

2021

-

2024

---

# IMPACT REPORT

How the VCSE Health and Wellbeing Alliance has successfully supported the development of inclusive health and care policy, commissioning, and service design.

# CONTENTS

<b>FOREWORD</b>	<b>1</b>
<b>BACKGROUND</b>	<b>3</b>
<b>EVALUATING IMPACT</b>	<b>6</b>
<b>BY THE NUMBERS</b>	<b>7</b>
<b>POLICY REACH</b>	<b>8</b>
<b>PATHWAYS AND EVIDENCE OF CHANGE</b>	<b>10</b>
<b>RESPONSIVE INFLUENCING</b>	<b>17</b>
<b>IN THE WORDS OF OUR STRATEGIC PARTNERS</b>	<b>20</b>
<b>FURTHER INFORMATION</b>	<b>23</b>

# FOREWORD

Health and care services have long worked hand in hand with the voluntary sector, combining forces to ensure our communities get the support they need. From helping people get home safely from hospital, to shaping Mental Health Act reform, when we work together, strategic and operational change becomes more grounded, innovative and sustainable. The VCSE sector's input into both policy discussions and service design at the highest level helps to ensure the needs of those most affected by health inequalities are embedded from the outset.

This has been the real strength of the latest iteration of the VCSE Health and Wellbeing Alliance. It has successfully brought together a coalition of 18 VCSE organisations and consortia that have unparalleled networks among communities who face the biggest health inequalities and barriers to health and care services, and as a result, the worst experiences and outcomes. Having this insight on tap for policy makers to draw on has been invaluable, with the Alliance also creating opportunities for almost 10,000 people from marginalised and minoritised communities to shape national policy over the last three years.

We have seen the new government put tackling health inequalities front and centre of their manifesto, with a crystal clear commitment to halve the gap in healthy life expectancy between communities. To do this they need sustainably resourced initiatives like the Alliance to go even further, developing an evolving understanding of why health inequalities persist, and co-producing how to adjust policy solutions to meet the needs of everyone.

# FOREWORD

To help, this report explores some of the successes of the Alliance and the impact it has had in developing inclusive health and care policy. It also provides useful context to inform how the partnership model could be improved to help our statutory partners deliver against the ambitions that will be set out in next spring's NHS 10 Year Plan.

Jacob Lant  
Chief Executive  
National Voices

# BACKGROUND

The Voluntary, Community and Social Enterprise (VCSE) [Health and Wellbeing Alliance](#) (HW Alliance) is a partnership between sector representatives and the health and care system. It is a key element of the [Health and Wellbeing Programme](#), designed to enable the VCSE sector to share its expertise at a national level.

The HW Alliance receives £2million per year funding and is jointly managed by partners at Department of Health and Social Care (DHSC) the UK Health Security Agency (UKHSA) and NHS England (NHSE). It is made up of [18 VCSE Members](#) that represent communities who share protected characteristics or that experience health inequalities. Through their networks, HW Alliance members serve as a key link with thousands of people, communities, and VCSE organisations across England. This report has been prepared by National Voices, who act as the VCSE coordinator for the Alliance (in joint partnership with the National Association for Voluntary and Community Action).

## Aims of the Alliance

- Provide a co-ordinated route for health and care organisations to reach a wide range of VCSE organisations.
- Support collaboration between VCSE organisations and provide a collective voice for issues related to VCSE partnerships in health and care.
- Enable health and care organisations and VCSE organisations to jointly improve ways of delivering services which are accessible to everyone. By making it easier for all communities to access services this will reduce health inequalities.
- Ensure health and care decision-makers hear the views of communities which experience the greatest health inequalities.
- Bring the expertise of the VCSE sector and communities they work with into national policy making.

# BACKGROUND

This is achieved through:

- Funded work projects, co-led by VCSE members of the Alliance and policy leads responsible for the development of England's national health and care policy at system partner organisations (DHSC, NHSE and UKHSA)
- Collaborative responsive work when national health and care policy is under review and development. The Alliance serves as an engagement route for the VCSE sector and the communities they work with to inform and challenge policy development, particularly regarding potential impact on marginalised communities.

