

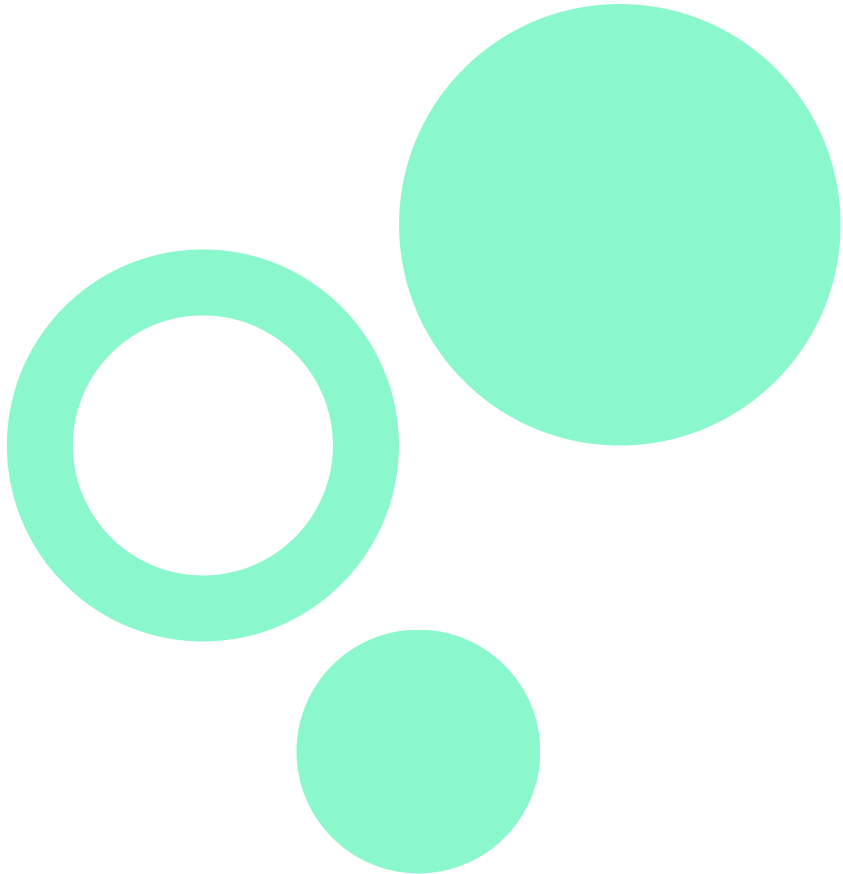
The Health Equalities Programme Final Evaluation Report

Key findings from an
independent evaluation
2024–2025



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Executive summary

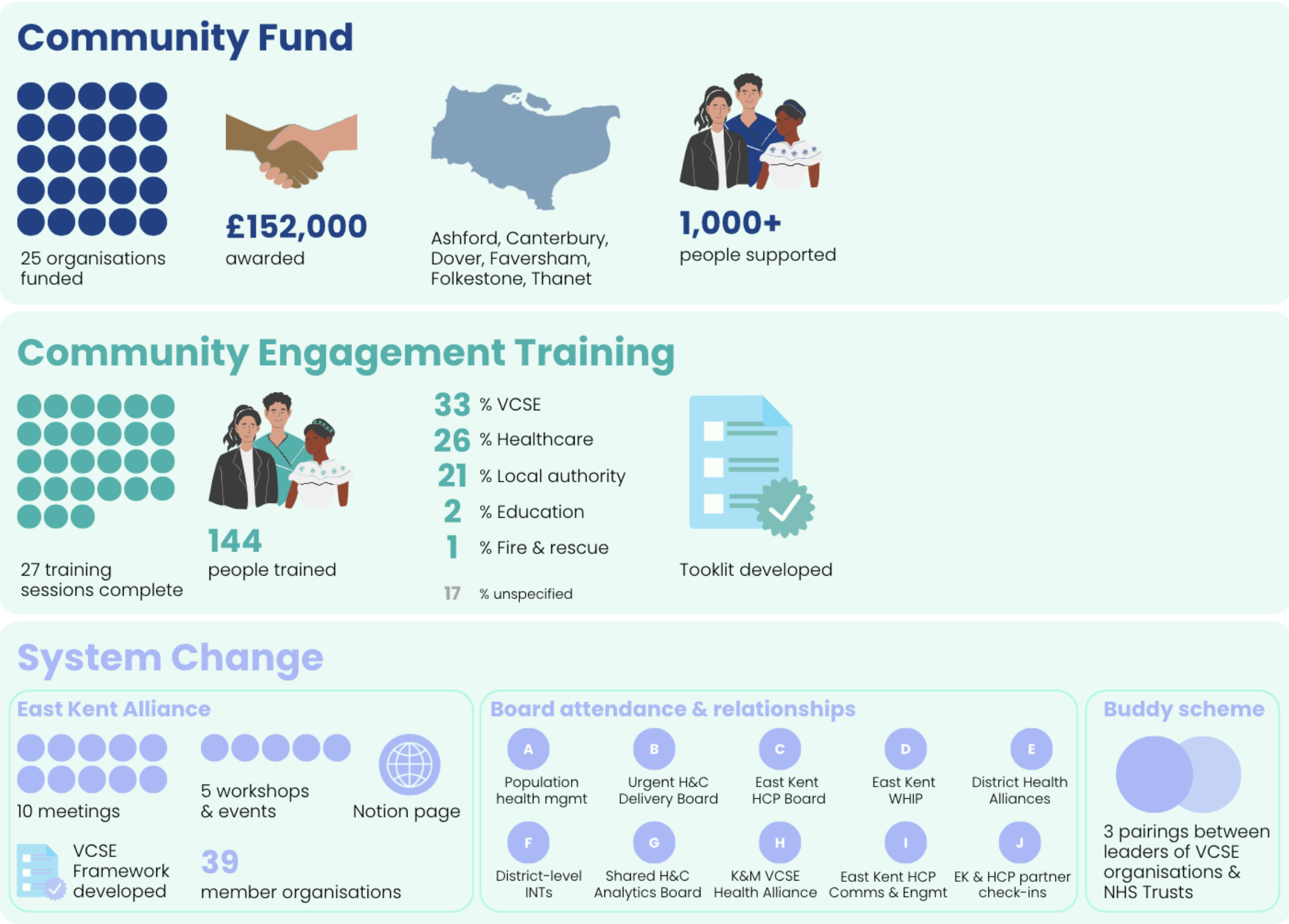
The Health Equalities Programme

In 2022, the National Lottery Community Fund granted Social Enterprise Kent (SEK) with £450,000 to deliver the Health Equalities Programme. The overarching aim of the Programme was to effect a power shift in the VCSE’s role and relationship with health and statutory partners so that the VCSE sector could shape decisions and secure the funding required to deliver services that local people needed the most. The National Lottery Community Fund grant secured a full-time SEK Programme Manager post and ring-fenced capacity of the SEK Director of Health and Wellbeing. It also funded a series of programme activities which ran across three broad work streams: The Community Fund, Community Engagement Training and System Change activities. See detail in the diagram opposite.

The evaluation

This evaluation was delivered in partnership by two independent consultants, Linda Jackson ([The Loom](#)) and Lydia Paris ([The Future Works](#)). The evaluation was commissioned in 2024, with a final report submitted June 2025. The aim of the evaluation was to gather qualitative data to complement existing data gathered by SEK, building a picture of impact and process learning to inform recommendations. In total, 37 people took part in qualitative research and another 33 people participated in surveys (beyond the 127 survey responses collected by SEK).

Diagram: Overview of Health Equalities Programme activity



Key findings: The Community Fund

The Community Fund funded grassroots organisations with innovative proposals to enhance the quality of life for local people from marginalised groups. Over the course of the programme, £152,000 was awarded to 25 different community organisations across East Kent. These projects collectively reached over 1,000 individuals.

The impact of The Community Fund

The Community Fund:

- tackled gaps in provision for marginalised groups by delivering services across East Kent and to a wide range of local people;
- tackled individual health and wellbeing concerns by tailoring support to individuals
- enabled people to manage their health conditions through peer-support groups;
- increased participants' wellbeing and resilience and social connections;
- signposted participants to other local services and forms of support;
- contributed to the community organization's wider sustainability by enabling them to trial and test new services;
- increased community organisations' capacity to support marginalised groups and filled gaps in provision in a sustainable and consistent way;

- increased community organisations' focus on health inequalities by encouraging them to target and learn more about a local health concern; and
- raised the profile of community organisations in tackling health inequalities by making links with statutory and health partners as a result of receiving funding.

