Challenge, innovation, friendship.

Exploring health and VCFSE partnerships between 2020-2022:

What we've learned and where we go next

VCSE health & wellbeing alliance

FaithAction

FaithAction is a national network of faith and community-based organisations (FBOs) involved in social action. We empower these organisations by offering support, advice and training—we help the 'doers' do. We also have a key role in facilitating partnerships, sharing good practice between organisations and between sectors, and acting as a connector between government and grassroots organisations. We work to highlight the contribution that faith-based organisations are making to communities up and down the country. We know that the extent and impact of this work, and the reach of faith-based organisations into communities experiencing inequalities, mean that faith is too significant to ignore. Find out more at:

- www.faithaction.net

VCSE Health and Wellbeing Alliance

FaithAction has been a member of the VCSE Health and Wellbeing Alliance every year since its inception in 2009, working with the Department of Health and Social Care, NHS England and Improvement, Public Health England and the UK Health Security Agency (UKHSA). As the faith 'voice' within the Alliance, we ensure that faith is taken into account in the development of new health policies and initiatives. We believe that faith-based organisations have a role to play in raising health outcomes, particularly among communities that typically suffer from health inequalities.

This project forms part of our core work within the VCSE Health and Wellbeing Alliance programme, jointly managed by the Department of Health and Social Care and NHS England and NHS Improvement.

For definitions of underlined terms, see page 6.

> We probably achieved more in terms of addressing health inequalities, partnership working and trust-building between the faith and BAME sectors, and the public sector, we've probably achieved more in the last three years than we have in the last ten.

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More about this project

Background

In 2022, FaithAction met with faith and community organisations, as well as leaders within local integrated care systems (ICSs), to identify key themes and learning from grassroots health and community partnerships, particularly those developed and strengthened during the COVID-19 pandemic.

Throughout 2020-21, we became aware, anecdotally, of examples of grassroots faith and community organisations becoming involved in health and care in new ways. We wanted to better understand how the COVID-19 pandemic affected cross-sector working, and examine how these partnerships, often forged at a point of crisis, have paved the way for further work within the remit of the Core20PLUS5 approach to reducing inequalities.

ICSs are now formal statutory bodies with responsibility for spending and commissioning at a local level. Cross-sector partnership working will form a key component of how ICSs address inequalities and improve health and wellbeing, locally, and ICSs have developed and published strategies for involving people and communities. This document summarises our insight-gathering exercise and provides best practice and recommendations for local systems, to ensure the voices seldom-heard communities can be appropriately reflected within the implementation of local strategies.

This project forms part of FaithAction's work within the VCSE Health and Wellbeing Alliance, in partnership with the Department of Health and Social Care, NHS England and the UK Health Security Agency (UKHSA).

- www.faithaction.net/hwa/

What did we do?

We carried out seven semi-structured interviews with faith and community sector representatives, and seven semi-structured interviews with health/wider public sector representatives. We retained a particular focus on examples of partnership working with smaller, grassroots VCFSE organisations, especially those working with seldom-heard communities experiencing inequalities.

Our interviews covered four broad subject areas:

1. How did this partnership work come about?
2. What did you do as part of this work?
3. What did you learn during the process?
4. How has this shaped your approach to partnership working going forward?

This document summarises key themes from this engagement, alongside best practice examples and recommendations for embedding this learning in practice, locally.

"What the pandemic proves is that if you throw the rule book out the window, and you are flexible when you're working with people, you're not stuck in silos but you're genuinely working collaboratively with different sectors jointly to address an issue, it has a huge impact."

Leader of multi-faith infrastructure organisation,
Yorkshire and the Humber

"I say to [public sector] colleagues we probably achieved more in terms of addressing health inequalities, partnership working and trust-building between the faith and BAME sectors, and the public sector, we've probably achieved more in the last three years than we have in the last ten."

Faith infrastructure lead,
Yorkshire and the Humber

Key terms

Integrated care systems (ICSs)

Integrated Care Systems (ICSs) are a new way of organising health and care across England. The King's Fund describes ICSs as "partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population". The NHS Long Term Plan (2019) sets out an ambition that every part of England is covered by an ICS by 2021.

ICSs, sometimes referred to simply as 'systems', aim to make health and care more joined up and efficient. They comprise 3 different levels where decisions are made: the system level, covering the entire ICS footprint (around 1-3 million people); the place level, often the same as a council or borough footprint (250,000-500,000 people); and the neighbourhood level, made up of groups of GP practices organised into Primary Care Networks or PCNs (30,000-50,000 people).

Place-based partnerships

Place-based partnerships are collaborative agreements between organisations involved in delivering health and care in a 'place' or locality. They cover much smaller footprints than ICSs, and often operate across the same geography as local authorities. Different kinds of organisations will make up a place-based partnerships, including the NHS, local government, the VCFSE and health and social care providers.

VCFSE

We use the term 'VCFSE' to refer to the Voluntary, Community, Faith and Social Enterprise sector throughout this document. This expanded acronym, including Faith, is used less widely than 'VCSE', but has been used by some ICSs, local authorities, and government departments.

VCFSE Alliances

Increasingly, ICSs are choosing to work with the VCFSE sector through local VCFSE Alliances. These are leadership groups made up of representatives of the VCFSE sector. They are intended to be a means of communication between ICSs and the sector and facilitate stronger partnership working.

Faith-based organisations (FBOs)

In our work, we refer to different types of faith-based organisation (FBO). These include:

- Worshipping communities that provide support to their own congregations and/or the local community.
- Faith-based and faith-inspired charities, which may or may not be linked to a particular worshipping community. These may provide services to people who share their faith and/or to the wider community.
- Faith-based or faith-inspired providers of specific services.
- Inter-faith groups and networks.

In this document, we prefer the term 'faith-based organisations (FBOs)' to cover all of these, although for the sake of variation we also use 'faith groups' and 'faith communities' and refer to the 'faith sector'. In specific instances, we refer to 'places of worship' as community-based settings for communal worship practices.

Core20PLUS5

Core20PLUS5 is an approach to tackling health inequalities developed by NHS England and implemented by local ICSs. 'Core20' identifies the target population as the 20% most deprived according to the national index of multiple deprivation (IMD); 'PLUS' references specific communities in need of targeted action, such as ethnic minorities and people experiencing homelessness; '5' identifies the clinical areas of focus, including asthma, diabetes, epilepsy, oral health and mental health. NHS England have now developed an accompanying Core20PLUS5 approach for children and young people.

Summary of recommendations

Throughout our engagement interviews we asked participants about their suggestions for how to best embed partnership working between health and VCFSE sectors. The following 10 recommendations, for both NHS systems and the faith and community sector, summarise the key themes of their responses.

For the full recommendations and action points, see page 41.

Local health and care systems should...

Most of these suggestions for NHS organisations will sit most naturally at 'place' level within systems, whilst some will also be applicable at 'neighbourhood' level.

Create space for collaboration by publicly recognising the value of grassroots faith and community organisations

ICS Voluntary-sector Alliances should adopt the use of the 'VCFSE' acronym to visibly indicate their intention to involve faith communities. Faith and community groups should be explicitly referenced in local strategic planning for engaging and working with people and communities.

Ensure two-way channels for engagement with smaller faith and community organisations

Seek to build upon and integrate successful lines of communication, including recruitment for dedicated outreach roles, and consider how place-level groups and ICS-wide Alliances serve the sector, not just the system.

Prioritise the building of relationship, trust and understanding

Spaces for collaboration across sectors should build in time and space for the work of building relationship, not just delivery. Overly formal approaches to networking and engagement may put some organisations off getting involved, and hinder rather than help this goal.

Invest financially and non-financially in local community networks

Relationships and networks forged during the COVID-19 pandemic should be built upon, including with financial resource. Approaches to funding of VCFSE organisations should be flexible, equitable and built upon principles of trust, empathy, and continuous learning.

Consider adopting the "Faith and Community Covenant" model to celebrate success and promote greater understanding

Place-based partnerships should encourage adoption of the Covenant model, locally, as part of strategies for working with people and communities. Where a Covenant agreement already exists, health system partners should explore how to integrate with this.

Pursue flexible approaches to two-way data sharing between NHS organisations and VCFSE

ICSs should set in place relevant data-sharing protocols to enable more flexible sharing of data with the VCFSE. ICSs should also prioritise the gathering and use of data from VCFSE organisations, including qualitative reflections, stories and experiences of inequalities.

Be willing to share power and decision making

Consider language used within collaborative spaces, and how this may help or hinder participation. Consider how you might demonstrate an inclusive approach in framing meetings and discussions. Acknowledge power dynamics and state your intentions from the beginning.

> *"It's great to be able to work with NHS but they have so many strands and structures it's very difficult to understand who is relevant and who to go to ... Most of the time, I didn't have a clue what they were talking about! It was very internal language. I didn't feel able to interject."*
>
> Representative of a faith infrastructure organisation in the South East

The Faith Covenant was developed by the All-Party Parliamentary Group for Faith and Society to overcome barriers to partnership working between local authorities (and other commissioners) and faith groups. Some Covenants have sought to involve other statutory partners, such as the NHS. It entails a joint set of principles agreed to by the statutory sector and faith and community groups and has been signed by 24 local authorities.

- www.faithandsociety.org/covenant/

Grassroots faith and community organisations should...

Be willing to connect and collaborate with other VCFSE groups

Seek to find out which other organisations are doing things that might complement your own offer. Seek to work in partnership, and be willing to form networks and consortia to attract new funding.

"...no one organisation, whether it's the health system or a single voluntary sector group has got the answer ... it's only as we work together, and bring all the pieces of the jigsaw together, that we'll be able to see the full picture, we need one another..."

Leader of a VCFSE infrastructure organisation in North-East London

"...we need collaboration to get perspective and allow projects to thrive."

Community co-ordinator in an East Midlands social prescribing provider

Maintain and strengthen connections with your local health and care system

Find out more about how health and care is organised where you are. Contact your local Council for Voluntary Services (CVS), or Healthwatch, to find out about local VCFSE Alliances, and how you might get involved.

"I think it's incumbent on statutory organisations who are forming those Alliances to make sure there is a place at those tables where conversations are happening for local faith and community organisations to have their say, and to make sure the needs of the communities they represent are heard."

Regional VCFSE Infrastructure lead

Seek to better understand the people you work with and the health challenges they face

Build a picture of the people that make up your locality, and those who use your services. Ask them about any challenges they may face in accessing healthcare. Can any changes be made to your programme of activities considering this?