The HW Alliance programme has been running in its current form from April 2021 to March 2024, with an extension year granted for 2024/25. Over the past three years, strategic priorities for collaborative work across the HW Alliance were identified from:

- Areas of strategic importance to system partners
- Areas of importance to populations at risk of health inequalities
- Areas where HW Alliance members have expertise and insight which could help to enable policy, commissioning, and provider organisations to design services and support based on the needs of people and communities who face disadvantage and exclusion

Priority policy areas during this timeframe have included:

- Health protection
- Maternal health
- Mental health and suicide prevention
- Primary care
- Social care
- Social prescribing

# BACKGROUND

Cross-cutting themes across policy areas have included:

- Co-production
- Cost of living and the impact on health and care
- Data - particularly regarding equity, understanding gaps and using data and knowledge held by VCSE organisations
- Digital exclusion

# EVALUATING IMPACT

This report is part of a wider set of evaluative activity being undertaken at this closing phase of the current programme cycle. It is the result of an Alliance wide collation of data, insights, and stories designed to exemplify how our ways of working have created change.

The report is based on the collation of self-reported qualitative and quantitative evidence from HW Alliance member organisations and policy leads across funded work projects undertaken between 2021-2024. This includes via survey, completion of an impact data tracking tool and interviews.

For further information on the nature and scale of the Alliance's work, please visit the online resource library for all published work: [VCSE Health and Wellbeing Alliance Resource Library – National Voices](#)

## Abbreviations

**DHSC** Department of Health and Social Care

**ICS** Integrated Care System

**NHS / NHSE / NHSEI** National Health Service England

**OHID** Office for Health Improvement and Disparities

**UKHSA** UK Health Security Agency

**VCSE** Voluntary, Community, and Social Enterprise

# BY THE NUMBERS

9,677

People experiencing health and care inequalities have had their voices heard in national policy making via Alliance activity.

63

Policy leads from teams across NHSE, DHSC, and UKHSA directly engaged with HW Alliance work projects.

1,415

VCSE organisations, faith groups, and local community groups co-led or supported HW Alliance projects.

192

Total completed work projects.

57%

Of ICSs engaged with HW Alliance work projects.

# POLICY REACH

This page shows the range of national policy teams partnered with Alliance members to deliver Alliance projects on areas of strategic importance.

## DHSC

- Alcohol Strategy
- Asylum Seeker Health
- Bereavement
- Building the Right Support
- Cancer Treatment
- Children and Young People's Mental Health
- Dementia
- Hospital Discharge and Onward Care
- Intermediate Care Policy
- Mental Health Act Reform
- North West Regional
- OHID Cancer Screening
- OHID Early Years, Children and Families
- OHID Healthy Ageing
- OHID Healthy Communities
- OHID Homelessness and Health
- OHID Inclusion Health
- OHID Mental Health Programmes
- OHID Start for Life Unit
- Palliative and End of Life Care
- Service Quality, Care and Experience (Social Care)
- Social Prescribing & VCSE Health and Wellbeing Programme
- Suicide Prevention
- Unpaid Carers

## UKHSA

- Children, Young People, Schools and Universities
- Health Equity and Inclusion Health Division

# POLICY REACH

## NHSE

- Adult Mental Health (Improving Access to Psychological Therapies)
- Alcohol programme
- Cancer Strategy
- Children and Young People's Transformation
- Commitment to Carers
- Dementia
- Digital First Primary Care
- Digital Transformation
- Elective Care Recovery
- Equalities and Involvement
- Experience and Partnerships
- Healthcare Inequalities Improvement Programme
- Insight and Voice
- Intermediate Care Programme
- Maternity and Neonatal Programme
- Mental Health
- Migrant Health
- Palliative and End of Life Care
- Prevention
- Primary Care
- Social Prescribing
- System Transformation
- User Research
- Virtual Wards

# PATHWAYS AND EVIDENCE OF CHANGE

The following examples are presented to convey the range of policy areas, methods, stakeholders and audiences addressed through Alliance projects to date. Whilst there are many more amongst the 192 completed projects, we hope these stories and examples inspire further work and demonstrate what can be achieved through partnership working.