Additionally, the evidence generated through the evaluation suggested a ripple effect of funding local grassroots organisations to tackle health inequalities faced by the most marginalised groups. They anticipated that the healthcare system would benefit through preventing the escalation of issues and reducing pressures on the system by:

- providing people with the information they needed at an earlier stage to manage their health;
- facilitating peer support groups so that people have other people with lived experience to share immediate concerns and tips to manage their conditions;
- better supporting carers to manage their own health, which enabled them to support the people they cared for more effectively;
- building friendships and social connections to tackle loneliness and isolation; and
- signposting to other services that can support people across a wider range of issues such as housing, transport, etc.

The learning of the Community Fund

The evaluation also explored the process learning of the Community Fund and highlighted:

- the value of working through community organisations and peer support groups to tackle local health inequalities in generating 'greater bang for your buck';
- the value of SEK – as a trusted VCSE organization – in holding the funding process; and
- the challenges of evidencing the impact of VCSE delivering preventative services, both individually and at place level, and therefore showcase the collective value of their work in a format that would influence health and statutory partners in future.

The funding meant we were able to reach a different audience which we hadn't encountered before because of the stigma of having 'mental health' difficulties. We had people who wouldn't say they have a 'mental health problem', but their pain does impact their mental health. We had some new referrals that we wouldn't have reached otherwise." Community Fund recipient

Key findings: Community Engagement Training

The Community Engagement Training was designed to equip practitioners from different areas of the VCSE, health and statutory sectors to work better with communities. The aim was for this to improve the provision and inclusivity of services in East Kent and so better tackle health inequalities in the longer term. Over the course of the programme, SEK delivered 27 training sessions, reaching 133 people. Of the total participants, 33% were from VCSE, 26% from healthcare, 21% from local authority, 2% from education and 1% from fire and rescue. The remaining 17% did not specify their area of work.

Impact of Community Engagement Training

The Community Engagement Training:

- increased practitioners’ skills and knowledge: (94%) agreed that the training was in-depth and comprehensive and that it enhanced their skills and knowledge in community engagement – both in terms of what it involved and best practice in how to do it;
- changed mindsets and beliefs, particularly in terms of how they perceived communities and how best to engage with them, indicating a shift in power dynamic;
- increased practitioner’s motivation and intention to apply the learning to practice, particularly in terms of planning and scoping out engagement; sharing the learning with

colleagues; using more inclusive and intentional language; collaborating more with partners and community groups; improving their feedback mechanisms; and to using community engagement as a more ‘default’ approach to developing services or support;

- improved community relationships – so increased number and quality of local relationships; and
- improved community engagement including consultations with diverse groups across East Kent on various local health-related issues.

The learning of the Community Engagement Training

The evaluation also explored the process learning of the Community Engagement training which highlighted:

- the value of SEK – as a trusted VCSE organization in delivering the training;
- the value of Community Engagement Training as part of the wider Health Equalities Programme as a way to generate buy-in from busy practitioners;
- pros and cons of training format in balancing depth of content over one day of training; and
- the appetite for further training in future, particularly for other practitioners doing work directly with communities, as well as colleagues at the project planning and management level.

“The Community Engagement Training has helped with the planning of building relationships with community leaders, and engaging with community groups which are already existing.” Community Engagement workshop attendee

“I used the concept acquired during the Community Engagement Training of identifying trusted individuals already working with communities for increasing the chances of successful engagement.” Community Engagement interviewee

“The Community Engagement Training encouraged me to listen more, which has in turn helped me to include more tips and signposting in my list [of resources I use with people in the community]. Home visits have more meaning.” Community Engagement interviewee

Key findings: System Change activities

SEK delivered a wide range of activities that fell under the broader objective of ‘creating system change’. This included coordination of the East Kent Alliance (EKA), development of the VCSE Framework, building three pairings through the ‘Buddy Scheme’ and securing formal representation at strategic boards and other ad hoc workshops, meetings and events.

Impact of System Change activities

System Change activities *built the foundations of system change*:

- increased collaboration and coordination of VCSE organisations through the East Kent VCSE Alliance to working towards a more coherent, stable VCSE sector;
- increased peer support and meaningful relationships within the VCSE;
- increased and strengthened relationships between statutory and health partners and VCSE organisations; and
- improved two-way flow of information between the VCSE and health and statutory partners and in a format that translated across different sectors.

System change activities *changed ways of working in the local system*:

- built a shared vision for the system through the VCSE Framework;

influenced upwards by health and statutory partners sharing information gathered through the East Kent Alliance with their senior leadership teams; and

- increased partner impact by working through the East Kent VCSE Alliance.

System Change activities *changed the role of the VCSE*:

- embedded the VCSE as part of the system through the shared accountability of the VCSE Framework and structure of the East Kent VCSE Alliance;
- increased the profile of VCSE and the role they played in working with local communities and tackling health inequalities; and
- increased VCSE capacity to engage now and in future with the East Kent Alliance by minimizing the administrative burden and covering the costs of participation.

The learning of the System Change activities

- The evaluation also explored the process learning of the System Change activities which highlighted:
- the value of SEK in coordinating and convening the East Kent VCSE Alliance and translating and brokering information between different parts of the system;
- the value of Health Equalities Programme in ring-fencing flexible capacity from SEK;

- managing expectations around the pace or scale of change within a changing operating environment, being explicit about what was possible within the remit of the programme;
- the structural challenges posed by the changing operating context and the capacity limitations to mitigating against them; and
- the risk of closing the programme at the ‘cusp’ of change with recognition that the System Change activities required additional funding and resourcing to maintain momentum until the new health structures were in place.

"In the VCSE it's hard to find out about opportunities and an alliance helps build those opportunities for funding and learning as you have everything in one place. [This is] particularly so for small organisations with little capacity who now have SEK helping them along... With the EKA it's in one place and it's a trusted place." EKA workshop interviewee

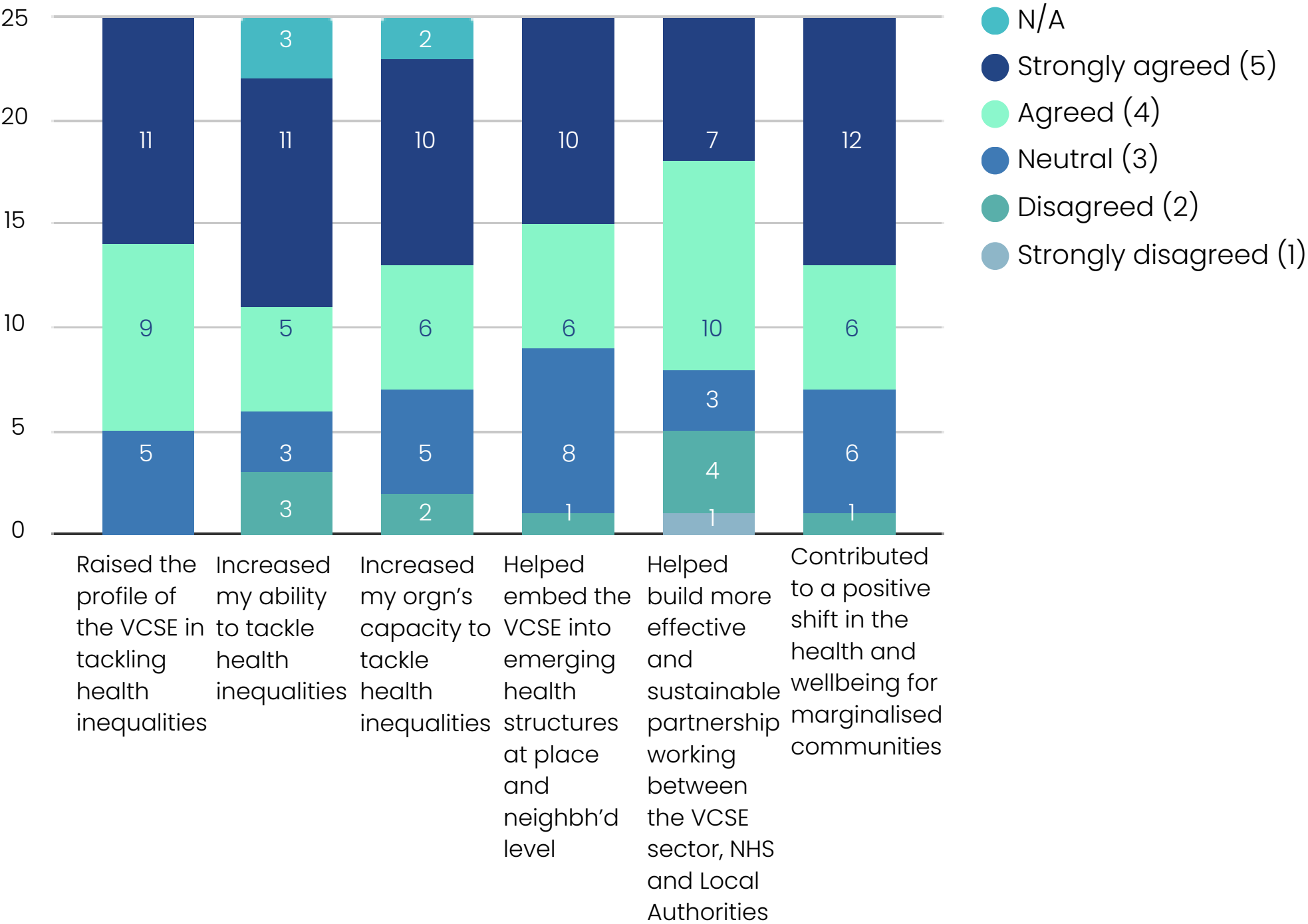
Overarching Health Equalities Programme impact and learning