Key themes

Through our engagement work we sought to gather insight into what the challenge of the COVID-19 pandemic meant for cross-sector partnership working, particularly with smaller faith and community groups, and how this might inform current and future challenges beyond COVID-19.

The learning from our engagement exercise can be categorised into 3 broad themes:

1. Networks and relationships
2. Perceptions of faith and community assets
3. Foundations for future work

Under these themes we identified seven key points, which are as follows:

— 1 — Network and relationships	**a.** Use of existing and new pathways for engagement
	b. Acceleration and efficiency (cutting of 'red tape' and reduced bureaucracy)
	c. Collaborative working built upon relationship and shared experience
— 2 — Perceptions of faith and community assets	**a.** Increased visibility and recognition of faith and community groups within health and public sector
	b. Misunderstandings and hesitancy
— 3 — Foundations for future work	**a.** COVID-19 partnerships and potential collaboration on subsequent challenges/health inequalities
	b. The need for capacity building and investment in community networks

1. Networks and relationships

1a. Use of existing and new pathways for engagement

Existing pathways were built upon / strengthened

Interviewees described how early in the pandemic local public health teams, councils and other system leaders sought to activate existing forums and channels for engagement with the VCSE, including faith organisations. In some cases these channels were well established, and were **built upon or strengthened** through the intense collaboration of early 2020.

> *"We have an existing understanding, relationship with various groups, including faith sector groups. There is a rich history of doing that … but that was not a big step when we were faced with a crisis like COVID … so we knew who we work with in the [faith/community] sector, and who we can look to, and likewise they knew who we are … There is an ongoing relationship that got really strengthened rather than something new."*
>
> — Director of public health in the North West of England

> *"…that Delivery Group really grew, and relationships really grew over the pandemic … partly because we had to …"*
>
> — Representative of a London-based VCFSE infrastructure organisation

> *"[We] became a point of contact for other agencies, like the police, like the CCG and the NHS, like the council … And that all came together during pandemic beautifully … we were making all sorts of connections across the city …"*
>
> — Chair of a faith-based infrastructure organisation in Brighton and Hove

Need to initiate new structures for engagement

Yet, in other cases, existing channels of communication proved unfit for purpose, at which point **new relationships and networks were formed**, sometimes as an adaptation of existing databases, sometimes from scratch.

"We did some work with [the] city council and colleagues from the bereavement and funeral services had sent us an equality impact assessment, and they said, 'could you guys have a look at this just to make sure everything's up to date.' We looked at it and immediately said, '...this is six years out of date ... so the person you've got as a contact for Jewish funerals retired five years ago ... the list of people you've got for the Muslim community, well, two of them died, and four of these are in completely different roles..."

— Leader of faith-based infrastructure organisation in Yorkshire and the Humber

We looked at it and immediately said, '...this is six years out of date ... so the person you've got as a contact for Jewish funerals retired five years ago ...

Within this, some participants reflected that relationships were initially strongest with council and public health teams, and less so with NHS representatives, but that this changed over time.

"This came about because we had a good relationship with the council ... less so at that point with the teaching hospitals, but we developed that as a new partnership..."

— Leader of Race Equality Network in Yorkshire and the Humber

"I personally made a very deliberate play at going and forming relationships within the local health sector, because I could see they were the missing piece within the jigsaw and we need that piece ... and now they are there."

— Representative of a London-based VCFSE infrastructure organisation

...I could see that [the local health sector] were the missing piece within the jigsaw and we need that piece ... and now they are there.

"So in COVID we started a Whatsapp group called antenatal and postnatal Whatsapp group and that was something that was really valuable during that time because we had the connections with the midwives, we had the connections with the health visitors, and we were able to relay those concerns back to them and get immediate answers for mums."

— Leader of faith-based charity in the West Midlands

Barts Health NHS Trust: Initiating a new multi-faith network

Barts Health NHS Trust in East London set up a multi-faith engagement group in 2020 to gather insight on communities' experiences of the COVID-19 pandemic and identify emerging issues related to inequality.

Community and engagement lead **Abbas Mirza** initiated the group as a small, weekly Zoom meeting, drawing in key stakeholders from the local inter-faith forum, community groups and the broader VCFSE sector. The meeting quickly expanded to 60+ regular attendees, with representation not just from Barts Health but also other trusts and VCFSE organisations within the North-East London ICS footprint, including inter-faith forums of five London boroughs.

A strength of the group, Abbas says, has been its informality and flexibility (the group rejected the idea of agreeing a terms of reference) as well as a sense of collective responsibility and willingness to not just talk about issues but also engage in practical initiatives. The group was instrumental in helping establish vaccine clinics, for example, as well as recording videos encouraging vaccine uptake at very short notice.

The group continues to meet monthly, addressing issues beyond COVID-19 such as reducing elective care waits, the cost-of-living challenge and refugee crises. For example, at a meeting in late 2022 attended by the Chief Executive of the Royal London Hospital, a representative from East London Mosque explained that she needed space to sort clothes for refugees. The hospital then granted use of its 14th floor for this purpose. Insights from the group have gone on to shape how the Trust engages with communities, shown by the appointment a dedicated Somali patient engagement officer, based on feedback from the Somali community during the pandemic.

> *"... the people ... round the table saw it as an opportunity not just to listen but also to get involved and do things ... the different approach is build trust ... and I think trust is a word used quite a lot but unless you've got it nothing works ... It's an opportunity to learn from previous mistakes that have happened and ... do things differently."*
>
> — Abbas Mirza, Community and Engagement Lead, Barts Health NHS Trust

Informality and pragmatism

Many of these newly-initiated relationships and networks were marked by informality and expediency. Attempts to engage smaller faith and community groups were not, for the most part, systematic, but pragmatic, based on known connections. Partnerships flourished where there was willingness on both sides, as well as shared understanding.

> *"I think there's something about work with people who are willing, not with people who are precious..."*
>
> — Director of Public Health in the East of England

> *"Find out who the faith groups are that are working with the homeless. From them you'll probably find a way into a network who can signpost you to relevant project, if you want a result..."*
>
> — Chair of faith infrastructure organisation in Brighton and Hove

> *"[The network is] very informal, you know, we've got no formal agenda, I still chair it, and it works ... and the reason it worked to begin with, you know, people saw it as something different ..."*
>
> — Engagement lead in North-East London ICS

> *"Where you got the sense of fear was ... from supermarkets and families waiting outside the hospital ... those kinds of spaces as those were the only spaces where I would really see people face to face, there was that kind of work where it was organic in the beginning and then we were quite intentional to say we need to have areas outside supermarkets, outside the hospital, where we're giving people an opportunity at safe distance to ask questions."*
>
> — Consultant, researcher and engagement lead in North-East London

Challenges of integrating grassroots groups within larger systems

But efforts to engage during the pandemic and beyond, whilst fruitful in some areas, showed that it can be difficult to integrate smaller, grassroots groups into more complex systems and structures.

"Where is faith represented within the VCFSE? And it's very vague and quite nebulous and very often it seems to end up being me..."

— Representative of forum of faiths in the North West

Interviewees felt that new strategies for involving VCFSE organisations in ICSs, like leadership Alliances and place-based forums, have and will continue to struggle to reflect the full diversity of the VCFSE sector without smaller groups being properly resourced to engage.

"But then the relationship between ICB and ... the Alliance ... you know there's very little representation on the integrated care board ... there might be just one person ... so very limited I feel in terms of genuine ability to consult..."

— Representative of forum of faiths in the North West

"[ICSs] are better at dealing with big voluntary organisations that are funded through contracts and can field managers to multiple meetings..."

— Director of Public Health in the East of England

> I think what often happens is that the voluntary sector get missed out ... big organisations ... come in, take the statistics, and off they go.

"I think what often happens is that the voluntary sector get missed out and they are doing invaluable work, it's fantastic work that they are doing on the ground ... and often what big organisations do is come in, take the statistics, and off they go"

— Leader of faith-based charity in the West Midlands

It was observed more than once that councils had more natural success here than NHS partners.

"... but we've also got a lot of ... very small community organisations that might just be coffee morning groups ... how do you engage them? I think that's a problem across the country ... the local authority systems tend to be better in my experience."

— Director of Public Health in the East of England

"Again it was the county council with that ... overview, whereas the ICS doesn't really operate like that. I'm struggling to think of examples, really, of explicit partnership with health ..."

— Representative of forum of faiths in the North West

Dedicated outreach workers proved successful in some places and could offer one model for connecting the grassroots with other forums.

> *"There are very many tiers before you get [from] the high echelons of the board to the community. So you have to have people in between who are going to be more of those conduits who are going to build those relationships …"*
>
> — Consultant, researcher and engagement lead in North-East London

> *"The previous version of the ICS said, 'we've got engagement leads in all the boroughs … so if you could focus on faith, and take it from there.' Little did I know that that work on faith would spread eagle across [the ICS footprint]."*
>
> — Engagement lead in North-East London ICS

In efforts to integrate the VCFSE in broader health systems, it was recognised that the public sector needed to respect grassroots "ecosystems", not placing unreasonable demands on the sector which may draw it away from its core purpose.

> *"there is a real tendency in the public sector to say, we need to do that, stop doing 'x', and you think, actually, no, you're not the arbiter of what communities need … the analogy is about being a tourist when you want to see wildlife … do you go and be the kind of tourist who disrupts the wildlife's ecosystem and creates a difficulty for them, or do you just stay away and respect that their ecosystem is not something that was created for you to tinker with …"*
>
> — Director of public health in the East of England

1b. Acceleration and efficiency (cutting red tape, reduced bureaucracy)

A strong theme in our conversations was a recognition of the speed at which partnership working got going during the pandemic.

"I say to [public sector] colleagues we probably achieved more in terms of addressing health inequalities, partnership working and trust-building between the faith and BAME sectors, and the public sector, we've probably achieved more in the last three years than we have in the last ten …"

— Leader of faith infrastructure organisation in Yorkshire and the Humber

> …we probably achieved more in terms of addressing health inequalities … in the last three years than we have in the last ten.

"…and there was a huge partnership, particularly between the local authority and the voluntary sector … and the process and system for getting people … the help they needed when they needed [it] was adapted … there was a prototype that was designed very quickly, it was tested, it was adapted … and it was just that cycle of, 'let's test it until we get the thing that really works'… and I think the speed at which that happened has … been cited ever since as something that was very good and we have built on subsequently…"

— Representative of a London-based VCFSE infrastructure organisation

"And then as well, one of the beautiful things demonstrated through COVID is how people came together, and the thing that always shocked me is how quick it happened, and how quickly organisations and faith groups plugged the hole of lack of information, lack of food, lack of funds for electricity and things like that."