**British Red Cross'** Alliance funded research report, Offline and Isolated, investigated digital barriers that impede access to healthcare for people seeking asylum in England. Among other barriers to access, people seeking asylum reported that they frequently cannot register for online NHS services as they typically do not have an accepted form of identification, such as a British passport or driving license. The report recommended the Application Registration Card (ARC), issued by the Home Office to all people seeking asylum, to be added as an accepted form of ID on NHS Login and the NHS App. Senior stakeholders endorsed this recommendation in a policy roundtable held by the British Red Cross and the UN High Commissioner for Refugees. This resulted in a policy change, implemented in April 2024, which now allows people seeking asylum to use their ARC to register for NHS health and care apps and online services. In practice this means access to essential NHS healthcare, including immunisation, infectious disease screening and treatment. For many people this will be for the first time.

The **Suicide Prevention Consortium** gathered insights for a new DHSC suicide prevention strategy for England. Funded by the Alliance, they hosted four focus groups with 55 people with lived experience of suicide, self-harm, and/or alcohol or drug misuse. These focus groups were

# PATHWAYS AND EVIDENCE OF CHANGE

co-designed by the Suicide Prevention and Self-Harm Lead at DHSC and the Consortium's lived experience advisors.

Their insights were shared directly with officials leading the Government's consultation, who also attended some of the workshops. Samaritans also shared recommendations drawn from the Consortium's wider work exploring, understanding, and amplifying the voices of people with lived experience, and supported 200 people with lived experience to respond directly to the consultation.

This work was highly impactful, and the priorities articulated by lived experience were included in the then-government's final suicide prevention strategy.

These priorities related to:

- The need for better and more consistent crisis care
- Targeted action to reduce death by suicide in groups at higher risk
- Education and awareness-raising to reduce stigma
- Action to improve access to mental health services for those with experiences related to suicide
- Self harm and alcohol use
- Improved commissioning to ensure joined up care between mental health, alcohol and substance use support

The impact of working with the VCSE sector as trusted partners with those with lived experience is evident in continued partnership working between the Consortium and DHSC, and the inclusion in the suicide prevention strategy that "voices, perspectives and insights of people with personal experience should inform the planning, design and decisions at all levels of suicide prevention activity".

# PATHWAYS AND EVIDENCE OF CHANGE

The **Palliative and End of Life Care (PEoLC)** Consortium partnered with PEoLC teams at DHSC and NHSE to deliver a seismic shift in the collection, quality and consistency of hospice demographic data.

Led by Hospice UK, this was achieved through collecting and collating consistent demographic, activity and catchment area data across the hospice sector and designing and piloting tools for hospices to compare their service reach with local population data to understand whether their patients are representative of their communities.

NHS England have since fed back that this has addressed a data gap, and means that there is now a sustainable, scalable approach to understanding, and therefore reducing, health inequalities in access to hospice care.

The Population Needs Assessment Tool (PopNAT) is now available online and populated with hospice catchment area data. This project has also resulted in published case study examples and top tips on how to take a population data-based approach to palliative and end of life care.

The final outputs of the project have been cascaded by Hospice UK with the sector and are due to be shared with Integrated Care Board Palliative and End of Life Care leaders in partnership with NHSE.

# PATHWAYS AND EVIDENCE OF CHANGE

Thanks to the **Valuing People Alliance's (VPA)** work, policymakers now have a better understanding of how people receive and use accessible information on care and support services with which to improve communication.