To explore how these individual outcomes wrapped up to impact at a programme level, participants from all aspects of the programme were invited to take part in a short survey to explore their views on the overarching outcomes of the Health Equalities Programme. Responses are captured in the graph opposite.

At a programme level, the key learning included:

- the value of a ‘test and learn’ approach which allowed the SEK team to adapt and flex activities across the course of the three years of delivery;
- the value of systemising relationships, particularly during a period of structural change;
- the value of working through community organisations in tackling health inequalities and in maximizing the value of funded activity;
- the value of SEK in delivering this programme as a trusted local VCSE organization;
- the challenges of measuring impact of prevention, particularly in terms of evidencing the overarching value - and so elevating the profile - of the local VCSE sector; and
- the ripple effect of delivering overlapping activities under the Health Equalities Programme remit.

Graph: The overarching impact of the Health Equalities Programme



Conclusions and recommendations

In 2022, the SEK team identified an opportunity to capitalise on the ICB's statutory duty to work more closely with VCSE to tackle health inequalities. If this policy change 'opened the door' to greater partnership working, the Health Equalities Programme was designed to lead the VCSE and partners through it. Evaluation findings were largely positive with stakeholders describing their experiences of partaking in programme activities.

The Community Fund successfully enabled local organisations to deliver services to people to tackle health inequalities not otherwise supported through statutory services. Community organisations maximised the value of the grant and used the experience as a means to increase their profile and increase long-term sustainability.

The Community Engagement Training successfully enabled participants from VCSE, health and statutory sectors to improve knowledge and understanding of good practice in community engagement. This led to examples of better quality community engagement, and helping services respond to insights gathered.

The System Change work stream involved a wide range of informal and formal relationship building and networking activities to embed the VCSE sector and raise its profile as a strategic partner in tackling health inequalities. The EKA and VCSE Framework helped systemise sustainable

relationships and structures for the longer term.

The evaluation revealed the scale of ambition of the Programme and the structural barriers in the way of change. Evaluation participants argued the programme had built the foundations for the new health system to 'hit the ground running' as it emerged in future - assuming that the system helped SEK find investment to maintain the foundations in the meanwhile.

Recommendations for East Kent

1. Secure additional funding for SEK to maintain leadership and coordination: As East Kent stands on the 'cusp' of meaningful system change, it is critical that this momentum is not lost.

2. Support VCSE organisations to evidence their impact: The Social Impact Gateway presents a significant opportunity to gather a body of data which will show collective impact of the VCSE to enable the sector to better influence health and statutory services.

3. Sustain the Community Engagement Training offer: Ongoing access to Community Engagement Training will continue to strengthen the ability of VCSE, health and statutory partners to engage meaningfully with communities.

Recommendations for other areas aiming to tackle health inequalities

1. Ensure the VCSE is valued as a strategic partner and in commissioning decisions by:

- i. Appoint a local VCSE infrastructure organisation to lead the programme;
- ii. Set realistic ambitions for three years only;
- iii. Co-create a VCSE Framework early;
- iv. Encourage statutory partners to actively seek and use stories of impact.

2. Embed the VCSE sector within emerging health structures by:

- i. Map key stakeholders / structures early;
- ii. Prioritise informal relationship-building;
- iii. Adopt a 'test and learn' approach.

3. Increase VCSE sector capacity to effectively engage with health partners by:

- i. Fund the VCSE alliance model locally;
- ii. Support VCSE organisations to collect meaningful data.

4. Improve access to healthcare for marginalised communities by:

- i. Provide larger or longer-term grants for greater impact;
- ii. Create joint VCSE/NHS funding opportunities;
- iii. Ensure a VCSE infrastructure organisation leads the funding process.

5. Ensure statutory organisations use effective community engagement in their work by:

- i. Deliver cross-sector Community Engagement Training;
- ii. Consider a longer training format for depth and networking.

Introduction

Background to the Health Equalities Programme

In 2020, Social Enterprise Kent (SEK) delivered a pilot programme which aimed to tackle health inequalities in coastal communities across two Health and Care Partnership (HCP) areas in Kent by embedding the voluntary, community and social enterprise (VCSE) sector within emerging Primary Care Network (PCN) structures. Pilot activities included the formation of the East Kent VCSE Alliance (EKA), securing VCSE representation on the HCP board and community engagement with marginalised groups in Thanet and Dover to explore the ways in which health inequalities materialised in their day-to-day lives.

Learning from the 2020 pilot evidenced the challenges facing local people and the need for a greater push to tackle the wider determinants of health. It also revealed that NHS colleagues saw VCSE as 'fluffy' or transactional providers rather than strategic partners, while at the same time many in the VCSE sector remained focused on their financial survival with limited time and capacity to build relationships with the NHS and other partners. This suggested an opportunity for further investment in the VCSE sector to become an equal partner in shaping place-based strategic decisions as well as providing services to people in communities.

Additionally, the evolution of the new Integrated Care Systems (ICS) in 2022 indicated that the main drive to reduce health inequalities, and focus on population health outcomes, would likely be led strategically at Integrated Care Boards (ICB) at HCP level.

Using the learning from this pilot – alongside the strategic opportunity to bolster and embed the VCSE within emerging ICB health structures – SEK was granted £450,000 from the National Lottery Community Fund to deliver a three-year Health Equalities Programme.

Introduction to the Health Equalities Programme

Overarching goals

The overarching aim of the programme was to effect a power shift in the VCSE role to tackle health inequalities facing the diverse communities in East Kent. This was to embed a 'new normal' form of strategic partnership working between the VCSE sector and wider health and statutory partners so that the VCSE sector could shape decisions and secure the funding required to deliver services that local people needed the most.

The long-term goals of the Health Equalities Programme were defined as to:

- support the NHS to evolve from being focused on clinical conditions to genuinely address all aspects of the wider determinants of health, including the impact of employment, housing, community connections, nutrition and exercise;
- develop more data and evidence to support the role of the VCSE sector in addressing these health and social inequalities;
- support a redistribution of funding across the whole health and social care sector, to ensure that the role of prevention and recovery was funded proportionately, not just funding for acute and emergency care;

- develop shared leadership capacity across all parts of the health, care and wellbeing sector in East Kent.

The different programme activities designed to deliver these long-term goals are described in greater detail below.

Summary of Health Equalities Programme activities and reach

The Health Equalities Programme was designed as a 'test and learn' programme where the SEK team could evolve their package of activities over time to best respond to feedback and the strategic context of delivery. The funding enabled a full-time programme manager post and 50 percent of the Director of Health & Wellbeing's time. The scale of the ambition for the programme was large given the modest amount of dedicated staff time.