— Consultant, researcher and engagement lead in North-East London

Interviewees noted that this often entailed the cutting of 'red tape' which typically surrounded working with the NHS and other local statutory partners.

"...we suddenly found ourselves being the linchpin of the city ... because the rulebook went out the window, the number one priority was saving people's lives ... there was a kind of rude awakening for people when they suddenly went, 'Okay, we need to get into these communities but how are we going to get into these communities?'."

— Leader of faith infrastructure organisation in Yorkshire and the Humber

"we don't have a terms of reference for our Tuesday meeting ... we tried, and they said, 'No, we don't want it.' And I said to myself, 'maybe we'll have another chair', and they said, 'No, you're chairing it ... so look at some flexibility to begin with"

— Engagement lead across North-East London ICS

It was a kind of rude awakening for people when they suddenly went, 'Okay, we need to get into these communities but how are we going to get into these communities?'

"...So initially it was all about copy and pasting the [WhatsApp group] questions to the midwives ... and then we worked through the relationship and we went through the red tape of the NHS and things ... and there was a few midwives who said, 'actually we've got the go-ahead to go onto your WhatsApp's ...'

— Leader of faith-based charity in the West Midlands

For one participant, increased efficiency was demonstrated in the willingness of public-sector partners to share crucial data with the voluntary sector, enabling more targeted action.

"The pandemic absolutely accelerated partnership working overnight ... there were some ... very clear ... walls between system leaders and ... between what people were prepared to share ... and suddenly overnight during the pandemic, data that was ... absolutely impossible to access and share ... suddenly overnight that data was shared because there was a very real need, people were going to go hungry, people were going to die because they didn't have the medication that they needed..."

— Representative of a London-based VCFSE infrastructure organisation

There was generally an optimism that this new way of working might continue, but some people noted signs of old barriers to partnership returning.

"Data sharing again is a huge issue ... it wasn't an issue in the pandemic but it's gone back to being an issue again"

— Representative of a London-based VCFSE infrastructure organisation

'The biggest battle that we have right now is retaining that partnership working so that people don't go back to pre-COVID norms."

— Leader of faith infrastructure organisation in Yorkshire and the Humber

Approachable Parenting, Birmingham: Using alternative communication channels to facilitate peer support

Birmingham-based community-led organisation **Approachable Parenting (AP)** specialise in offering culturally-tailored parenting and family support to the local Muslim community. Over the years, AP have developed strong links with local NHS Trusts and maternity services. These connections have come about in part through participation in the 'Bump' partnership, which brings Trusts, maternity providers and VCFSE organisations together to improve care across the Birmingham and Solihull ICS, but also through more informal relationship with clinicians, midwives and health visitors, who support the work of AP.

During the pandemic, AP experienced a surge in women requesting advice and support, particularly around navigating local maternity services. A decision was made to set up a dedicated 'Antenatal and Postnatal' WhatsApp group for these women, allowing queries and support to be collated and referred by AP, where necessary, to clinicians. Close relationships with local maternity services meant AP could deliver very quick responses to parents.

Uptake of the support group was extremely positive, with 60-70 people joining within the first hour. In time, two midwives and one physiotherapist got clearance, and funding, to participate in the WhatsApp group directly, monitoring the group and fielding queries. Following the pandemic, the AP team found there was no longer a need to have the professionals directly involved, however the group remains live, with over 100 members, and AP continue to see their work in supporting members as a partnership with the local health and care system.

> *"We've had a very rich relationship with [a local midwife] … she's really supportive of the work that we do. So we were able to build that relationship and say … 'this is a crisis mode, how can we get that support in …?' And … she said, 'well if you send the queries to me, I'll do my best in my capacity to answer.'"*
>
> — Representative of Approachable Parenting

> *"We still make the connections, we pick up issues, and we build that connection to where they need to be, whether that's the GP, whether it's the midwife … so it's a whole load of relationship building for many many years, that [meant] we were able to do that … I'm going to be honest with you, if we didn't have that we would have been really quite stuck in terms of how we support these women."*
>
> — Representative of Approachable Parenting

"Going to where people are": vaccine engagement in East London

Vanessa Apea, a consultant physician in sexual health and HIV medicine in an East London NHS trust, was redeployed to work with staff and communities to understand vaccine hesitancy, and support people in decision making around vaccine uptake.

The COVID-specific engagement work was founded on a principle of going to places where communities gathered, rather than simply expecting people to attend consultations, webinars or other forums. Vanessa had noticed early in the pandemic that, rather than through formal engagement sessions, it was in everyday public settings that people were most likely to voice unguarded opinions and fears about what was happening.

> *"Where you got the sense of fear was … actually, it was from supermarkets and families waiting outside the hospital … And so those conversations that I was having in those kinds of spaces as those were the only spaces where I would really see people face to face…"*
>
> — Vanessa Apea, Consultant and Engagement Lead

These initial observations led to deliberate decisions later on to ensure that there were designated spaces in public settings for people to engage directly.

> *"It was organic in the beginning and then we were quite intentional to say we need to have areas outside supermarkets, outside the hospital, where we're giving people an opportunity at safe distance to ask questions."*

Vanessa reflects that deliberate and intentional outreach can be the key to engaging communities often labelled as 'hard to reach'. Building relationships with faith and community organisations, and developing trust and understanding, is key to building bridges between communities and the health and care sector.

> *"It relates to the notion that certain communities are 'hard to reach', and actively challenging this idea. If you just get past it and get out there, you will find people. And I think that in all of this work of community engaging and partnership, no one size fits all, and it requires … intentionality, time and energy."*

1c. Collaboration built upon relationship and shared experience

Time and again we heard that effective collaboration was built around strong relationship. Sometimes this was the result of years of prior work, other times new connections were formed. We heard how functional partnerships became friendships, often facilitated by honesty, building of trust, and the shared experience of the pandemic.

> *"...we were all taking a journey into the unknown..."*
>
> — Co-ordinator for a council of mosques in the North West

> *"We've developed a friendship ... all of us."*
>
> — Engagement lead in North-East London ICS

> *"...so it's a whole load of relationship building for many many years ... if we didn't have that ... I'm going to be honest with you, we would have been really quite stuck in terms of how we support these women."*
>
> — Leader of a faith-based charity in the West Midlands

> *"We'd known each other from previous work I'd done in the city ... [the director of public health] came up to me and said, '... can I call you? ... and he never stopped calling me for three years."*
>
> — Leader of faith infrastructure organisation in Yorkshire and the Humber

Friendship and shared ownership meant that partners, both within the VCFSE and statutory sectors, felt able to ask for greater commitment from their opposite numbers.

> *"... because we have a very rich relationship with ... we call her 'Jo the midwife' bless her ... she's really really supportive ... of the work we do ... so we were able to really build that relationship and say, 'well look, this is a crisis mode during lockdown, how can we actually get that support in for [the women supported] immediately?'*
>
> — Leader of a faith-based charity in the West Midlands

> *"We were working not just during the week, but also Saturdays and Sundays, and I'd ring [the chair of the local faith forum] up, I'd ring [the mosque community lead] up and say ... how do we sort this out?"*
>
> — Engagement lead in North-East London ICS

It was remarked that these relationships, rather than formal engagement structures, will ensure longevity of partnerships as systems shift and adapt in the coming years.

"My feeling is that it's reinforced the importance of building relationships that will transcend whatever changes in boundary there are … so I think, you know, the relationship with [a local health sector leader] for example, I feel that if I needed to I could drop him a line and get a conversation with him within a couple of days…"

"…I feel that if I needed to I could drop him a line and get a conversation with him within a couple of days…"

— Representative of a forum of faiths in the North West

Barking and Dagenham: relationship building for new inequalities funding

The voluntary and faith sector in Barking and Dagenham, represented by local infrastructure body **BD_Collective**, have been involved in the co-design of a health inequalities programme with the local place-based partnership. They attribute their involvement to strong relationships built across sectors during the pandemic. Enabled by ICS funding, they have established 6 VCFSE 'locality' leads within the borough, including one grassroots FBO and a local mosque, to help develop neighbourhood-level networks across health, the VCFSE and local business. These 6 'localities' are aligned, where possible, with the PCN footprints, to encourage stronger relationships between PCN health inequality leads and the VCFSE. These localities are engaging in joint work on local health inequalities priority areas, steered by the national Core20PLUS5 framework for action.

"What's interesting is the different relationships that are forming, so my locality leads … are all forming relationships with the GP health inequality leads in their locality, and that's never happened before …"

— Representative of BD_Collective

Need for two-way listening, and empathy

Spaces where people felt able to express concerns, and be listened to, were seen as particularly key to strong partnerships. Several VCFSE participants felt statutory partners had taken their feedback on board, and this was also reflected in comments from public sector leaders.

> *"I was actually instrumental at one point in saying, look, you can't lump everything under faith … fine, have a cohesion subgroup, but actually we need to be represented in the voluntary sector meetings … and they did in the end row back on that … I like to think that was a bit of … education for our public sector partners."*
>
> — Representative of forum of faiths in the North West

> *"[The local faith-forum chair] doesn't beat around the bush … she tells you … how things are …"*
>
> — Engagement lead in North East London ICS

> *"As a result of my challenge they've had to rethink budgets, and they've developed a psycho-social hub…"*
>
> — Leader of a Race Equality network in Yorkshire and the Humber

In many cases this involved "pressing in" to understand challenges being faced by other sectors, with a genuine desire to empathise.

> *"The other bit of learning that is really key is the need to understand one another's worlds. So … I didn't understand the health world and there's still a lot about it that I don't understand. But I've chosen to press in and start to understand."*
>
> — Representative of a London-based VCFSE infrastructure organisation

> *"[The engagement forums] communicated differences of feeling among communities when Eid was cancelled and Christmas was allowed to go ahead."*
>
> — Director of public health in the North West of England

> …I've chosen to press in and start to understand …
>
> … You have to come from that position of curiosity where you find out, what is your world about?

> *"You have to come from that position of curiosity where you find out, what is your world about? What are the challenges you face? Once you do that you start to unpick all of the difficulties that everyone faces in whatever system they are in …"*
>
> — Representative of a London-based VCFSE infrastructure organisation

> *"…there's something about learning with [the faith organisations] and having an ethos of learning and working together in a humble way so you know about them and are constantly learning."*
>
> — Consultant, researcher and engagement lead in North-East London

In one example, a director of public health showed commitment to the faith sector by attending their event.