The VPA, which exists to champion the rights and wellbeing of people with learning disabilities, worked with DHSC to support the integration of the experiences and priorities of people with a learning disability, autistic people, and their families and supporters, into improving information and advice in social care. This included the Care Quality Commission's (CQC) work on the Local Authority Assurance Framework. The CQC Lead for this policy area fed back that:

“ Examples of good practice and what works well are a great source of underpinning knowledge for both CQC assessors and Local Authorities, especially when these have been generated by people with direct, personal experience.

CQC Lead”

**Good Things Foundation** led collaboratively across the Alliance to produce [Inclusive digital healthcare: a framework for NHS action on digital inclusion](#). This framework for action was designed to help NHS staff enable and encourage inclusive approaches for designing digital health services. It supports services to address wider health inequalities, access, outcomes and experience of healthcare for specific groups

# PATHWAYS AND EVIDENCE OF CHANGE

facing greater barriers. Building on this work, Good Things Foundation developed a series of three seminars, bringing the Alliance's learnings about digital inclusion in healthcare to a wider audience. Each seminar drew over 100 attendees from health, VCSE, and government organisations/departments. The evaluation demonstrated that post-event attendees had increased knowledge about digital inclusion in healthcare services, and were able to identify ways to improve this in practice.

**National Voices** partnered with the primary care team at NHS England to improve experiences of multidisciplinary teams within general practice - particularly amongst populations who experience health inequalities and/or are frequent users of primary care services. This work was based on lived experience insights gathered via VCSE members of National Voices, which formed the basis of recommendations for improvement.

Through National Voices' membership of NHSE's Advisory Group on GP access and communications, we shared the learnings. NHSE drew on these to equip general practice teams to deliver consistent messages to their patient population on how they can support people. This included the use of lay explanations to communicate what structural changes in general practice mean for patients, ultimately enabling improved access to the right care at the right time. Insights from National Voices and Alliance members continue to be drawn upon by NHS England to develop a programme of work to explore how continuity of care can be achieved through multidisciplinary teams, taking advantage of technology and the evolving role of care navigators.

# PATHWAYS AND EVIDENCE OF CHANGE

**Locality's** Alliance funded research, Creating Health And Wealth by Stealth, recommended changes to the way the health system involves community anchor organisations (i.e. large, well established community organisations) in illness prevention. Engagement with stakeholders within the NHS, DHSC and UKHSA led to a follow up Alliance project, Keep it Local for Better Health: How Integrated Care Systems can unlock the power of community.

Subsequently, West Yorkshire Health and Care Partnership became the first integrated care system to sign up to the Keep it Local principles this year, stating that:

“ The NHS has long faced challenges in tackling health inequalities in our local communities, and we are facing incredibly challenging financial pressures in health and care at a time when public needs have increased. The Keep it Local principles of prioritising local partnerships and investment help to support our health and care work in collaboration, (including) with the VCSE sector.

**West Yorkshire ICB Chair** ”

The ICS has since started work which will create a more supportive environment for community anchor organisations to join ICSs in tackling health inequalities, preventing illness and investing in the local economy. It marks a powerful new approach to delivering local health services, made possible by Alliance funding and partnership working between the VCSE sector and NHS England.

# PATHWAYS AND EVIDENCE OF CHANGE

**Friends, Families and Travellers (FFT)**, in partnership with **Roma Support Group**, took their learnings from a project exploring how to tackle suicide inequalities in Gypsy and Traveller communities, to inform and deliver training and information sessions to key system partners. They have delivered over 15 sessions to date, on topics including ‘What should you know if you are supporting Gypsy Traveller people around suicide’ and ‘How to ensure that you have Gypsy Traveller communities embedded into Suicide prevention plans’.

In early 2023, FFT was also part of a regional response to a suicide cluster, before becoming part of the wider national response group to ensure that suicide prevention policy and implementation is inclusive of the Gypsy, Roma and Traveller community.

# RESPONSIVE INFLUENCING

Since this iteration of the programme began in 2021, more than 42 specific pieces of reactive policy work have been taken up by the Alliance. Overall, the Alliance provides an effective route for government, NHS England and UKHSA to engage with the VCSE sector and marginalised communities to develop policy that meets their needs.

