

# Community Chests for Social Prescribing



## What is a Community Chest?

# What is a Community Chest for social prescribing?

**A Community Chest for social prescribing** is a micro-grant fund for VCFSEs (voluntary, community, faith and social enterprise services) that social prescribers refer on to. It is:

- **Designed to address health inequalities** at a local and hyper-local levels, respond to community intelligence and promote sustainable impact for communities.
- **Fosters integrated ways of working** through Place based Partnerships and combined investments by the NHS, local authorities and other stakeholders.
- **Supports the evolution of social prescribing** through better data, investment in, and empowerment of, the VCSE sector.

# Community Chest for social prescribing: Principles

1. **Flexible, agile and adaptable** fund based on local/hyper-local need of VCSE's, guided by insight on where health inequalities are most prominent
2. **Co-produced** with a wide range of stakeholders (NHS, Social Prescribing, Patient Representatives, Public Health, VCSE and other agencies)
3. **Supportive of capacity building** and longer term sustainability for VCSEs
4. **Low barriers to access** for VCSEs usually underserved by funding
5. **Promotes equity**, reaching VCSEs and communities that may have been excluded from partnerships and funding in the past

# Community Chest for social prescribing: the missing link

Social prescribing is a key priority area of the NHS Long Term Plan, with a commitment to increase provision of social prescribing as part of personalised care four-fold by 23/24.

**The Community Chest closes the loop**, making social prescribing referrals to VCSEs relevant, effective and successful.

- VCSEs form a key pillar of the social prescribing journey, but are underfunded and often unable to meet demand. The CC is an opportunity for an investment from the NHS to address this.
- Community response has supported population health and resilience through pandemic relief efforts (vaccinations, food banks, befriending services etc.) - this should be harnessed.

# How does a Community Chest address Health Inequalities?

## **Data and intelligence:** How should the Community Chest use data and intelligence to address health inequalities?

**Improved collection of data** of social prescribing needs, pathways, and their outcomes **in the VCSE sector** will enable a better understanding of health inequalities. The approach to social prescribing evaluation should include the voluntary sector.

Data and intelligence will facilitate:

- **Decision making** – providing the Community Chest with evidence on where to direct funding based on social prescribing and population need
- **Assessing impact** – a light touch monitoring and evaluation process will demonstrate the impact of investment and how effectively health inequalities are being addressed by VCSE interventions
- **Communities of practice** - enabling service providers to review lessons learned and what could be done differently

## **Data and intelligence:** How the Community Chest is building on existing data and intelligence work to address health inequalities as part of the pilot work in NEL

Led by the ICS Lead for Research and Evaluation, the **NEL Social Prescribing Evaluation Group (representing all NEL boroughs)** has developed an **academically sound and agreed approach to social prescribing evaluation**

- Using **common datasets and appropriate data capture tools** the pilot in NEL has produced dashboards that report on the scale and impact of social prescribing. The CC is an opportunity to supplement and develop these datasets
- The use of a **strong data foundation** in evaluation builds on the approach led by the Clinical Effectiveness Group – who have supported NEL in pioneering the improvement of management of long-term conditions through effective use of data



## **Data and intelligence:** How could the data needed by the Community Chest be generated to address health inequalities?

- The approach to data involves **co-produced priority setting exercises** with multi-level stakeholders (VCSE, SP, NHS CCG, LA, Public Health) to gather intelligence on demand, gaps in need, and capacity
- The generation of **data from the VCSE sector** would focus on micro and super micro organisations, with guidance from intermediaries as mentors in this process
- The Community Chest would initially use a **combination of existing and previously gathered intelligence to support funding decision making**. This will then be triangulated with evidence gathered locally for both decision making and M&E processes
  - Wherever possible, existing and emerging ICS/B tools will be used and optimised
  - Wherever possible, existing and emerging borough-level processes to gather qualitative data to would be used

**Whole System Approach:** The CC fosters better integration and a whole system approach to respond health inequalities

**By working through place based partnerships through a pilot process across NEL, there will be integration across the ICS.**

- Better **working between NHS, local authority and VCSEs**
- Better ICS understanding of place-based issues which **supports local/hyper-local issues**
- Better **connection to underserved communities** across the ICS
- Better support to build more **resilient communities** around social health interventions
- Building on **collective ways of working** during Covid (e.g. vaccination efforts, food banks etc.)
- Harnessing and **learning from community-led methods** (e.g. mutual aid)

**Health Equity:** The CC enables co-production and embeds a health equity to address health inequalities

**Promotion of health equity is embedded in to the CC process through:**

- **Involvement of trusted local organisations** with unique perspectives on the issues of equity and access in design of the fund in each locality, including:
  - BAME, LGBT+, disability, refugee & migrants, faith groups and women's services
- **Co-production** with VCSEs, NHS, the local authority and other stakeholders in:
  - Priority setting, application design and support, selection, and development of toolkits
- **Grassroots approaches** through selection of issues, services and responses that are most needed and called for by underserved groups

## Additional benefits of a Community Chest

- **Strengthens relationships** between social prescribing and the VCSE sector
- **Fosters leadership** development, capacity building, knowledge sharing and learning
- **Works alongside the data maturity agenda** - including social prescribing dashboard work recently conducted by Bearing Point (B&D, Newham)
- **Alleviates pressure** on NHS primary care services
- **Is container for knowledge and skill sharing** between social prescribers and VCFSEs
- **Fosters involvement** of ICS senior leadership and promotes the building of effective working group processes as the ICS structure develops

**Where has it  
worked before?**

# Where this has worked?

## Wandsworth CCG & Enable

### CC Fund Size:

- £75k per PCN in Wandsworth
- **CCG annual commitment** @ £15-25k per PCN
- **LA Match** @ £15-25k per PCN
- CCG underspend tops up final fund value

### The Community Chest funds

1. **Additional VCSE Capacity** - due to demand on services
2. **New micro-commissions** - responding to unmet need

### Innovations and Learnings

- **Light touch** monitoring/evaluation
  - Enables better data capture on VCSE gaps
  - Lowers barriers to fund for underserved orgs who may not usually apply for funding.
- **Activation** of SPLW's in process
  - Supports workforce development
- **VCSE led prototyping** of new activities
  - Enables hyper-local response to health inequalities.