> *"We did [a webinar] on the topic of hope, and again I had somebody from each of the faith explaining each of their theological positions on this but again I had [the director of public health] being the final speaker on that. I like to think there was some educating … and that was quite a proactive process, so that was us from the faith sector saying, 'here's something from us, we're not just on the receiving end of this.'"*
>
> — Representative of forum of faiths in the North West

Clarity and honesty about one another's remit and competencies

In all this, interviewees said that there needed to be clarity about what each sector could do; what were organisations' competencies, and what were their limits?

> *"…understand each other's competence … [an] obstacle is where a faith organisation thinks it's got the capacity and capability to do something and it just doesn't…"*
>
> — Director of public health in the East of England

> *"When you are delivering together in a partnership, it doesn't always have to be equal delivery, because it may be that one member of that partnership cannot do as much as another."*
>
> — Consultant, researcher and engagement lead in North-East London

> *"…it's about understanding strengths, and places where faith groups can reach that public sector can't reach, even though they try hard."*
>
> — Director of public health in the North West

…it's about understanding strengths, and places where faith groups can reach that public sector can't reach…

Only in the 'pieces of the jigsaw' coming together could real solutions be found.

"...we have to work in partnership together because none of us have got the fullness of the answer ... it's only as we work together, and bring all the pieces of the jigsaw together, that we'll be able to see the full picture, we need one another, so working in consortia, and collectively ... recognising the ... potential power of that is enormous."

— Representative of a London-based VCFSE infrastructure organisation

"For me it proved that no one sector has the answers... there are different parts, whether that's public health, the public sector, the voluntary sector, different elements are needed from all of those to give a joined-up, holistic, community response..."

— Director of a faith infrastructure organisation in Yorkshire and the Humber

"But that isn't the problem – the main thing is that you're all clear about what you could deliver and what you could put into the partnership. And for me that's what true partnership is – it's bringing the right people together, and then enabling everybody to speak and then work together and implement together and evaluate together."

— Consultant, researcher and engagement lead in North-East London

Power sharing

For this to happen we heard that organisations needed to be willing to share power. This included statutory partners working to proactively include and provide a "comfortable seat at the table" for smaller VCFSE groups.

"Investing time and resource to ensure that people have what we call "a comfortable seat at the table" – so you want people there but in comfort to feel empowered to speak up etc and feel welcomed and to feel truly accepted. So even if its an ice-breaker meeting so the first meeting isn't just jumping in on 'what you can do for me' but giving just half an hour of your time to say hi, this is what we're doing...so just investing with that."

— Consultant, researcher and engagement lead in North-East London

...we need one another, so working in consortia, and collectively ... recognising the ... potential power of that is enormous.

"So it's that values system, you're choosing to think the best of one another, choosing to not always sit in the seat of power because it's so easy to do that without realising that you're not opening the door for people coming behind you."

— Representative of a London-based VCFSE infrastructure organisation

It also meant proactively naming and recognising different power dynamics that might be at play in relationships in order to arrive, as far as possible, at a place of equality of voice.

"...to initially build that relationship it has to come from a position of ... equality..."

— Leader of a faith-based charity in the West Midlands

"For me, true partnership is dismantling hierarchies of power and privilege that are in a space and really working together collaboratively on an equal footing and each person bringing their ideas together and delivering together."

— Consultant, researcher and engagement lead in North-East London

"... I think there is a tendency that the bigger organisation, like the council, will come to a specific faith community ... with a specific agenda that they want pushed forward and they want their help to achieve that agenda ... I think true partnership is about supporting each other's priorities and working together where that aligns. Not just saying 'we're working in partnership ... but really that's the NHS or the council asking the smaller, more grassroots organisations to get on board with what they've decided needs to happen."

— Communities and faith engagement lead in a local authority in the South East

For me, true partnership is dismantling hierarchies of power and privilege that are in a space and really working together collaboratively on an equal footing.

"...systems like the NHS are very used to holding a lot of power ... We've gone on a journey over the last few years having different conversations about what does power sharing look like? Who's got the power in the room? How do we respond to that?"

— Representative of a London-based VCFSE infrastructure organisation

For one NHS representative this meant explicitly naming the VCFSE organisations they were working with.

"I'm more intentional about naming the groups that I work with as well and so not just saying that we're working with "local Christian groups" but bringing their names to the front and centre I think is really a subtle but important difference more and more."

— Consultant, researcher and engagement lead in North-East London

We heard that power sharing was something that needed to happen not just across sectors but also between VCFSE organisations themselves, even in the face of limited funding and competitive contracts.

"...in the voluntary sector people are so used to having to fight for money that the tunnel vision happens and they haven't got time to raise their heads up and look over and see what other people are doing, or there's a fear that if they do money will be snatched away..."

— Representative of a London-based VCFSE infrastructure organisation

...in the voluntary sector people are so used to having to fight for money that the tunnel vision happens and they haven't got time to raise their heads up and look over and see what other people are doing...

"...for voluntary sector colleagues ... we've been so used to becoming part of the system and sitting in that seat of power that we ourselves are disempowering of people ..."

— Leader of VCFSE infrastructure organisation in East London

"... [the VCFSE] were asked to put the same messages out ... that was a challenge, because everybody was ... jockeying for position but we had the ultimate aim ... to send out messages to the Muslim community ... so how we sent messages out was very important ..."

— Co-ordinator of a council of mosques in the North West

‘Locality’ model in Barking and Dagenham place-based partnership

The **Barking and Dagenham place-based partnership** are adopting a ‘community-based locality’ model for addressing inequalities and the ongoing challenges of the cost of living crisis. Local VCFSE infrastructure, together with the council and NHS, have established 6 VCFSE ‘locality’ leads at a neighbourhood level who are tasked with developing local networks of VCFSE organisations who partner with primary care.

The programme draws from lessons learned during the COVID-19 pandemic around the value of relational working, connection and mutual aid as a means to improving health and wellbeing at a population level. It adopts an approach to data collection and monitoring that measures connection, trust and belonging, with innovation and learning at its heart, as opposed to rigid numerical targets.

The model is based on the following principles:

- It is more important to connect people together than to ‘fix’ their problems. It is recognised that most residents resolve their own challenges with family, neighbours and informal support, so the scheme intends to find out how to support, connect and include those who don’t yet have any support network
- Building relationships and trust is foundational for locality working
- Innovation is key—the programme will seek to test, fail, learn, adapt, repeat and systemise the best ideas to support sustainability

Locality leads are building relationships with a range of local partners—including other VCFSE organisations, businesses, community pharmacies, primary care and council services – making use of dedicated WhatsApp groups for each network, and six-weekly meet ups to collaborate and share insight. They will also form part of a learning network at place level to feedback qualitative and quantitative data and inform longer-term planning.

2. Perceptions of faith and community assets

2a. Increased visibility and recognition of faith and community groups within health and public sector

Most interviewees said that the pandemic had made the statutory sector more aware of the value of faith and community groups in addressing health inequalities. For the most part, this was described as a change in perception or culture, which was overdue.

"I feel that what we know about organisations and faith groups and the importance of adding or translating resources – we knew that before COVID so why it took so long to be embedded I think is sometimes slightly uncomfortable … through COVID, the whole movement of engagement … came to the forefront … for me it didn't accelerate enough. I think that the recognition of their power was not too late but later than it should have been."

— Consultant, researcher and engagement lead in North-East London

…what we know about organisations and faith groups … we knew that before COVID so why it took so long to be embedded I think is sometimes slightly uncomfortable.

"But I think that the perception that maybe the council, maybe the NHS, maybe … public health had with regards to faith communities … I think changed for the better…"

— Chair of a council of mosques in the North West

"The wider conclusion … is that the attitude of officers and employees of the county council in particular towards the faith sector has changed very very significantly, is now much more open, much more … tolerant, perhaps? … there's a greater openness to working with the faith sector on the part of local government people than there was even 6 years ago … I think that was happening already but I think the pandemic significantly accelerated that …"

— Representative of a council of faiths in the North West

In some cases, the faith and community sector was describes as being previously "overlooked" or "invisible", in part due to their commitment to carrying out community-based support without a desire for public recognition.

"There's lots of fantastic organisations bubbling under the surface that are doing their own thing and not really asking to say 'look at me look at me!' but just get on and do the work. And what the situation pushed us to do was to see these organisations and be quite intentionally looking for them, and that dynamic was different."

— Consultant, researcher and engagement lead in North-East London

"The silver lining to all of this was that it demonstrated to the public sector that there was a hidden network or invisible network of infrastructure in faith communities that has pre-existed for a long time ... had there been more investment and appropriate investment in the right places, it would not have all fallen to a handful of a few people."

— Director of a faith infrastructure organisation in Yorkshire and the Humber

...it demonstrated to the public sector that there was a hidden network of invisible network of infrastructure in faith communities that has pre-existed for a long time...

"We've learned quite a bit from faith-sector leaders and faith groups over the pandemic. Generally speaking, the role of faith sector in improving health and wellbeing has often been overlooked. They were probably seen as community forums and community cohesion type-work. But the role of the faith sector in health and wellbeing ... the awareness of that has really improved during the pandemic..."

— Director of public health in the North West

Greater recognition has led to some faith and community organisations being more proactive in their approach to public sector colleagues.

"And I think that does cut both ways ... so I think faith communities are themselves ... more prepared to approach their public sector colleagues ... or any institution ... and so I think a greater proactiveness was apparent, certainly on the part of some communities."

— Representative of a council of faiths in the North West

2b. Misunderstandings, hesitancy and trust deficits

Notwithstanding the positive partnership developments already mentioned, some interviewees commented that there are some persistent misunderstandings and hesitancies in both the VCFSE and public sector about cross-sector partnership working.

This included a lack of trust in public institutions from VCFSE organisations.

> *"A real wake up call for the anchor institutions and public institutions that there was a 15 year trust deficit … we were then in a really weird situation where faith communities can work with the public sector because they have been working with them on food bank, elderly isolation etc … there were links there … but then on the flipside there were whole communities who were like well we've had nobody from the public sector speak to me in my community for over a decade … this made us realise that we could not just helicopter into these communities."*
>
> — Director of a faith infrastructure organisation in Yorkshire and the Humber

It was also suggested that a hesitancy, or "squeamishness" remains toward grassroots faith and community organisations among public sector colleagues.

> *"There is quite a lot of reservations or uneasiness in openly accepting the role of faith in improving health and wellbeing I think … I think there is a lot to do on that front."*
>
> — Director of public health in the North West

There is quite a lot of reservations or uneasiness in openly accepting the role of faith in improving health and wellbeing...