Examples of policy areas informed by these approaches are the NHSE proxy access programme; DHSC Start for life unit; NHSE Primary care group; NHSE Intermediate care team; the Behavioural programmes unit at the Office for Health Improvement and Disparities (OHID); NHSE Maternity Programme; UKHSA Health equity strategy and Partnerships; NHSE Covid vaccination programme; NHSE Obesity programme; and the DHSC Medical technologies team. Below we have expanded on three examples to demonstrate how the Alliance has contributed to national health and care policy responsively.

## **UKHSA Health Equity Strategy (2022)**

At the request of UKHSA, the HW Alliance informed the development of their Health Equity for Health Security Strategy. The Alliance identified areas of priority for VCSE organisations and their communities, and shaped the overall approach taken. Members highlighted the importance of strengthening data and evidence for people who experience inequalities, and engaging with communities in an equitable way.

This input informed the identification of four core priorities for the strategy, notably 'science and data' and 'partnerships', with a specific programme of work developed to inform UKHSA's engagement with communities. This activity is summarised below.

# RESPONSIVE INFLUENCING

## **Hewitt Review (2024)**

The Rt Hon Patricia Hewitt chaired an engagement session for members of the HW Alliance to understand the important role of VCSE and faith organisations in enabling health and care systems to achieve their aims. HW Alliance members provided insights and evidence regarding their ways of working and the needs of the communities they work with in relation to the review's key questions. The HW Alliance was explicitly thanked for this contribution in the Forward of this influential national report, The Hewitt Review: an independent review of integrated care systems, raising the profile of what the sector can bring to engaging communities and tackling health inequalities through ICSs.

## **Major Conditions Strategy (2023)**

The development of a new Major Conditions Strategy (MCS) under the previous government (2022-2024) presented a substantial opportunity for the Alliance to inform DHSCs knowledge base and priority setting when it comes to improving person-centred care for those living with multiple long term conditions.

The Alliance built a good relationship with the DHSC policy team, feeding into early thinking and the development of the strategy to embed inclusivity into its design. In June 2023, the Alliance submitted an overview of sector and community insights to the strategy call for evidence. The Government's response to the evidence submitted recognised the flawed single condition approach to care, and noted some of the systemic factors highlighted by Alliance members and other stakeholders. Furthermore, when we started our conversations with policy leads in spring 2023, there was little recognition around end of life

# RESPONSIVE INFLUENCING

care, or the importance of preventative action from an early age. Both issues gained a higher profile in the review. Following the publication of the interim report, the HW Alliance continued their engagement with the policy team, highlighting where the strategy needed to go further to ensure that all those with long term conditions who experience health inequalities are accounted for, particularly smaller inclusion health groups. The Alliance will continue to use this knowledge base, in combination with fresh insights, to influence current government policy, such the proposed 10-year plan, to radically reform the NHS.

# IN THE WORDS OF OUR STRATEGIC PARTNERS

**85%** of system partner policy leads who responded to our survey (based on 15 respondents) ‘Strongly Agree’ or ‘Agree’ that they have:

- Been supported to improve and embed inclusion in their work
- Developed a knowledge and understanding of the needs of marginalised communities and those who experience barriers in accessing equitable health and care

An interview with a senior stakeholder at NHSE reported that their teams which have worked with the Alliance have as a result;



Increased confidence to continue to work with lived experience partners and the VCSE sector beyond the lifespan of the projects, creating meaningful culture change.



This means that the Alliance has enabled a culture shift in policy and implementation to design health and care which meets the needs of those who need it most.