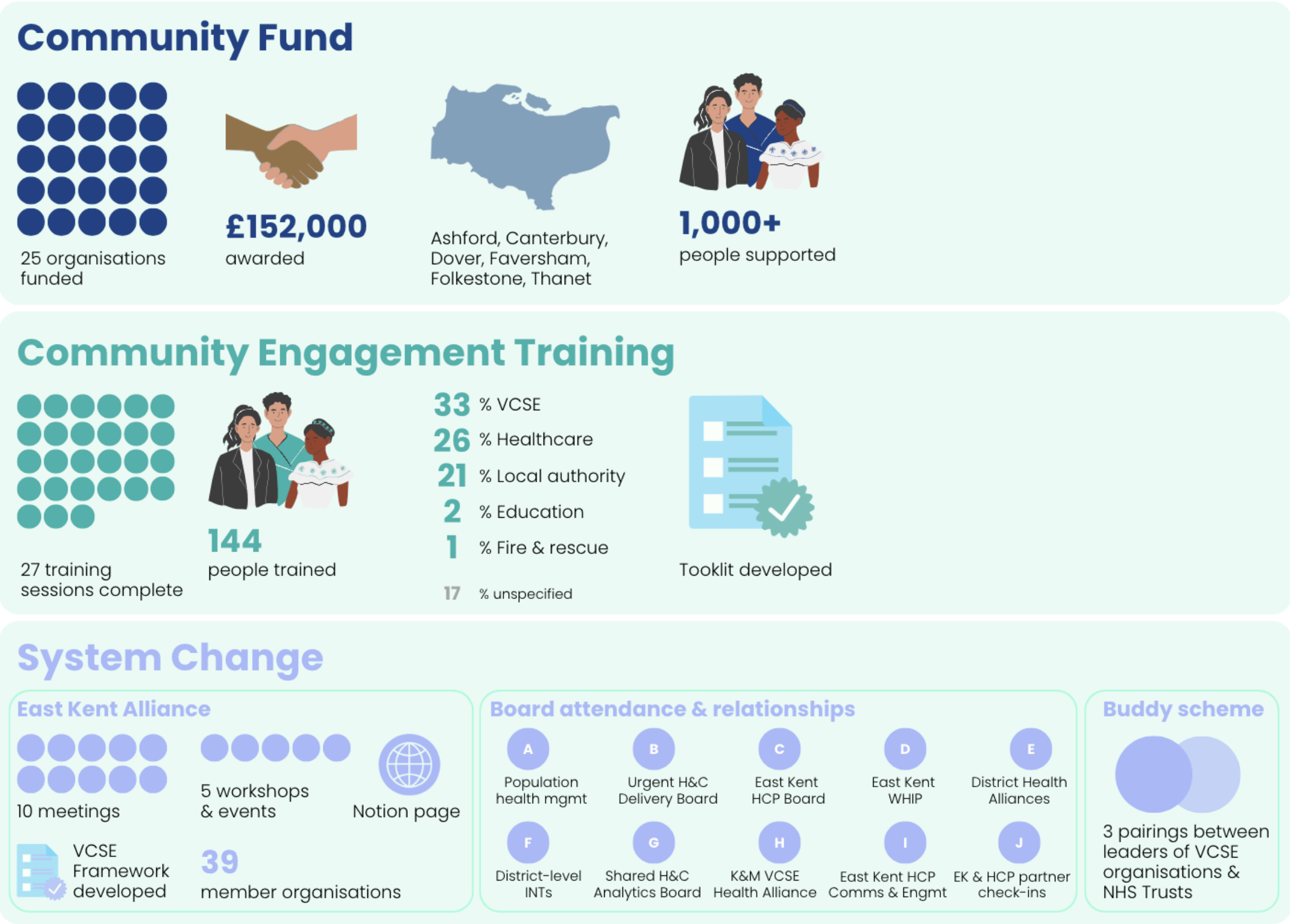
Key programme activities can be understood across three broad work streams or pillars, detailed below:

- **The Community Fund:** SEK held £152,000 as part of a designated Community Fund. Community organisations applied for small grants to deliver activities to tackle a specific health-related issue. Out of the 49 total applications, 25 different organisations received funding which overall supported over 1,000 local people.

- **Community Engagement Training:** SEK delivered 27 Community Engagement Training sessions to a diverse cohort of people across the VCSE, health and statutory sectors that explored good practice in community engagement. Overall, 144 people attended the training sessions.
- **System Change:** SEK delivered a wide range of activities that fell under the broader objective of ‘creating system change’. This included coordination of the EKA, development of the VCSE Framework and securing formal representation at strategic boards and other ad hoc workshops, meetings and events. SEK also delivered a ‘Buddy Scheme’, making 3 pairings between VCSE leaders and from health and statutory sectors so that they could learn from each other through the programme.

The scale and reach of these work streams are depicted in the following diagram:

Diagram: Overview of Health Equalities Programme activity

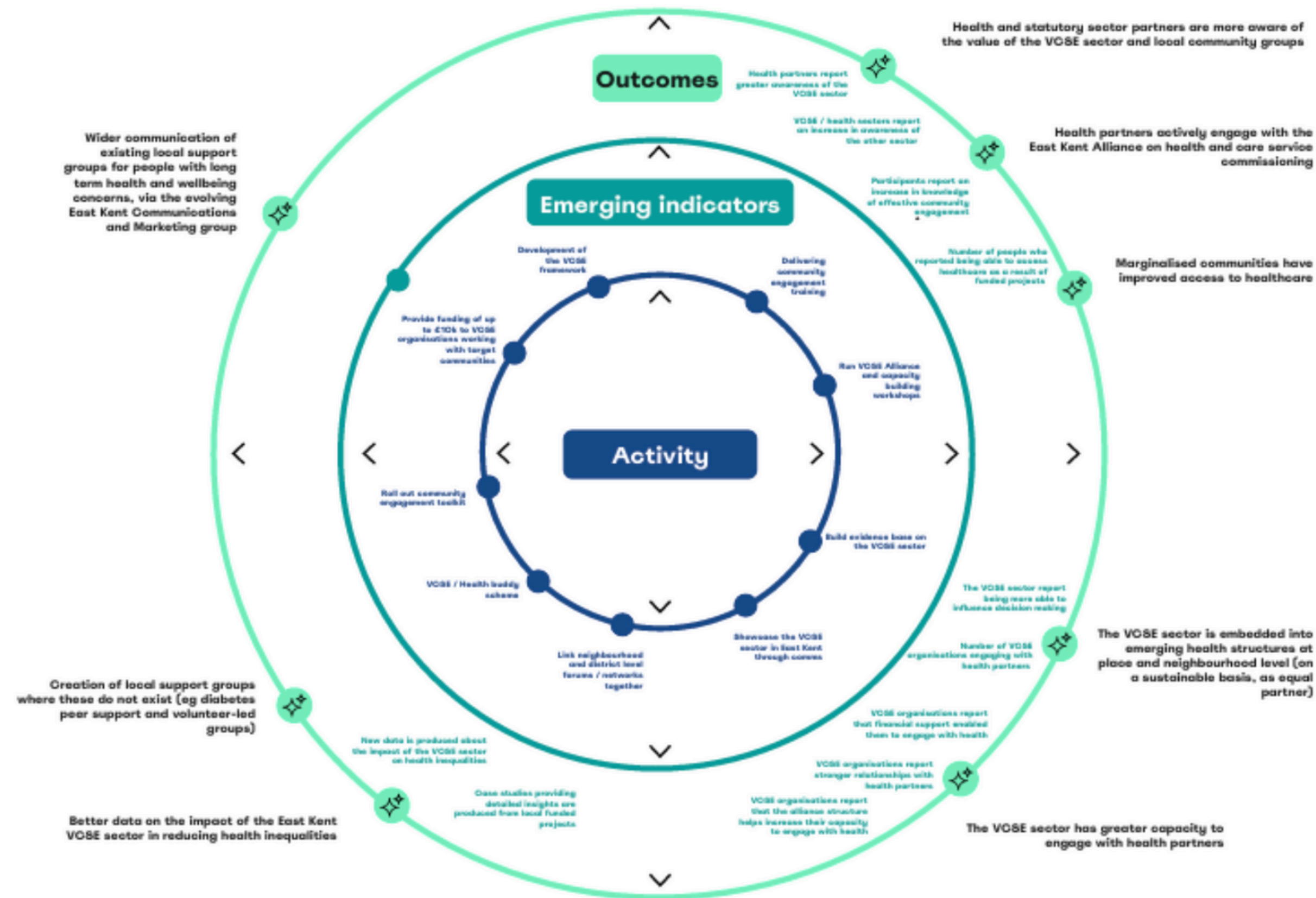


1 By the end of July 2025 144 people attended the training in total. The evaluation analysed feedback from trainees who attended training by the end of May 2025.