In one case, this was described as being due to a fear that faith-based organisations would abuse their role in public-service delivery.

> *"…there's a distaste for working with faith communities that still exists in some bits of the public sector … because they think about proselytism … that is still there and it is still real."*
>
> — Director of public health in the East of England

> *"the Faith Covenant was very useful as a vehicle for assuaging secular authorities that every project isn't about evangelism. Majority of people of faith want to help, be useful."*
>
> — Chair of an inter-faith network in Brighton and Hove

One interviewee proposed that faith groups can be misunderstood to be separate to the wider voluntary and community sector, leading to missed opportunities

> *"faith communities are being left out of that … in terms of … I think there's a tendency to separate them from the voluntary and community sector, and I've seen that in Buckinghamshire, and one of the things we're trying to do with this is when we're building those more meaningful collaborative relationships between faith communities and mental health professionals, we're also looking for opportunities to bring in representatives from faith communities onto some of the existing partnership boards, multidisciplinary teams that are set up all over the county, because again I think they've just been … left out for the most part…"*
>
> — Communities and faith engagement lead in a local authority in the South East

Brighton and Hove: Building upon COVID-19 partnership work with social prescribing pilot

Brighton and Hove Faith in Action (BHFA) are a multi-faith infrastructure charity working across Brighton and Hove. BHFA have long-established links with the City Council through the local Faith Covenant agreement, as well as the NHS and other statutory partners.

During the COVID-19 pandemic, BHFA became well integrated into the local VCFSE response, being a point of connection for NHS services, Council and faith and community groups across the city around such things as disseminating messaging, vaccination uptake, food deliveries and befriending/wellbeing initiatives for those who were vulnerable and isolated.

Chairman of BHFA, the Titular Archbishop of Selsey, Dr Jerome Lloyd, noticed that churches and mosques were becoming known as anchor institutions and safe spaces beyond their individual worshipping communities, and saw an opportunity to better embed faith groups within the local social prescribing offer. BHFA joined with two other VCFSE charities and local link workers to initiate a pilot programme, funded by the Council, whereby volunteer social prescribing 'champions' from two local churches and one mosque would be trained up to map out local provision, and help signpost residents who may otherwise not access via primary care. The hope is to test and evaluate the pilot, with a view to potentially rolling it out more widely.

3. Foundations for future partnership work

3a. COVID-19 partnerships and potential collaboration on subsequent challenges/health inequalities

Our interviews revealed that some COVID-19 partnership work is being built upon as systems seek to address further challenges, including the impact of refugee and cost of living crises.

A number of participants, for example, described how grassroots networks are a part of a new "fabric" of crisis response, with a greater ease of access to communities now that relationships are established.

> *"And then we've used it [the faith/community networks] all along around vaccinations, getting the testing programme, and … they are now a part of the fabric of responding to a crisis."*
>
> — Director of public health in the North West

> *"… we established a number of very important partnerships in the pandemic that are continuing to progress, so that trust element, that was overcome initially … it's not very difficult for us know if you want something with the council or … other bodies, we've established those relationships, and it's easy to move forward with them."*
>
> — Co-ordinator of a council of mosques in the North West

[the faith/community networks] are now a part of the fabric of responding to a crisis.

> *"Weekly meetings as part of pandemic response … enabled connections with particular faith groups such as a Nigerian Church … and this led to better connections post-pandemic…"*
>
> — Community Engagement officer at a local authority in South East England

In other places, systems are building upon new networks and partnerships to directly address longstanding inequalities, based on Core20PLUS5 priorities.

"We are certainly included in a lot more information, a lot more meetings, a lot more events than we were previously … [the Chair of the council of mosques] is inundated with requests … we contribute effectively at events like suicide prevention, world mental health day, et cetera … so those partnerships are established and flourishing …"

— Co-ordinator of a council of mosques in the North West

"…and we're still invited to lots of meetings … long COVID support … mental health …We became involved with West Yorkshire health and care partnership, providing support to unpaid carers … the pandemic was a stepping stone for us to really think outside of the box and think how we can use our membership to really meet the needs of diverse communities around health inequalities…"

> …the pandemic was a stepping stone for us to really think outside of the box and think how we can use our membership to really meet the needs of diverse communities around health inequalities…

— Leader of a Race Equality network in Yorkshire and the Humber

"The work around vaccines led onto mental health support. We were able to mirror that project for mental health … we funded 15 grassroots partners to recruit champions who could support their communities with mental health issues … be it simple things like a coffee morning or befriending service."

— Leader of a Race Equality network in Yorkshire and the Humber

"We also learned [that] social prescribing [was] coming out strongly as a significant [opportunity] at a local level. The strategy was getting local faith groups to engage with local social prescribers and vice versa … Maximising the potential that social prescribing offers is certainly another way of working with health … it's a bit of an open playing field."

— Representative of a forum of faiths in the North West

"I've joined in on health programmes like … digital inclusion … there's a lady … managing the volunteer responders programme, so I've developed a good relationship with her but again that's not really an 'official' thing … but again it's linking the faith communities through myself into one element of the landscape … The whole volunteer thing is something that is continuing to develop and is a partnership between health and the voluntary sector."

> …The whole [volunteer responder programme] is something that is continuing to develop and is a partnership between health and the voluntary sector.

— Representative of a forum of faiths in the North West

Yet, it was felt that, in some parts of the country, the potential for targeted partnership work across broader system priorities was not being fully realised.

"There's so much more potential that could be realised … for example cancer screening, end of life care … sexual health, screening … there are cultural and religious barriers … In terms of the ICS I think they need to really learn from what's happened in the past two years and look at who's delivered, not just who's talking the talk, they need to look at who's walking the walk … and which approaches have worked, and learn from it…"

— Leader of a Race Equality network in Yorkshire and the Humber

More negatively, several interviewees suggested that lessons learned during COVID-19 partnership working risk being lost.

"I think it's a mixed bag. So in some places can see it continuing, where people genuinely see the value. In other places I think we've forgotten the lessons that COVID taught us already."

— Director of public health in the East of England

"The biggest battle that we have right now is retaining that partnership working so that people don't go back to pre-COVID norms."

— Director of a faith-based infrastructure charity in Yorkshire and the Humber

There's so much more potential that could be realised … for example cancer screening, end of life care … sexual health … there are cultural and religious barriers.

"My biggest fear is that … at times I can see people … stepping back into their silos … so … I know over the last three months I've been really challenging [public sector] colleagues going … 'you were really interested in what the faith community were doing on x, y and z …'"

— Director of a faith-based infrastructure charity in Yorkshire and the Humber

"Data sharing again is a huge issue … well it wasn't an issue in the pandemic but it's gone back to being an issue again."

— Leader of a VCFSE infrastructure organisation in East London

Moreover, interviewees warned against trying to "systematise" something that was a lot more organic, and born of shared priorities and relationship.

"We are only just scratching the surface … and there's a real danger that now that the emergency of the pandemic is over, you can really see the neural pathways going back to the old well-worn ways … and if we're not careful we will try and systematise something that … you can't systematise in those old ways…"

— Leader of a VCFSE infrastructure organisation in East London

Tower Hamlets: Harnessing new networks to tackle health inequalities

In early 2021, **Tower Hamlets Public Health** began working with local faith partners, including **East London Mosque**, **FaithAction**, and **Tower Hamlets Inter Faith Forum (THIFF)** under the **Faith COVID Assistance Partnership (FCAP)**. The funded programme had three aims:

1. communicate essential messaging around COVID-19
2. supply faith settings with infection prevention items, such as face coverings, prayer mats and surge testing kits
3. foster local partnerships/map faith settings.

The project enabled new networks to be developed within the borough, with forty-two mosques in total receiving infection prevention items, whilst nine churches, eight mosques and one gurudwara volunteered to become distribution points for surge testing. Many of these faith settings had had no prior contact with either the council or local VCFSE infrastructure organisations. East London Mosque found that a key to success in engaging grassroots organisations was the availability of funding for an engagement co-ordinator, from the local Muslim community, who was able to visit faith settings and develop face-to-face contact.

From early 2022, Tower Hamlets Public Health built upon on these networks by funding 13 grassroots faith organisations to design and deliver further health interventions, according to the articulated needs of communities and Core20PLUS5 priority areas, retaining a focus on COVID-19 recovery. As of January 2023, thirteen organisations are running projects, including blood pressure testing and advice within black-led churches, as well as healthy living programmes to tackle obesity run by local mosques. These settings have also been able to encourage ongoing uptake of vaccines, as well as more general health promotion initiatives.

3b. The need for capacity building and investment in community networks

Time and effort: networks/partnerships need to be nurtured

Interviewees suggested that to sustain and grow these partnerships they needed nurturing, primarily through the investment of time and effort, as well as financial resource and capacity building.

"...We need to nurture these partnerships, to these organisations, with recognition, where possible, shared investment, resources..."

— Director of public health in the North West

"So it's really important about recognising people and recognising organisations like that who already have that relationship, and then invest in the relationships with them so that they then trust you and so that things can open up ... So by offering an opportunity of consultation, you enable a different voice, a less heard voice, a less confident voice to be part of it. And so you may not get them but you at least create an opportunity for it ... I think it needs to be multiple channels of engaging and giving people maximum opportunity."

— Consultant, researcher and engagement lead in North-East London

> "...the notion that certain communities are 'hard to reach' ... but if you just get past it and get out there, you will find people."

"It relates to the notion that certain communities are 'hard to reach', and actively challenging this idea. If you just get past it and get out there, you will find people. And I think that in all of this work of community engaging and partnership, no one size fits all, and it requires ... intentionality, time and energy to put in place many of these different things because there will be some things where organisations are ready to give the insight that you need, and you have to engender trust in them to then kind of release their WhatsApp group [for example], because that's something that they worked hard to build in that network."

— Consultant, researcher and engagement lead in North-East London

"Investing time and resource to ensure that people ... feel empowered to speak up etc and feel welcomed and to feel truly accepted."

— Consultant, researcher and engagement lead in North-East London

Financial investment/new types of funding

"... I think you need to put money into the partnerships ... I think if you're going to do partnership you need to realise you can't just sit about in a room and talk about it ... I think sooner or later you have to put money in ... and you have to put capacity in ..."

— Director of public health in the East of England

"faith sector like any other sector is also struggling. And we can get better value for resources invested ... and that needs a change in mindset ... to invest in non-public sector services to get public sector services delivered better..."

— Director of public health in the North West

> ...if you're going to do partnership you need to realise you can't just sit about in a room and talk about it ... sooner or later you have to put money in...