## Ipswich and Suffolk CCG - Connect for Health

### CC Fund Size: **£120k**

- **CCG annual commitment** @ £15-20k/PCN
- No LA match

### The Community Chest funds activity:

1. Using existing intelligence through SYSTEM ONE
2. **New micro-commissions** - responding to unmet need

### Innovations and Learnings

- **Shared decision making fosters place based ownership includes underserved groups**
- **Multi-level stakeholder involvement** - including more than health, allows for better picture of gaps in need
- Monitoring and evaluation supported by CCG Business Intelligence Team, building better picture of data of gaps in need

# Where this has worked?

## Herts Valley CCG - Communities Opportunities Small Grants

### CC Fund Size: £440k across CCG

- **CCG** one off commitment
- **NHSE Social Prescribing Champion Fund:** £25K
- **Hertfordshire Community Council:** £15K

### The Community Chest funds

- Strategic focus areas: Mental health, bereavement, carers, digital exclusion, frailty, health inequalities
- COVID focus and COVID Proofing
- Mix of activity based and capacity building
- Emphasis on developing collaborative working

### Innovations and Learnings

- Short and simple application with clear outcomes - to support access and show responses to HI
- Focus on how the project maximises impact and build community resilience
- Evaluation measures agreed with each awardee
- Role of community navigators was important for local intelligence

# Community Chests for Social Prescribing

Healthy London Partnership NHS

Community Chests for Social Prescribing

## Case Study 1: Connect for Health

Ipswich and East Suffolk  
CCG



May 2022

Community Chests for Social Prescribing

### Summary

**Connect for Health** operates across 41 GP surgeries throughout Ipswich. The service is designed to assist local people (aged 18+) tackle a variety of non-medical challenges. The Connect for Health programme is supported by a Community Chest (CC) to ensure that money goes where there is demand and need from the local community across the CCG. There is a strong focus on community development and aligning with local needs by operationalising the fund through Integrated Neighbourhood Teams.

Total funding	Fund size per area	Award size
£120k CCG Funding	£15-20k for 8 INT areas	£2k-15k per org

**Who funds the Community Chest?**  
Ipswich and East Suffolk CCG. Funding is then distributed to the Integrated Neighbourhood Teams who award it.

#### Who is the fund for?

- VCFSE organisations.
- Smaller and more informal organisations and groups who accept referrals/warm handovers as part of social prescribing.
- New groups or organisations that need to be created when a gap in provision has been identified.
- There is a dedicated Community Chest fund for the Black, Asian and Ethnic Minorities (BAME) community.

#### Who runs it?

The CC was originally set up and held by Suffolk Community Foundation but moved within the Integrated Neighbourhood Teams rather than sitting with an independent organisation.

The CC is now operationalised at neighbourhood level by Integrated Neighbourhood Teams (INTs). These typically consist of a core leadership team, with representation across stakeholders: GPs, Norfolk/Suffolk Foundation Trust & Secondary Care, Social Prescribers, Adult Community Services, Community Health professionals, Police, mental health, District & borough teams, and VCSE partners.

The BAME CC is operationalised in the community by local BAME groups.

### What was funded?

Local Community Transport groups	Befriending scheme	Men's sheds and Good Neighbour
Local Citizens Advice and Disability advice service	Local Carers support charity	Green social prescribing (Green Light Trust)
Bereavement care service	Mental health service (Suffolk Mind)	Culturally sensitive swimming group for the Kurdish community

### Innovations

- **Shared decision-making** enables ownership of the fund at place-based level.
- **Integration of the fund at INT and CCG level** facilitates multi-level stakeholder involvement and combined understanding of local and wider regional needs.
- **Sustainability of funding** on a three-year basis allows for development and integration of the Community Chest as part of Connect for Health's delivery contract.

### Learnings

- The first year required robust monitoring and evaluation to show a demonstrable impact on the system in order to justify multi-year funding cycles.
- There is a need to better develop commissioning based on population size and demand - relating to deprivation, COVID and other health inequalities.
- Not all INT structures map over the CCG areas neatly - there are huge variations across the ICS, which require some tailoring to approaches in different areas.
- Small amounts of money £2-5k can be significant for some VCSEs, however it's important to acknowledge that smaller increments generally can only have a limited impact.
- Running the CC through the INT promotes a greater awareness of social prescribing.
- Funding mostly goes to existing organisations, but has identified some clear gaps in services.
- The funding is ring-fenced and integrated into the Connect for Health contract on a yearly basis - this is vital for sustainability and a recognition that the VCSE sector doesn't come for free.

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## Further Info: **Supporting Documents**

### **Published Nov 2021**

- [a best practice scan](#) looking at examples of comparable funding set ups that informed the community chest model
- [a paper making the case for community chests](#) and why the approach fits with health and care priorities
- [a how to guide](#) proposing what conditions need to be in place, and what kind of leadership is required to give it a go and make it happen in London