The theory of change

SEK worked with Innovation Unit (as part of the National Lottery Community Fund package of support) to design the Health Equalities Programme theory of change with input from key stakeholders and partners. Given the system view of change, and to illustrate that this was not a linear programme of change, the logic model was presented in concentric circles, where programme activities rippled out to indicators and outcomes across the system.

The Health Equalities Programme theory of change model is presented on this page.



The context of delivery

The first evaluation activity was to ‘test’ the theory of change with SEK and key strategic stakeholders to better understand the intended outcomes within the wider context of East Kent. The scoping activity highlighted the complexity of the East Kent operating environment alongside strategic changes to national policy that took place across the three years of the programme – all of which affected Health Equalities Programme delivery and impact.

A summary of this backdrop is detailed here for wider context when reading this report.

The complexity of the East Kent operating environment

East Kent encompasses a coastal region in the southeastern part of Kent, covering the local authority districts of Ashford, Canterbury, Dover, Folkestone and Hythe, and Thanet. These areas are governed by their respective district councils, all of which fall under the jurisdiction of Kent County Council. For healthcare, East Kent is served by the East Kent Health and Care Partnership, a provider-led Integrated Care Partnership (ICP) within the Kent and Medway Integrated Care System. This partnership includes NHS trusts, local councils, GP practices, community services, and voluntary organisations working collaboratively to deliver integrated

health and social care services to a population of over 720,000 people. Communities across Kent face significant health inequalities, with stark contrasts in life expectancy, access to services, and health outcomes. People living in deprived coastal areas such as Thanet and parts of Dover experience higher rates of chronic illness, mental health conditions, and premature mortality compared to more affluent inland areas like Tunbridge Wells. Contributing factors include socioeconomic deprivation, poor housing, limited access to primary care, and lower health literacy

Changes to national policy over the three-year programme

The introduction of ICBs and HCPs from July 2022 meant that the new ‘system’ was still in construction during the early phase of the Health Equalities Programme. This meant that the Programme was not delivering within a mature, stable system but in an environment of flux as things became established. Then, in the third year of the Health equalities programme (early 2025), the government announced plans to reform NHS England and ICSs.

One of the most notable changes of the proposed 2025 reform was the delegation of responsibility for 70 specialised services to the six Integrated Care Boards (ICBs) in the South East, including NHS Kent and Medway. At the same

time, the government announced plans to abolish NHS England entirely within two years. This move was part of a broader effort to streamline NHS governance and improve efficiency but there were concerns about potential disruptions in service delivery especially given the ongoing financial constraints and the need for substantial budget cuts.

Additionally, significant local government reforms are underway, with plans in Kent to replace the current two-tier system with unitary authorities, potentially impacting existing boundaries and creating further questions of the leadership and governance structures of the future.

The scale of ambition

This context – the complexity of East Kent plus the uncertainty generated through wider policy changes – is an essential backdrop to understanding the evaluation findings presented in this report. It also suggests the scale of the Health Equalities Programme ambition, particularly given the three-year timeframe and the far-ranging scope of activities across the three work streams, explored in detail throughout.

Introduction to the evaluation

This evaluation was delivered in partnership by two independent consultants, Linda Jackson (The Loom) and Lydia Paris (The Future Works). The evaluation was commissioned in 2024 as the programme was underway with a final report submitted June 2025 to mark the programme end (scheduled for July 2025). The aim of the evaluation was to gather qualitative data to complement the data already gathered by SEK and build up a picture of impact and generate process learning to inform recommendations and next steps.

The evaluation was delivered across three phases of work:

- **Scoping:** semi-structured interviews with 6 strategic partner stakeholders and a review of programme documents to understand the wider context of delivery, test the theory of change and design the evaluation framework and tools.
- **Data gathering:** mixed method research across the following data points:
 - **semi-structured interviews** with: 8 VCSE, health and statutory service stakeholders; 10 representatives from Community Fund grantees; 2 members of the SEK Health Equalities Programme team;

- **2 workshops** with: 10 EKA participants and 5 Community Engagement Training participants;
- **a survey** to capture feedback on and impact of the Community Engagement Training, generating 8 responses;
- **a survey** to bring findings together against programme aims with 25 responses.
- **Analysis and reporting:** analysis of all primary data to triangulate findings with data collected by SEK including Community Engagement Training surveys (127), and Community Fund progress updates and end-of-grant reports.

2 There were 132 people who completed Community Engagement Training surveys by the end of the programme in July 2025. Of these 127 were received and analysed as part of the evaluation (at the end of May 2025)

Reading this report

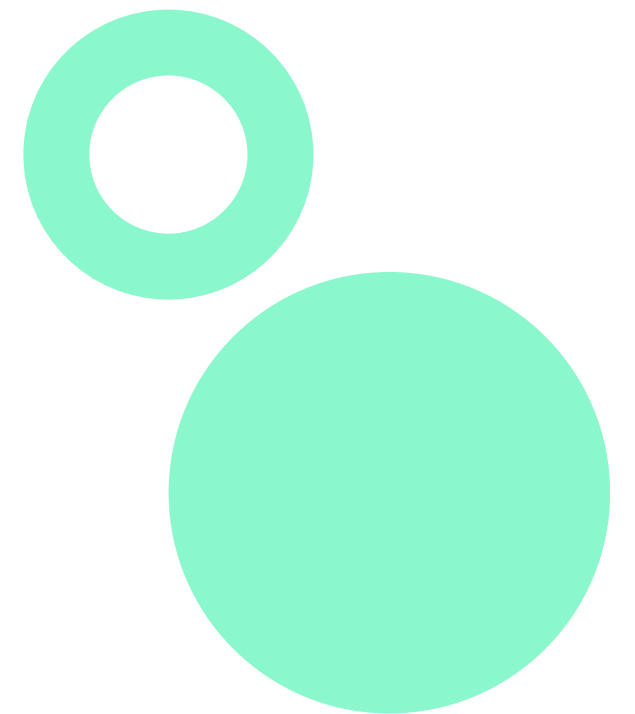
The audience for this report: This report is intended for anyone with an interest in the Health Equalities Programme and/or a broader interest in strengthening the VCSE sector's role in tackling local health inequalities.