Within calls for more funding and investment in the VCFSE sector more broadly, some participants described new ways to think about funding, or new roles within systems that should be prioritised.

"If you want to work in partnership, you need funding for community enabler ... That's not a job for a volunteer, that needs a funded person..."

— Representative of a forum of faiths in the North West

"...and maybe we can all become a better advocate in helping the sector bid for monies and grants ... that isn't necessarily coming out of the public purse but various other sources of income."

— Director of a faith infrastructure charity in Yorkshire and the Humber

Participants expressed that longer-term funding models were needed to really build upon the success of partnership over the past three years.

"We find the delivery and impact of these projects are really good, but they are not sustainable because of the short-term funding – this is sad because the network have had such a strong impact when they have been resourced to do so, for example they contributed to 75% of minority ethnic groups getting vaccinated because of COVID project – this was council funded. Would like to continue this for mental health but this is hard."

— Leader of a Race Equality network in Yorkshire and the Humber

"... the other side of funding pots is the people we're supporting in my ... community, they are tired of being what they call a 'project', they are tired of being part of a pilot, they are tired of 'this will run for a year and then we're gone'."

— Leader of a London-based VCFSE organisation

Capacity building

Finally, participants from both the VCFSE and statutory sector highlighted that for grassroots organisations to truly play their part within the local health and care landscape there needed to be strategic upskilling and capacity building for the sector. This entailed a recognition that not all organisations will be ready to competitively bid for contracts, or release staff to meetings, but that their contribution should be no less valued.

> *"...the ICS needs to take a different approach ... not all grassroots organisations have the capacity to bid for money..."*
>
> — Leader of a Race Equality network in Yorkshire and the Humber

> *"Developing the workforce. How do we mobilise the human resources and human capital that is there in faith sector to the best effect, that is actually a shared purpose if you will."*
>
> — Director of public health in the North West

One participant described this as a "push" and "pull" effect, with, on the one hand, the VCFSE self-organising to strengthen their voice within local decision making, and, on the other, commissioners engaging in proactive outreach to ensure a diversity of voices.

> *"So I think it's about systematic structured action to capacity build with faith communities so that they can really engage effectively with these partnerships but then actually working with the partnerships to make them realise they need to engage properly and effectively with faith communities ... you need ... a push and a pull ... so you need local voluntary and faith organisations to say, 'look we've got something to offer,' and push their way in ... and you need local commissioners to say, 'Oh there's stuff that faith can offer, and pull people in.'"*
>
> — Director of public health in the East of England

Recommendations to promote partnership

Throughout our engagement interviews we asked participants about their suggestions for how to best embed partnership working between health and VCFSE sectors. The following 10 recommendations, for both NHS systems and the faith and community sector, summarise the key themes of their responses.

Local health and care systems should...

Most of these suggestions for NHS organisations will sit most naturally at 'place' level within systems, whilst some will also be applicable at smaller footprints.

Create space for collaboration by publicly recognising the value of grassroots faith and community organisations

The past two years of partnership working have demonstrated the importance of grassroots faith groups in ensuring seldom-heard communities are included within health and care decision making. They have supported health and care systems by offering trusted leadership and a nuanced understanding of the cultural spaces of at-risk groups, as well as the challenges they face.

- ☑ Voluntary-sector Alliances within ICSs should adopt the use of the "VCFSE" acronym, including the "F" of "faith", to visibly indicate their intention to proactively involve faith communities.
- ☑ Faith and community groups should be explicitly referenced in all local strategic planning for engaging and working with people and communities.

Ensure clear two-way channels for engagement with smaller faith and community organisations

Whilst larger VCFSE providers may be well connected within local Alliances and other partnership forums, grassroots groups are still largely unaware of the new NHS structures and do not know how best to engage. They also may not be a part of local VCFSE infrastructure networks. There is a role for local and national VCFSE infrastructure in mapping and helping to bridge this gap, but place-based forums, and local PCNs, should ensure that there are clear channels and points of contact should the VCFSE wish to proactively engage.

- ☑ The creation of dedicated outreach and engagement roles for working with grassroots faith and community groups has proved effective in some places. Where possible, recruitment for these roles should come from within communities themselves.

- ☑ Consider your own workforce: are there members of staff who belong to particular community groups or faith organisations? Could these people help bridge the gap between sectors?
- ☑ Recognise the value of informal, as well as formal, channels for engagement/representation. Involvement in VCFSE Alliances and other place-based forums might work for some organisations, but not others. At a neighbourhood level, use of communication channels such as WhatsApp and Facebook have proved very effective at including a wide range of stakeholders.
- ☑ Do not 'reinvent the wheel' when it comes to designing frameworks for VCFSE engagement at system and place level. Seek to build upon and integrate successful forums and lines of communication, and consider how place-level groups and ICS-wide Alliances serve the sector, not just the system.
- ☑ Primary Care Networks (PCNs) should be supported to proactively engage with grassroots VCFSE organisations on their patch. A named contact may help smaller groups know where to go.
- ☑ ICS websites should be tailored primarily to a public/VCFSE audience, with key information on Alliances, explainers on how to get involved, situated front and centre. Websites will still be the first port of call for many VCFSE organisations wanting to find out more about their local ICS.

One midwife within an NHS Trust started a **"BAME Workforce" WhatsApp group** to aid communication during the COVID-19 pandemic. This group grew in membership and became a helpful channel for peer support, sharing of data, experiences and insight, as well as forging links with communities beyond the walls of the hospital trust.

The work of NHS engagement lead, Abbas Mirza, across the North-East London ICS footprint during the COVID-19 pandemic highlighted the need for understanding the diversity of black and Asian communities within the local 'black and minority ethnic' (BAME) population. The local Somali community, for example, had experienced particularly adverse outcomes, and had previously been poorly represented within engagement. Based on this insight, Barts Health NHS Trust in East London has recently funded a **dedicated engagement officer for the Somali community.**

"...there are very many tiers before you get from the high echelons of the board to the community. So you have to have people in between who are going to be more of those conduits ... who are going to build those relationships ... That was one of my roles ... to be a clinician that was accessible and could go to community events, could go to 1-1s, could go to webinars. So, building those steps to accessing [the board]"

— Tower Hamlets-based doctor, researcher and health equity champion

"Trust is a big word for us at the moment, there isn't a huge amount of trust among some communities ... and so what we're hoping to achieve by building some of these local relationships, but putting a name to a face, so it's not, 'oh, your social prescribing link worker can help you with that' ... it's actually a named person."

— Local Authority Community Engagement lead

Prioritise the building of relationship, trust and understanding

Examples of successful partnerships throughout our engagement shared one thing in common: strong relationships between key individuals on both sides. These were the result of hard work and the investment of time, not just in working towards outcomes but also in getting to know one another, working through challenges and growing in understanding of one another's work. Relationship building is hard to measure but should be prioritised and incentivised within local attempts to move towards better partnership working.

- ☑ Spaces for collaboration across sectors (steering groups, partnership boards, VCFSE Alliances) should build in time and space for the work of building relationship, not just focus on delivery. Overly formal approaches to networking and engagement may put some organisations off getting involved, and hinder rather than help this goal.
- ☑ Mapping of local VCFSE organisations and services can be a good starting point, but be aware that this will not capture the full diversity of the sector, and any mapping exercise will be very quickly out of date. Be willing to persistently ask, "who are we missing?" both internally, and of VCFSE organisations.
- ☑ Attempts to monitor and measure effectiveness of funded programmes should make use of stories, quotes and other qualitative feedback around building relationship and trust, not just numerical outcomes.

One local micro-grant scheme sought to measure communities' trust in the statutory sector through a before-and-after survey which incorporated a numerical trust metric – 'How much do you trust ...?'. Some communities found this question confusing and off-putting. Monitoring effectiveness in building trust might have been improved through seeking to capture quotes and stories describing changing attitudes towards collaboration or differences in relationships across sectors.

☑ Pursue two-way commitment: health sector leaders might consider where they can go to community spaces and forums, as well as invite VCFSE partners into health spaces.

One Director of Public Health in the Nort-West of England attended a session of a church leaders' residential weekend, on invitation. This would likely have had limited measurable impact but proved instrumental in demonstrating commitment to VCFSE leaders and the value placed by system leadership on the local faith-and belief sector. It also helped make the local health system seem more accessible and approachable.

"The other bit of learning that is really key is the need to understand one another's worlds. So ... I didn't understand the health world and there's still a lot about it that I don't understand. But I've chosen to press in and start to understand."

— Leader of a local VCFSE infrastructure organisation

Invest financially and non-financially in local community networks

We have heard that effective community networks and relationships built around COVID-19 priorities will require nurturing and investment in order to continue to be effective. In some cases, this might involve financial resource, or capacity building. In others, it may be as simple as a commitment to continue meeting, informally, over a set period. Where funding is involved for grassroots organisations, systems should explore flexible approaches to monitoring and data collection.

- ☑ Relationships, networks and communication channels forged during the COVID-19 pandemic should be nurtured and built upon, including with financial resource if necessary. Connections built through initiatives like faith-based vaccine centres or targeted local messaging could be adapted for application to Core20PLUS5 areas such as cancer screening, hypertension, or wider vaccine uptake.
- ☑ Approaches to grant funding and commissioning of VCFSE organisations should be flexible, equitable and built upon principles of trust, empathy, and continuous learning. Commissioners should move away from 'competitive' tendering models, which may exclude certain organisations. Monitoring and accountability should not only steer organisations towards numerical targets and "tick boxing" but should incorporate opportunities for qualitative reflection, honesty and the importance of learning from failure.

> *"...if we can get to a place where we're able to admit our failures without fear of ... adversity coming back on us then I think we would move forward more quickly ... if I think about things like penicillin and quite a lot of cancer treatments ... that are really quite revolutionary, those answers have come because something has failed and we've learned form it ... so there's something about being prepared to learn from failure in a more obvious way..."*
>
> — Leader in a place-based VCFSE infrastructure organisation

- ☑ Consider the role for funded 'community enablers' or outreach personnel, both within the VCFSE and health sectors, with a specific remit to proactively engage communities. Where possible, recruitment for these roles should come from within communities themselves.

The **Human, Learning, Systems (HLS)** model recommended within the work of Newcastle Business School offers an alternative approach to creative, flexible commissioning across sectors:

- www.northumbria.ac.uk/research/research-impact-at-northumbria/economic-impact/transforming-public-services-through-the-human-learning-systems-approach/

"If you want to work in partnership, you need a funded [community] enabler. That's not a job for a volunteer, that needs a funded person..."