An example of this comes from a project co-led by Marie Curie (part of the Palliative and End of Life Care (PEoLC) Consortium) and NHSE to develop understanding of intersectional experiences of PEoLC. This involved an academic literature review and lived experience reflections on themes such as the intersection of ethnicity and gender and the impact on end of life care. The NHSE policy lead reported that “sometimes policy colleagues may not have the capacity and resources to do this, but it was an impactful

# IN THE WORDS OF OUR STRATEGIC PARTNERS

piece of work that has been widely shared internally and used as part of wider health inequalities work. The knowledge base is part of now NHSE and indicates that we are working to understand health inequalities”.



Working together to translate research to policy via co-production with the people our policy development intends to serve.

**Policy Lead, NHSE, on what working with the Alliance brings**



Members of the Alliance worked in partnership with the Experience of Care team at NHS England to understand how ICSs are engaging with and improving peoples’ experiences of care. The NHSE policy lead for the work reported that “Senior ICS leaders found it really positive to learn from the VCSE sector - for example that meaningful co-production happens between three parties –the ICS, community members with lived experience, and VCSE organisations. It became clear when we got everyone talking that by working together, each sector brings their own strengths. VCSEs are trusted in communities and have access. We don’t need to lead everything from the NHSE side, but can work in partnership, it is about the networks and relationships. We know now that we can step out of our usual networks, which will make work richer”.



Better strategic understanding of the assets that communities bring to health reform.

**Policy Lead, NHSE on what working with the Alliance brings**



# IN THE WORDS OF OUR STRATEGIC PARTNERS

Additional examples of what has been achieved by partnership working with the Alliance, from policy leads' perspectives:

- Policy leads benefit from the Alliance as a dedicated resource, for example, enabling the creation of new resources to support inclusive social prescribing and reduce health inequalities in access. Co-developing these between NHSE, VCSE colleagues and people with lived experience was possible due to HW Alliance funding.
- Access to a wider range of case studies for stakeholders across the health system to learn from. This enables inclusion beyond pockets of good practice.
- A deeper understanding of the evidence gaps to address, which will inform future work planning. This has been particularly true for UKHSA as a newer organisation. Senior stakeholders intend to build on their initial engagement with the HW Alliance to deliver on their strategy for health equity and engagement.

# FURTHER INFORMATION

In total, members of the HW Alliance have collectively completed over 190 work projects covering a diverse range of policy priorities and addressing the needs and experiences of many community groups who are at the greatest risk of experiencing health inequalities. You can find a list of the Alliance's publications to date, organised by theme, in the [VCSE Health and Wellbeing Alliance Resource Library](#).

You can also find more information about the HW Alliance, its member organisations, and the wider health and wellbeing programme on the [NHS England website](#).

We would like to thank the HW Alliance members who contributed to this report:

- Age UK
- Barnardo's
- British Red Cross
- Carers Partnership
- Complex Need Consortium
- Faith Action
- Friends, Families and Travellers
- Good Things Foundation
- Homelessness Health Consortium
- Locality
- Palliative and End of Life Care Consortium
- Race Equality Foundation
- Suicide Prevention Consortium
- Valuing People Alliance

# ACKNOWLEDGEMENTS

We would like to thank HW Alliance Members for their extensive insights and contributions, without which this report would not have been possible. We would also like to thank the System Partner operational team for helping to shape this report and celebrate the impressive achievements of the HW Alliance as a whole.

This work has been funded through the VCSE Health and Wellbeing Alliance, jointly managed and funded by the Department of Health and Social Care, NHS England and the UK Health Security Agency. For more information, please visit: <https://www.england.nhs.uk/hwalliance/>.

## National Voices

National Voices is the leading coalition of health and social care charities in England. We work together to strengthen the voice of patients, service users, carers, their families and the voluntary organisations that work for them. We have more than 200 members covering a diverse range of health conditions and communities, connecting us with the experiences of millions of people.

020 3176 0738

[info@nationalvoices.org.uk](mailto:info@nationalvoices.org.uk)

[www.nationalvoices.org.uk](http://www.nationalvoices.org.uk)

[@nationalvoices.bsky.social](https://www.nationalvoices.org.uk)

The Foundry,  
17 Oval Way,  
London,  
SE11 5RR