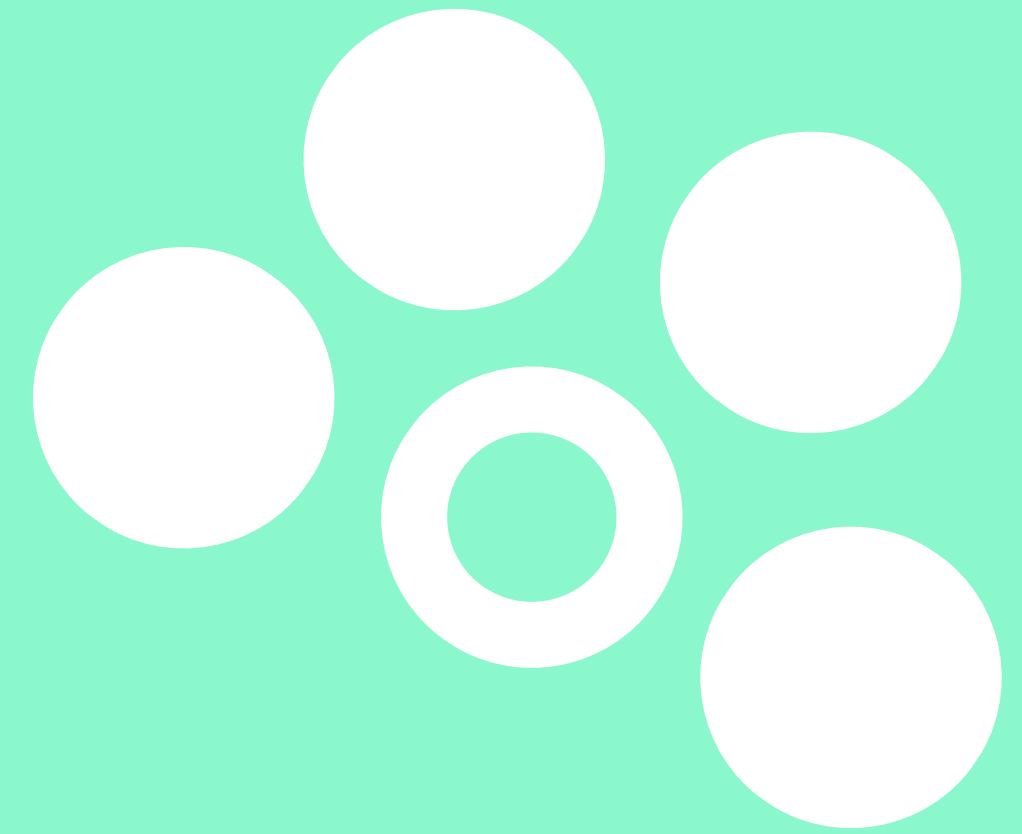
The structure of this report: This report presents impact and learning from across the three individual workstreams – the Community Fund, Community Engagement Training and System Change activities – before exploring impact and learning through a whole-programme lens. The report concludes with final reflections and a series of recommendations for the 'system' in East Kent and for others who are interested in delivering similar activities in their local areas. The appendix contains further information about the evaluation methodology.

A note on stakeholder groups: The evaluation conducted qualitative interviews with a wide range of stakeholders who had different roles in or experiences of the Health Equalities Programme. To enable accurate reading of the research findings and quotes presented in this report, the following definitions have been used:

- SEK interviewee: a member of the SEK Health Equalities Programme team;
- Community Fund recipient: a representative of a community organisation that received a Community Fund grant;

- Community Engagement interviewee: a participant of the Community Engagement Training, from across all sectors;
- Community Engagement workshop attendee: a participant of the Community Engagement evaluation workshop, from the VCSE sector;
- Strategic sector interviewee: a participant of any Health Equalities Programme activity from across all sectors;
- EKA workshop attendee: a participant of the EKA evaluation workshop, from the VCSE sector.





Chapter 1: The Community Fund

Introduction to the Community Fund

The Community Fund specifically targeted grassroots organisations with innovative proposals aimed at enhancing the quality of life for local people from marginalised groups. It was set up in response to a familiar tension – that grassroots organisations are often best placed to identify and support local people to tackle issues while at the same time can lack the capacity to apply or access the funding required to deliver their services. This situation and opportunity was explained by a member of SEK programme team:

"We know that small local grassroots organisations have better outcomes [in tackling health inequalities] but getting money to them is always a challenge." SEK interviewee

Community organisations were encouraged to apply for funding to tackle 'health inequalities' in the widest, holistic sense. Funding was divided into two potential pots, described below:

- Peer support groups for those with long-term health conditions through grants worth £2,000;

- Projects to reduce barriers and improve access to healthcare/help manage conditions better outside of a clinical setting through grants worth £10,000.

This workstream was intended to cut across all Health Equalities Programme outcome areas but with particular emphasis on:

- Creation of local support groups where they do not exist – by directly funding community organisations to deliver them;
- Wider comms of existing local support groups for people with long-term health conditions – by enabling community organisations to publicise their services;
- Marginalised communities have improved access to healthcare – by directly funding community organisations to deliver services that tackled gaps in their communities;
- Better data on the impact of EK VCSE sector in reducing health inequalities – by requiring community organisations to report on project outcomes.

SEK invited community organisations to bid and to get in touch if they had any questions and/or needed support with the application process. Bids were assessed by the Community Fund panel. This was a third-party panel, convened by SEK. Each panel was different, but consisted of

partners from both the VCSE sector and health/statutory services. There were no SEK staff on the panels – both for impartiality and so that SEK could offer hands-on support with the application process.

Over the course of the programme, £152,000 was awarded to 25 different community organisations across East Kent. These projects collectively reached over 1,000 individuals.

Evaluation activities included a review of all Community Fund monitoring reports plus in-depth interviews with 10 people from seven organisations that received Community Fund grants.

Impact of the Community Fund

Outcomes for marginalised groups

This section describes key outcomes for the groups that took part in projects funded through the Community Fund.

Tackling gaps in provision for marginalised groups

The 25 organisations that received Community Fund grants were notable for their diversity of offer and reach. This was an intentional feature of the SEK application process, to ensure that provision stretched across East Kent and reached different community groups.

Funded organisations were located across East Kent, with nine organisations in Canterbury, eight in Thanet, six in Folkestone, four in Dover and three organisations apiece in Ashford and Faversham. These showcased the diversity of the East Kent population, with services supporting Roma and Eastern European communities, women from minoritised ethnic groups, people seeking asylum, female survivors of domestic abuse, people experiencing severe and complex grieving and loss, carers from under-represented communities, people with learning or physical impairments and people with specific health conditions such as diabetes, cancer and chronic pain.

In each application to the Community Fund, organisations explained their knowledge of the gap in provision for the service they wished to

deliver for the specific groups. This understanding of need was gained in various ways including feedback they had received when delivering other services, targeted engagement with groups to refine the service and even through their own lived experiences of an issue and gap in provision. One example where lived experience shaped a proposal to the Community Fund is detailed below:

“When we lost our son to suicide, we found it difficult to access support of any kind. For us as parents and my daughter who had lost her brother we were only offered online or text-based support. Face to face support had a 5-6 months waiting list and we didn’t fit the criteria. It was woefully inadequate. The NHS offer gets filled up quickly, so it bounces onto the VCS and they are overwhelmed. There are lots of peer support groups, meetings, coffee and things like that. This is bereaved people helping bereaved people, but not in a timely fashion and with no training... Most people who suffer from a complex bereavement usually end up with healthcare issues. We wanted to do something a bit different, to support other people in that situation.” Community Fund recipient

Interviewees from community organisations described how they used the grant funding to tackle these gaps in provision, and the impacts of these activities upon people who were able to access their support, often tackling a concern or

a barrier for the first time. These outcomes are described in greater detail in the following section.

Tackling individual health and wellbeing concerns

Organisations that received a Community Fund grant described how they used the funding to work with individuals to tackle personal health and wellbeing concerns. This took place in a range of different ways through both the targeted sessions and during informal conversations. The outcomes of this personalised support varied according to the nature of the individual concern, whether that was related to an individual health condition or in tackling greater barriers to accessing the support they needed.

For example, a community organisation working to support asylum seekers, delivered case work support to individuals alongside group sessions to discuss wider ways to manage participants' health. This helped address personal issues as well as gave the tools they needed to overcome language and information gaps to better navigate healthcare services:

"[Participants] have a better understanding about the health system, and a greater knowledge of the words they need to understand healthcare or book an appointment. Hopefully they feel they have a better understanding of

healthy lifestyles too." Community Fund recipient

The community organisation that worked with people experiencing severe or complex grief explained how participants were able to articulate and process their grief by joining in a structured series of creative activities as part of a safe and supportive group. While these creative activities – from art workshops to journaling – took place as part of a group, they were designed to give participants an opportunity to try and find different mechanisms that resonated for them on an individual basis:

"We have a grandmother who never spoke about the loss of her loved one, which was her grandson. She came to our poetry session – and afterwards she said, "I would like to read my poem". And out came her experience, and everyone was gobsmacked, and she started talking after that. And another person said, "I had the sound bath and after that I slept for the first time in a long time." Community Fund recipient

Managing health conditions through peer-support groups

Community organisations also described the value of peer support groups in enabling participants to open up and share their experiences with people who had the same lived experiences. Out of the 25 organisations that received funding, 11 were awarded micro-funding

of up to £2,000 to set up peer support groups for those with long-term health conditions, such as people living with or affected by cancer, mental health issues, tinnitus or chronic pain to support people who have experienced severe or complex grief and survivors of domestic abuse. Organisations that set up peer support groups described how they gave spaces for people to air their problems and grievances and share tips on how to manage or mitigate aspects of their condition.