— Representative of a local forum of faiths

The **Tower Hamlets public health team** wanted to deliver grant funding for health-promotion projects to local black-led churches. A portion of the overall funding pot was allocated toward a co-ordination role, which was taken up by a local pastor. This pastor's knowledge of the community and friendships with other key pastors within the borough proved key to securing buy-in of multiple churches to the programme.

Consider adopting the "Faith and Community Covenant" model to celebrate success and promote greater understanding

The Faith Covenant was developed by the All-Party Parliamentary Group for Faith and Society to overcome barriers to effective partnership working between local authorities (and other commissioners) and faith groups. Some Covenants have sought to involve other statutory partners, such as the NHS. It entails a joint set of principles agreed to by the statutory sector and faith and community groups and has been signed by 24 local authorities to date.

- ☑ Place-based partnerships should encourage adoption of the Covenant model, locally, as part of strategies for working with people and communities.
- ☑ Where a Covenant agreement already exists, health system partners should explore how to integrate existing engagement work, through the Covenant agreement, with NHS strategies for working with people and communities.
- ☑ A Faith Covenant can be a vehicle for celebrating or symbolically recognising the importance of strong partnerships with faith-and-belief organisations at place level, but can also facilitate strategic projects around priority areas.

Under the Covenant, practical projects have been undertaken on issues such as homelessness, direct support to hospitals during COVID-19, social prescribing and public health messaging. The county-wide Essex Faith Covenant, for example, has delivered a project with a range of statutory and VCFSE partners looking at how FBOs can be better integrated into social prescribing.

Find out more about the Faith Covenant at:

- www.faithandsociety.org/covenant

Pursue flexible approaches to two-way data sharing between NHS organisations and VCFSE

The COVID-19 pandemic saw new approaches to sharing of data between NHS and the VCFSE, allowing grassroots organisations to respond in real time to identified need. Our interviews suggest that in some cases VCFSE groups are now facing barriers to accessing, and acting on, relevant health system data. We suggest there is great potential for embedding better two-way sharing of data in the long term, to aid cross-sector collaboration around health inequalities.

- ☑ Building on work undertaken during the pandemic, ICSs should set in place relevant data-sharing protocols to enable more flexible sharing of data with the VCFSE.

"...suddenly overnight that data was shared because there was a very real need, people were going to go hungry, people were going to die because they didn't have the medication that they needed ..."

— Representative of place-based VCFSE infrastructure organisation

- ☑ ICSs should also prioritise the gathering and use of data from VCFSE organisations, including qualitative reflections, stories and experiences of inequalities. Where necessary, grassroots community groups should be supported to gather data with financial resource as well as capacity building.

Be willing to share power and decision making

Interviewees from both NHS and VCFSE organisations recognised the need to acknowledge the power they hold, and to be willing to invite others into their worlds to foster successful partnerships. In some cases, this may entail a culture shift beginning with leadership, toward a more generous, collaborative approach to decision making.

- ☑ Consider the language you use within collaborative spaces, and how this may help or hinder participation from grassroots organisations without much experience of health and care. Invite questions, challenge or correction and be willing to leave jargon and acronyms at the door.
- ☑ Create spaces where people can ask questions or seek clarification without feeling out of place.

"It's great to be able to work with NHS but they have so many strands and structures it's very difficult to understand who is relevant and who to go to. I was a member of a COVID vaccination scrutiny panel. Most of the time, I didn't have a clue what they were talking about! It was very internal language. I didn't feel able to interject."

— Representative of a faith infrastructure organisation in the South East

- ☑ When organising partnership meetings and engagement sessions, consider the impact of choices around which venue or digital platform you may use, timings and food on helping communities feel involved and empowered. You could consult with a few community representatives beforehand to understand what might help.
- ☑ Consider how you might demonstrate a collaborative approach in the way you organise and frame meetings and discussions. Acknowledge power dynamics and state your intentions from the beginning.
- ☑ Where possible, make Integrated Care Partnership and VCFSE Alliance meetings accessible to the public, with explainers and guidance for helping people understand key terms.

Some ICSs, such as **Kent and Medway** and **Hertfordshire and West Essex**, have made Integrated Care Partnership meetings open to the public, with links to these virtual meetings easily accessible online. Kent and Medway ICS have produced an accompanying 'Glossary of Terms' to aid participation and understanding.

"When you break down those power dynamics and are really clear about it, in your actions you say how do we do it, all the work before the day of the event you're involved in organising, on the day you're putting out chairs. It's all these little things, I think, that show you're all in it together."

— Tower Hamlets-based doctor, researcher and health equity champion

"...systems like the NHS are very used to holding a lot of power ... and because they hold that power ... it's a very top-down system, the NHS, I don't mean that in a critical way ... but it causes people within that system to design how they think things should be out in the real world without allowing people, residents, voluntary sector organisations to design something from the ground up ..."

— Leader of local VCFSE infrastructure organisation

Grassroots faith and community organisations should...

Be willing to connect and collaborate with other VCFSE groups

Building strong local partnerships is great for three reasons:

1. It improves efficiency and cost effectiveness as organisations pool resources, work in complementary ways and avoid duplication.
2. It's better for beneficiaries, as greater networks of connected faith and community groups can contribute to a more personalised offer for a population.
3. It can attract more financial resource to the sector, as networks and consortia can often more effectively apply for statutory funding than lone organisations.

☑ Seek to find out which other organisations are doing things that might complement your own offer. For example, are there community or support groups that are open when you are closed? Could you help refer your own beneficiaries to them?

☑ Local inter faith fora, as well as VCFSE infrastructure organisations like CVSs, are good ways to find out about other faith/community groups, locally.

☑ Work in partnership and dialogue with other organisations; be willing to form networks and consortia to attract new funding.

"We've got to try and avoid becoming 'pillared' in our thinking, at a local level, at a regional level, at a national level. If we keep on thinking of the provision of a service down a Christian [route], a Jewish [route], a Hindu [route] ... things are not sustainable ... we are bringing people and communities together from different faiths ... so that the back end of the service is interreligious and co-operative, but the front end is about the individual need..."

— Leader of West-Midlands-based multi-faith charity

"I think because I was recognising the ... foundational value of working in partnership not as singular organisations ... because no one organisation, whether it's the health system or a single voluntary sector group has got the answer ... it's only as we work together, and bring all the pieces of the jigsaw together, that we'll be able to see the full picture, we need one another..."

— Leader of a local VCFSE infrastructure organisation in East London

"No one person or organisation knows everything ... we need collaboration to get perspective and allow projects to thrive."

— Community co-ordinator in an East Midlands social prescribing provider

Maintain and strengthen connections with your local health and care system

The health and care system may seem complex and difficult to navigate, but there are more and more opportunities for faith and community groups to work in partnership with the NHS, local authorities and public health. There is no 'right way' to go about doing this, but some helpful places to start.

- ☑ Find out more about how health and care is organised where you are. NHS structures at the smallest, neighbourhood level are called Primary Care Networks (PCNs). These are made up of several GP practices, with a Clinical Director overseeing each PCN. Find out about your local PCN and where you might feed into local strategies for engaging with VCFSE organisations.
- ☑ Your local Healthwatch may be able to help you navigate how health and care is organised where you are, and advise on how best to link in with local plans to involve the VCFSE. Find your local Healthwatch here:
  - www.healthwatch.co.uk

Integrated Care Systems have developed local strategies for working with people and communities, these set out local plans and priorities for involving people in decision making about health and care. These are viewable on most ICS websites, and could be a good starting point for considering how you may get involved locally.

- ☑ Speak to other VCFSE organisations near you who seem active and well connected with health and care services. Explore how you can work together to better serve the needs of residents, and link into existing social prescribing schemes.

Across the UK, groups of charitable organisations called VCFSE 'Alliances' are forming to help connect communities with decisions being made about health and care.

- ☑ Contact your local Council for Voluntary Services (CVS) to find out more about what this Alliance looks like where you are, and how you might get involved. Even if you are not eligible to join the Alliance, there may be ways to have your voice heard at this strategic level.

"I think it's incumbent on statutory organisations who are forming those Alliances to make sure there is a place at those tables where conversations are happening for local faith and community organisations to have their say, and to make sure the needs of the communities they represent are heard."

— Regional VCFSE Infrastructure lead (East of England)

"There's something, almost an incumbency upon faith leaders, but also in the public sector, to find out who their opposite numbers are, if you like … so if you're a Methodist superintendent, find out who the clinical lead of your primary care network is, find out who the chief exec. Of your local council is and just have a breakfast meeting with them twice a year … There is a great willingness on part of public sector colleagues to work with the faith sector … it's kind of an open door, and there's a huge opportunity, which could be beneficial on many levels."

— Leader of a faith network in the North West

Seek to better understand the people you work with and the health challenges they face

Understanding the kinds of people who use your services will help you tailor activities to the specific challenges and inequalities they may face. Knowing where to find data about your area and the kinds of inequalities residents experience can also allow you to think more strategically about what you offer. It will also help you articulate your strengths when applying for funding.

- Build a picture of the people that make up your locality, and those who use your services. Ask them about any challenges they may face in accessing healthcare. Can changes be made to your programme of activities considering this?
- Public health data on different local authorities throughout England has been captured by the Office for Health Improvement and Disparities (OHID), and can be found here:
  - fingertips.phe.org.uk/profile/health-profiles/data#page/1/ati/101/are/E09000033

Appendix: summary of examples

Barts Health NHS Trust: Initiating a new multi-faith network

Barts Health NHS Trust in East London set up a multi-faith engagement group in 2020 to gather insight on communities' experiences of the COVID-19 pandemic and identify emerging issues related to inequality.

Community and engagement lead **Abbas Mirza** initiated the group as a small, weekly Zoom meeting, drawing in key stakeholders from the local inter-faith forum, community groups and the broader VCFSE sector. The meeting quickly expanded to 60+ regular attendees, with representation not just from Barts Health but also other trusts and VCFSE organisations within the North-East London ICS footprint, including inter-faith forums of five London boroughs.

A strength of the group, Abbas says, has been its informality and flexibility (the group rejected the idea of agreeing a terms of reference) as well as a sense of collective responsibility and willingness to not just talk about issues but also engage in practical initiatives. The group was instrumental in helping establish vaccine clinics, for example, as well as recording videos encouraging vaccine uptake at very short notice.

