. The knock-on effect of a Connector no longer being in post is that remaining Connectors have to make up for the lost capacity by increasing the size of the 'patch' they cover. Connector turnover can also mean that the time spent building relationships in the community and raising the profile of the programme locally is lost.



"It's really hard when [a] Connector doesn't turn up, or I don't know where they've gone. It's taken me months to get another Connector."

- Connector

“The community doesn’t know who Connectors are – people think it’s my own organisation because I am my own brand. We should be given budget and permission to run our own projects.”

- Connector

Operational challenges cont'd

Delays in receiving payments was an issue for a small number of Connectors who were in paid rather than voluntary roles, especially those who rely on regular income from the VCSE coordinator. Whilst in some instances delayed payments were unfortunate one-off events caused by unforeseen circumstances; Connectors wanted to be kept informed when such issues arose.

"Yes [I will continue as a Connector] as long as they pay me on time. I'm doing a lot of hours and I couldn't afford to do it without getting paid."

- Connector

"They need to pay us on time, there's people out there for who being a Connector is a little earner so they need to pay on time."

- Connector

Engaging with the health system

A few Connectors described instances in which health practitioners had let them down or had been dismissive when trying to build trust with and improve health outcomes amongst target communities.

One Connector described how despite initially getting buy-in from local GPs to attend a community event and deliver blood pressure checks, many GPs did not turn up on the day. This resulted in community members failing to get their blood pressure checked and a **breakdown in trust**.

In another instance, a Connector felt that a GP was **insensitive in their communication** with a vulnerable community member because the GP had not taken the time to properly understand their situation.

“In the last event we had, since it was quite a big event with 2000 people, we had called in a lot of GPs who cancelled at the last minute and therefore the GPs who did turn up, that created a lot of pressure to meet demand which meant some participants did not get to have a health check, which damages trust in the NHS.”

- Connector

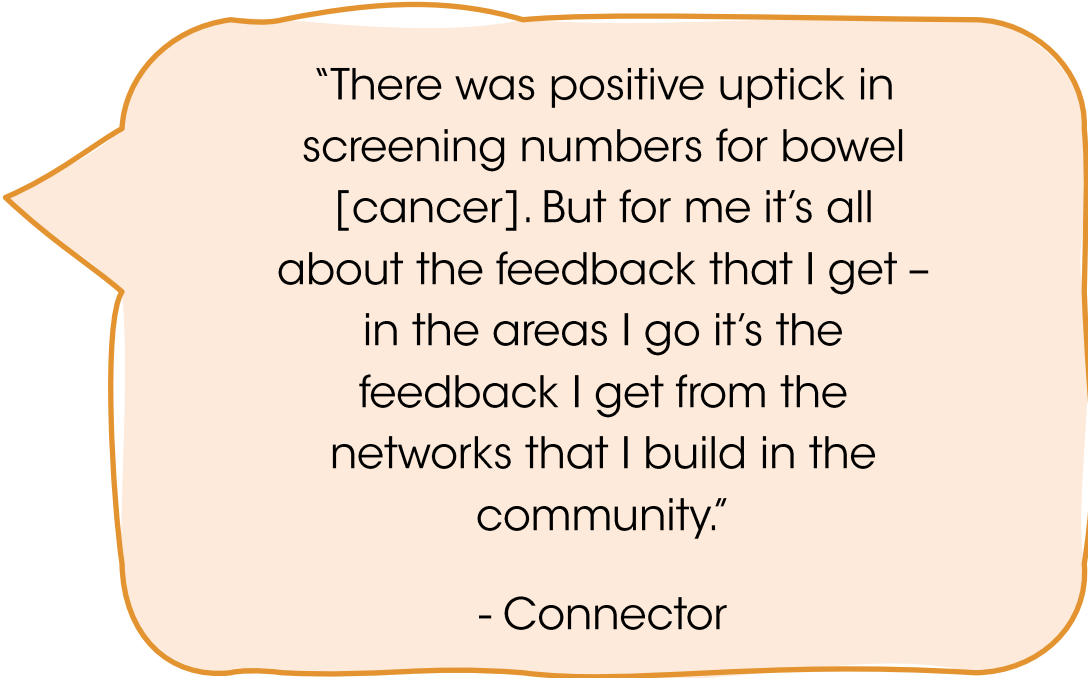
Connectors' perceptions
about what impact and
success looks like

How Connectors define success

Whilst Connectors discussed some quantitative metrics used to track the outputs and impact of their work, it was anecdotal evidence in the form of **personal stories** that motivated and encouraged Connectors the most. Hearing first hand from community members that an interaction with a Connector had directly or indirectly led them to adopting positive steps towards improving or maintaining their health demonstrated to Connectors that the programme is having an impact.

Quantifiable metrics tended to include numbers of attendants to events; the number of positive case studies collected; and the number of condition awareness-raising conversations held.

Less quantifiable but more powerful metrics from the perspective of most Connectors included: people living a more fulfilled life through living healthily; strength of connections built with the community; and perceived increased awareness of and trust in NHS services.



“There was positive uptick in screening numbers for bowel [cancer]. But for me it’s all about the feedback that I get – in the areas I go it’s the feedback I get from the networks that I build in the community.”

- Connector

"We were able to showcase the lack of awareness and address it which is also a good metric of success. There was one woman who lived opposite a community dental service and didn't know about it."


-VCSE Coordinator

How Connectors collect feedback

Most Connectors described running feedback sessions with evaluation forms and surveys linked to QR codes. These were distributed amongst attendees either directly after community engagement events or periodically if the same group was meeting regularly.

Connectors were also using remote communication tools such as WhatsApp groups and emails to collect feedback and insights from community members.

As discussed previously, feedback collected through interactions, case studies and stories tended to be the strongest indicator that Connectors were having an impact.



"People that engaged in these kinds of things are passionate and we have got feedback and evaluation forms and ask participants to complete. We have a quarterly report done for the project and after every event have a feedback form."

- Connector

Key learning themes from interviews with Connectors

Key learning themes: for future national programmes

Through our interviews with Connectors, we have identified the following learning for future national programmes like Core20PLUS Connectors:

- The size and duration of funding available can have a major impact on the ability to develop trust and relationships.
- While some individuals may be open to undertake Connector roles as volunteers, for many people, receiving payment for their work and in recognition of the value they add to health and care is critical.
- People in Connector and VCSE Coordinator roles are often interested in funders putting in place infrastructure to share best practice and learning at a national scale.
- People in Connector and VCSE Coordinator roles are interested in understanding mechanisms through which national policy is shaped by the insights they gather; and are keen for feedback loops to be in place to play back the impact of insights they gather back to them.

Key learning themes: for future local initiatives

Through our interviews with Connectors, we have identified the following learning for those who design and deliver future community based local initiatives to tackle health inequalities

We heard that Connectors want:

- Support with navigating racism, discrimination and trauma. This requires programme managers to receive training on taking a trauma-informed approach to management.
- Opportunities to learn and connect with peers as a mechanism to share best practice and solve issues collaboratively.
- To be able to reliably involve healthcare professionals in their work in order to avoid damaging trust in local services.
- Certainty around future funding for initiatives to invest long-term in building relationships with local communities.
- Timely payment for work they deliver to avoid churn.
- Flexibility in the topics and conditions they focus upon to reflect the healthcare needs of the local community.
- Better feedback loops informing them of actions taken as a result of insights they shared.

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