Increasing wellbeing and resilience

The value in peer support groups lay not only in creating space to open up these conversations and sharing health management advice, but also in having these conversations with people who could truly emphasise with the situation rather than with friends or family that might not be able to properly relate with their circumstances. As one interviewee explained:

"Even family and people you live with don't understand [what you're going through]. But when you come together with a group of people who do understand, the impact that that has had alone on wellbeing is massive." Community Fund recipient

In these ways, the Community Fund peer support groups helped improve wellbeing and the resilience of participants, not just by providing a valuable space to vent and swap ideas but also

in helping to protect their wider relationships with friends and family.

Increasing social connections

The ability to build greater resilience through social networks was a feature of projects that received grants worth £10,000 through the Community Fund. These organisations tended to deliver individual and group activities. This included therapeutic group activities for people with diabetes and the creation of safe and culturally appropriate spaces for women from minoritised ethnic groups to form strong social relationships and support networks. These activities were intentionally designed to tackle issues that affected participants' health, but did so in a way which opened up new structures of support in the local community.

One community organisation that delivered sports sessions for learning disabled people described how the first goal of the project was to encourage participants to attend sessions and try out different sport activities. However, the wider impact of the project was building up familiarity with the gym and friendships to encourage people to sustain a healthier exercise routine in the longer term. This interviewee described how friendships had occurred over the course of the sessions, leading to people visiting the gym independently together – and even led to a romantic engagement between two participants:

"The adults that engage with the sessions befriend each other, develop social skills and form communities with themselves. And one couple got engaged after meeting at the sessions! The relationship they've formed and how they go to the gym together has been lovely to see." Community Fund recipient

Signposting to other services and forms of support

One theme that emerged through research with organisations that received Community Fund grants was how community organisations could refer participants to other sources of support in the community and from statutory services. For example, one Community Fund recipient brought together other VCSE organisations to provide additional advice on how to access health care services and to raise awareness of other statutory forms of support such as community transport. Another Community Fund recipient sought to improve support for carers from marginalised groups by matching up people's needs with specific signposted services. As this interviewee explained:

"We hear a lot from carers who say we never would've heard of that service before. Our worth is exactly that... There are people there who are desperate, and we can help to match up [their needs with what is available to them]." Community Fund recipient

Effective signposting to other local services was another way in which Community Fund organisations were able to enhance their offer to participants, and in doing so overcome and identify wider barriers to inclusion.

Outcomes for community organisations

This section describes key outcomes for organisations that delivered projects funded through the Community Fund.

Contributing to wider sustainability

Community organisations that took part in evaluation interviews noted the challenges of securing funding, both in general and specifically during the current financial climate. This meant that they valued any opportunity to receive funding, not just as a means to increase financial resilience but also as a means to contribute to their wider sustainability. This occurred as the grant helped strengthen their work and profile within the local community and build up greater trust with groups:

"It has enabled us to have consistency and build relationships, which this work is founded on. We can build trust, and say "we're here" and be visible, rather than just turn up and be gone again. That builds trust and rapport, particularly with marginalised groups. I think that's really important because without that we wouldn't have built the relationships as strongly." Community Fund recipient

"It keeps us as the trusted provider, the trusted business/charity in the middle of the community. We sit in the middle of the community and want to be those trusted people who can come for a variety of situations." Community Fund recipient

Organisations also described the value of the Community Fund in giving them an opportunity to pilot and test new programmes of work. This meant they could use the learning to generate case studies or examples of impact as a means to secure other funding.

Increased capacity to support marginalised groups and fill gaps in provision in a sustainable and consistent way

Community Fund interviewees also described how they were able to use the grant to reach out to and attract new people to their organisation. For example, an organisation that focused on mental health used their £2,000 grant to set up an online pain group. This attracted a new group of people to the charity who were focused on tackling their pain, but then were able to access wider support around their mental health:

"The funding meant we were able to reach a different audience which we hadn't encountered before because of the stigma of having 'mental health' difficulties. We had people who wouldn't say they have a 'mental health problem', but

their pain does impact their mental health. We had some new referrals that we wouldn't have reached otherwise." Community Fund recipient

In these ways, community organisations were able to use the Community Fund to tackle specific issues facing local people and/or increase their reach to new groups of people and widen their offer of support.

Increased focus on health inequalities

Community organisations described how the Community Fund enabled them to focus on a specific health concern and to deepen their learning and understanding of it:

"Definitely it's focused us on thinking about health and health inequalities... we're thinking about health inequalities more." Community Fund recipient

Linked to this is the way in which community organisations reported an increased knowledge of health inequalities facing their local communities and the way in which delivering their Community Fund project enhanced their understanding of gaps in provision. The community organisation that was delivering support for people with chronic pain challenges noted the barriers to accessing provision faced by people that used wheelchairs:

"One person [who joined our project] was wheelchair bound and couldn't take anything she was offered because she couldn't attend it. So even the Chronic Pain Team in the community asked her to do something and was left with nothing. So this funding has highlighted that. If it's happening to her, it's happening to others. This funding helped us see that more." Community Fund recipient

Community organisations described how they intended to use this learning to improve their future offer to tackle health inequalities.

Raising the profile of VCSE in tackling health inequalities

Community Fund recipients also described how they built new links with partners as a result of receiving funding. They described how statutory partners were increasingly reaching out to the community organisations to share information about statutory services with the people they worked with:

"People are now coming to talk to us, they have started to hear about us. There is a wider community feel about it now. They are hearing about projects they wouldn't otherwise hear about... The Housing Association has come to our events and used our space to help share that information who may not otherwise know what they could do or have access to. It's giving

people confidence to come and integrate into their local community." Community Fund recipient

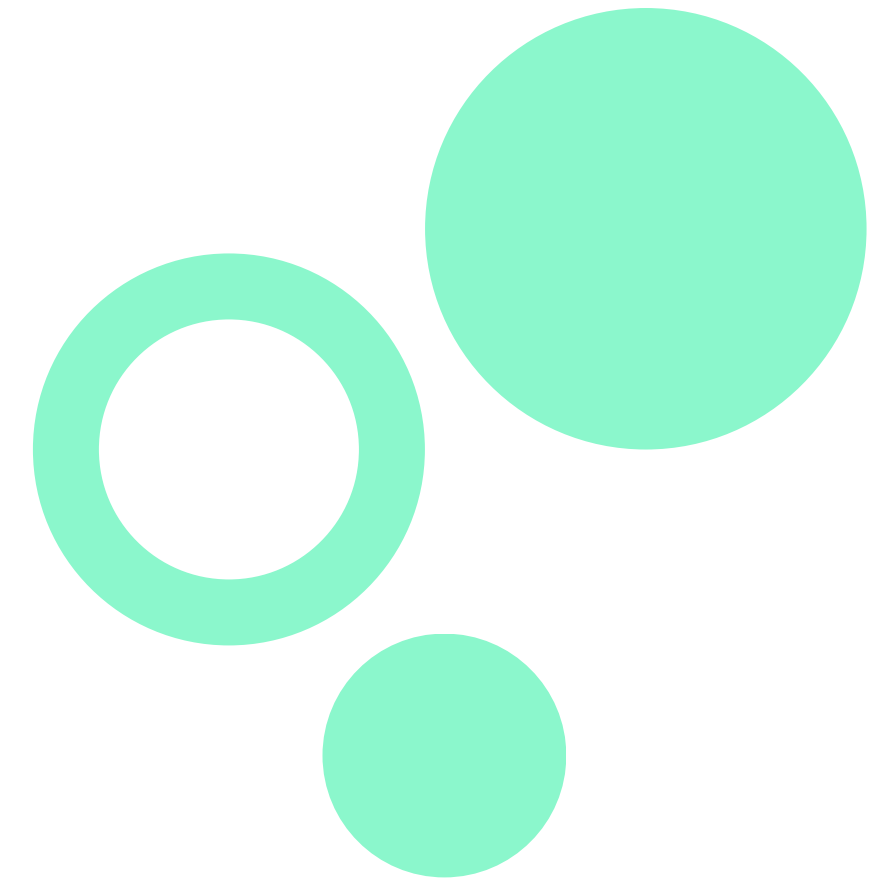
Anticipated outcomes for system

The evidence generated through the evaluation suggests a ripple effect of funding local grassroots organisations to tackle health inequalities faced by the most marginalised groups. They described how they tackled individual concerns, helped to overcome specific barriers to accessing healthcare, increased people's wellbeing, built new relationships and social connections and signposted people to other healthcare and statutory services.