The group continues to meet monthly, addressing issues beyond COVID-19 such as reducing elective care waits, the cost-of-living challenge and refugee crises. For example, at a meeting in late 2022 attended by the Chief Executive of the Royal London Hospital, a representative from East London Mosque explained that she needed space to sort clothes for refugees. The hospital then granted use of its 14th floor for this purpose. Insights from the group have gone on to shape how the Trust engages with communities, shown by the appointment a dedicated Somali patient engagement officer, based on feedback from the Somali community during the pandemic.

> *"... the people ... round the table saw it as an opportunity not just to listen but also to get involved and do things ... the different approach is build trust ... and I think trust is a word used quite a lot but unless you've got it nothing works ... It's an opportunity to learn from previous mistakes that have happened and ... do things differently."*
>
> — Abbas Mirza, Community and Engagement Lead, Barts Health NHS Trust

Approachable Parenting, Birmingham: Using alternative communication channels to facilitate peer support

Birmingham-based community-led organisation **Approachable Parenting (AP)** specialise in offering culturally-tailored parenting and family support to the local Muslim community. Over the years, AP have developed strong links with local NHS Trusts and maternity services. These connections have come about in part through participation in the 'Bump' partnership, which brings Trusts, maternity providers and VCFSE organisations together to improve care across the Birmingham and Solihull ICS, but also through more informal relationship with clinicians, midwives and health visitors, who support the work of AP.

During the pandemic, AP experienced a surge in women requesting advice and support, particularly around navigating local maternity services. A decision was made to set up a dedicated 'Antenatal and Postnatal' WhatsApp group for these women, allowing queries and support to be collated and referred by AP, where necessary, to clinicians. Close relationships with local maternity services meant AP could deliver very quick responses to parents.

Uptake of the support group was extremely positive, with 60-70 people joining within the first hour. In time, two midwives and one physiotherapist got clearance, and funding, to participate in the WhatsApp group directly, monitoring the group and fielding queries. Following the pandemic, the AP team found there was no longer a need to have the professionals directly involved, however the group remains live, with over 100 members, and AP continue to see their work in supporting members as a partnership with the local health and care system.

> *"We've had a very rich relationship with [a local midwife] … she's really supportive of the work that we do. So we were able to build that relationship and say … 'this is a crisis mode, how can we get that support in …?' And … she said, 'well if you send the queries to me, I'll do my best in my capacity to answer.'"*
>
> — Representative of Approachable Parenting

> *"We still make the connections, we pick up issues, and we build that connection to where they need to be, whether that's the GP, whether it's the midwife … so it's a whole load of relationship building for many many years, that [meant] we were able to do that … I'm going to be honest with you, if we didn't have that we would have been really quite stuck in terms of how we support these women."*
>
> — Representative of Approachable Parenting

"Going to where people are": vaccine engagement in East London

Vanessa Apea, a consultant physician in sexual health and HIV medicine in an East London NHS trust, was redeployed to work with staff and communities to understand vaccine hesitancy, and support people in decision making around vaccine uptake.

The COVID-specific engagement work was founded on a principle of going to places where communities gathered, rather than simply expecting people to attend consultations, webinars or other forums. Vanessa had noticed early in the pandemic that, rather than through formal engagement sessions, it was in everyday public settings that people were most likely to voice unguarded opinions and fears about what was happening.

> *"Where you got the sense of fear was … actually, it was from supermarkets and families waiting outside the hospital … And so those conversations that I was having in those kinds of spaces as those were the only spaces where I would really see people face to face…"*
>
> — Vanessa Apea, Consultant and Engagement Lead

These initial observations led to deliberate decisions later on to ensure that there were designated spaces in public settings for people to engage directly.

> *"It was organic in the beginning and then we were quite intentional to say we need to have areas outside supermarkets, outside the hospital, where we're giving people an opportunity at safe distance to ask questions."*

Vanessa reflects that deliberate and intentional outreach can be the key to engaging communities often labelled as 'hard to reach'. Building relationships with faith and community organisations, and developing trust and understanding, is key to building bridges between communities and the health and care sector.

> *"It relates to the notion that certain communities are 'hard to reach', and actively challenging this idea. If you just get past it and get out there, you will find people. And I think that in all of this work of community engaging and partnership, no one size fits all, and it requires … intentionality, time and energy."*

Barking and Dagenham: relationship building for new inequalities funding

The voluntary and faith sector in Barking and Dagenham, represented by local infrastructure body **BD_Collective**, have been involved in the co-design of a health inequalities programme with the local place-based partnership. They attribute their involvement to strong relationships built across sectors during the pandemic. Enabled by ICS funding, they have established 6 VCFSE 'locality' leads within the borough, including one grassroots FBO and a local mosque, to help develop neighbourhood-level networks across health, the VCFSE and local business. These 6 'localities' are aligned, where possible, with the PCN footprints, to encourage stronger relationships between PCN health inequality leads and the VCFSE. These localities are engaging in joint work on local health inequalities priority areas, steered by the national Core20PLUS5 framework for action.

> *"What's interesting is the different relationships that are forming, so my locality leads … are all forming relationships with the GP health inequality leads in their locality, and that's never happened before …"*
>
> — Representative of BD_Collective

‘Locality’ model in Barking and Dagenham place-based partnership

The **Barking and Dagenham place-based partnership** are adopting a ‘community-based locality’ model for addressing inequalities and the ongoing challenges of the cost of living crisis. Local VCFSE infrastructure, together with the council and NHS, have established 6 VCFSE ‘locality’ leads at a neighbourhood level who are tasked with developing local networks of VCFSE organisations who partner with primary care.

The programme draws from lessons learned during the COVID-19 pandemic around the value of relational working, connection and mutual aid as a means to improving health and wellbeing at a population level. It adopts an approach to data collection and monitoring that measures connection, trust and belonging, with innovation and learning at its heart, as opposed to rigid numerical targets.

The model is based on the following principles:

- It is more important to connect people together than to ‘fix’ their problems. It is recognised that most residents resolve their own challenges with family, neighbours and informal support, so the scheme intends to find out how to support, connect and include those who don’t yet have any support network
- Building relationships and trust is foundational for locality working
- Innovation is key—the programme will seek to test, fail, learn, adapt, repeat and systemise the best ideas to support sustainability

Locality leads are building relationships with a range of local partners—including other VCFSE organisations, businesses, community pharmacies, primary care and council services – making use of dedicated WhatsApp groups for each network, and six-weekly meet ups to collaborate and share insight. They will also form part of a learning network at place level to feedback qualitative and quantitative data and inform longer-term planning.

Brighton and Hove: Building upon COVID-19 partnership work with social prescribing pilot

Brighton and Hove Faith in Action (BHFA) are a multi-faith infrastructure charity working across Brighton and Hove. BHFA have long-established links with the City Council through the local Faith Covenant agreement*, as well as the NHS and other statutory partners.

During the COVID-19 pandemic, BHFA became well integrated into the local VCFSE response, being a point of connection for NHS services, Council and faith and community groups across the city around such things as disseminating messaging, vaccination uptake, food deliveries and befriending/wellbeing initiatives for those who were vulnerable and isolated.

Chairman of BHFA, the Titular Archbishop of Selsey, Dr Jerome Lloyd, noticed that churches and mosques were becoming known as anchor institutions and safe spaces beyond their individual worshipping communities, and saw an opportunity to better embed faith groups within the local social prescribing offer. BHFA joined with two other VCFSE charities and local link workers to initiate a pilot programme, funded by the Council, whereby volunteer social prescribing 'champions' from two local churches and one mosque would be trained up to map out local provision, and help signpost residents who may otherwise not access via primary care. The hope is to test and evaluate the pilot, with a view to potentially rolling it out more widely.

Tower Hamlets: Harnessing new networks to tackle health inequalities

In early 2021, **Tower Hamlets Public Health** began working with local faith partners, including **East London Mosque**, **FaithAction**, and **Tower Hamlets Inter Faith Forum (THIFF)** under the **Faith COVID Assistance Partnership (FCAP)**. The funded programme had three aims:

1. communicate essential messaging around COVID-19
2. supply faith settings with infection prevention items, such as face coverings, prayer mats and surge testing kits
3. foster local partnerships/map faith settings.

The project enabled new networks to be developed within the borough, with forty-two mosques in total receiving infection prevention items, whilst nine churches, eight mosques and one gurudwara volunteered to become distribution points for surge testing. Many of these faith settings had had no prior contact with either the council or local VCFSE infrastructure organisations. East London Mosque found that a key to success in engaging grassroots organisations was the availability of funding for an engagement co-ordinator, from the local Muslim community, who was able to visit faith settings and develop face-to-face contact.

From early 2022, Tower Hamlets Public Health built upon on these networks by funding 13 grassroots faith organisations to design and deliver further health interventions, according to the articulated needs of communities and Core20PLUS5 priority areas, retaining a focus on COVID-19 recovery. As of January 2023, thirteen organisations are running projects, including blood pressure testing and advice within black-led churches, as well as healthy living programmes to tackle obesity run by local mosques. These settings have also been able to encourage ongoing uptake of vaccines, as well as more general health promotion initiatives.

Peer support through alternative communication channels

One midwife within an NHS Trust started a **"BAME Workforce" WhatsApp group** to aid communication during the COVID-19 pandemic. This group grew in membership and became a helpful channel for peer support, sharing of data, experiences and insight, as well as forging links

Approaches to measuring community perspectives

One local micro-grant scheme sought to measure communities' trust in the statutory sector through a before-and-after survey which incorporated a numerical trust metric—'How much do you trust ...?'. Some communities found this question confusing and off-putting. Monitoring effectiveness in building trust might have been improved through seeking to capture quotes and stories describing changing attitudes towards collaboration or differences in relationships across

Public leadership demonstrating commitment to the VCFSE

One Director of Public Health in the Nort-West of England attended a session of a church leaders' residential weekend, on invitation. This would likely have had limited measurable impact but proved instrumental in demonstrating commitment to VCFSE leaders and the value placed by system leadership on the local faith-and belief sector. It also helped make the local health system seem more accessible and approachable.

Promoting participation and understanding in integrated care partnerships

Some ICSs, such as **Kent and Medway** and **Hertfordshire and West Essex**, have made Integrated Care Partnership meetings open to the public, with links to these virtual meetings easily accessible online. Kent and Medway ICS have produced an accompanying 'Glossary of Terms' to aid participation and understanding.

Use of a funded community co-ordinator

The Tower Hamlets public health team wanted to deliver grant funding for health-promotion projects to black-led churches. A portion of the overall funding pot was allocated toward a co-ordination role, which was taken up by a local pastor. This pastor's knowledge of the community and friendships with other key pastors within the borough proved key to securing buy-in of multiple churches to the programme.

Faith Action

VCSE health & wellbeing alliance