In these ways, community organisations anticipated that the healthcare system would benefit through preventing the escalation of issues and reducing pressures on the system by:

- providing people with the information they needed at an earlier stage to manage their health;
- facilitating peer support groups so that people have other people with lived experience to share immediate concerns and tips to manage their conditions;
- better supporting carers to manage their own health, which enabled them to support the people they care for more effectively;

- building friendships and other forms of social support to tackle loneliness and isolation;
- signposting to other services that can support people across a wider range of issues such as housing, transport, etc.



Learning: Barriers and Enablers

The value of working through community organisations

The evaluation findings presented in this section validate the assumption that community organisations are effective when delivering local services to tackle local issues including health inequalities. Interviewees specifically noted community organisations’:

- knowledge of the local community – the different demographic groups, the socio-economic context and specific health inequalities;
- trusted status within the community – and therefore the ability to reach out and engage people and create safe spaces.

Together, these factors meant that community organisations could draw on these resources to generate greater efficiencies and reach out to people that would otherwise not engage with statutory services. This was described during fieldwork as ‘greater bang for your buck’.

"We're a trusted organisation. We're well known here. People know we have diversified services. I have worked hard to say we're a community hub and we're here for everyone. People who attend our services are huge advocates for us, singing our praises. Which is why we're more bang for a buck compared to other organisations. I can take that £2,000 and add in our reputation, our

facilities, our established volunteers who know what they're doing, staff members with experience who know what we're doing to add more value." Community Fund recipient

This ‘bang for your buck’ worked both ways. Not only did it mean that community organisations could maximise impact beyond the value of the grant, but community organisations also benefited beyond the value of the actual grant, by leveraging the project to increase their knowledge, reach and profile within the local community.

The value for money of peer support groups

Similar to the ‘bang for your buck’ of community organisations delivering local services is the value for money of peer support groups, particularly when comparing the impact of groups against the cost of them. One interviewee speculated how the £2,000 Community Fund grant translated as spend per head for each participant, and how that generated significant value as a result of the impact it had:

"For [the £2,000 grant], the impact it has had, if you spread it across each individual, is huge. It has given them a reason to come out of their house. It has given them somewhere to go. They have made friends, with peers that have the same issues as them. People have lots of friends but unless they experience the same pain and

discomfort that can happen over night, they don't get it. And people have lost friends because of not being able to understand what it is like for someone with a specific health condition. So having an outlet like a peer support group has given them that opportunity to talk to someone with the same experiences. And that is worth every penny." Community Fund recipient

In this way, community organisations were able to maximise the value of small pots of money by bringing people together and creating a safe space for them to work with and connect with each other.

Value of SEK holding the funding process

Community organisations described the value of an organisation like SEK holding the funding process and for championing and distributing grants of relatively lower value throughout the system. They also noted SEK's support throughout the application process, answering questions about the funding and welcoming applications to tackle health inequalities in a holistic, widest sense and through preventive routes.

Challenges of evidencing impact of preventative services

Community organisations were able to articulate the scale of impact of Community Fund projects upon the participants, as evidenced throughout this section. However, they noted the general

challenge of measuring the impact of preventative services in a quantitative format and in a way which showed the scale of their work. This challenge was noted during an interview with SEK about managing the fund – although to tackle this situation would have required more funding to support relationships of grantees and system partners:

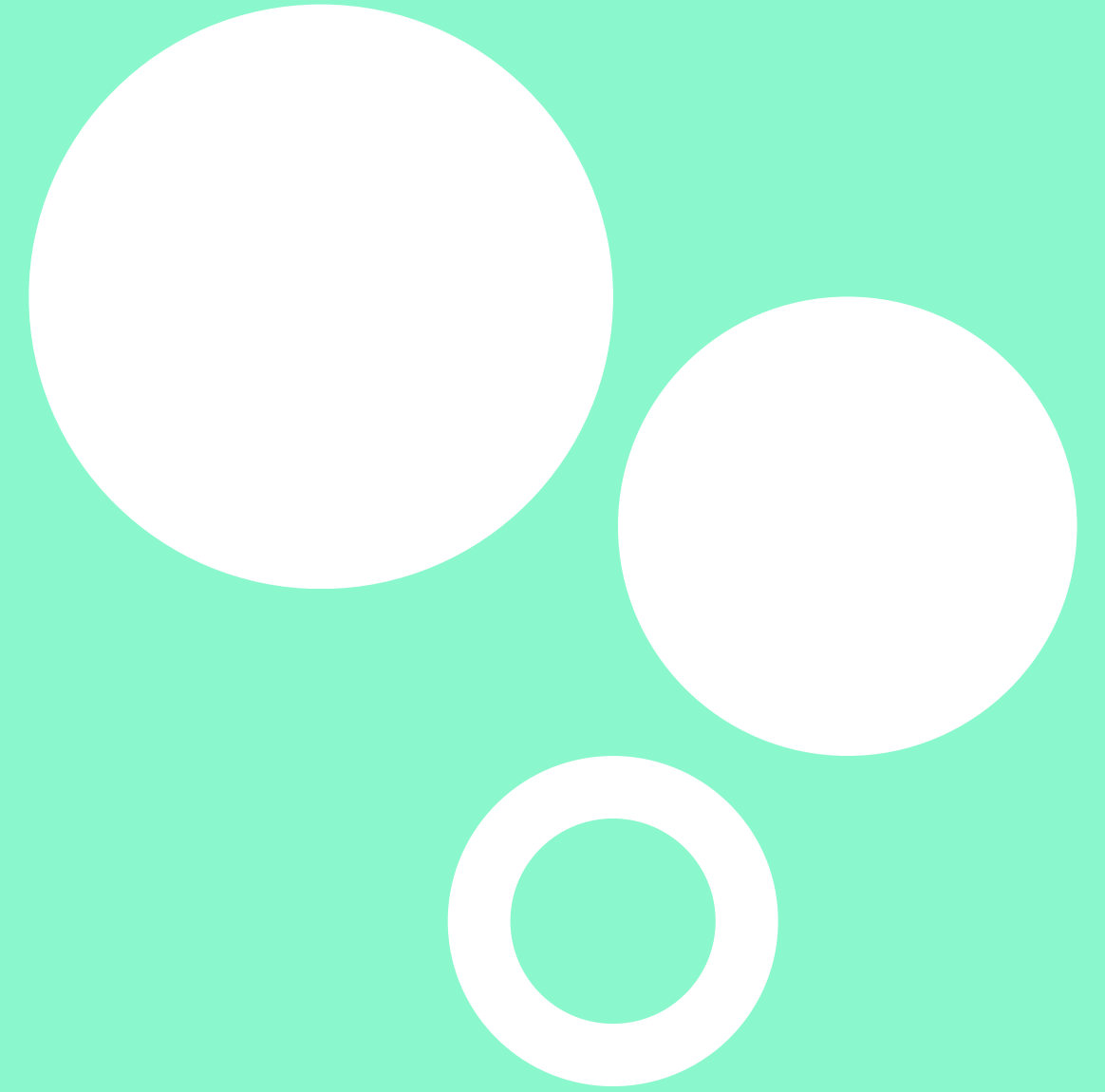
"What I think we have missed a trick on is understanding how we measure the impact on people in the community. Looking back [with additional resource] we could have been a bit smarter with the quantitative data we'd have got." SEK interviewee

The challenges of measuring the quantitative impact of preventative work on tangible health outcomes such as GP attendance or specific health indicators is not new. However, it does signify an issue in communicating the qualitative impact and value of VCSE activity to a healthcare sector more interested in 'hard data'. This therefore presents two opportunities.

The first is to support funded organisations to better evidence their impact, by providing clear parameters at the point of allocating funding over the data to collect and which can be used to influence health and statutory partners in future. More than providing clear parameters, it is also about supporting all partners across the system

on how to use that data and enabling this to happen. The second is to continue to educate health and statutory partners on the impact of VCSE-led preventative work by showcasing the stories of impact and the value for money in working through the sector.

Chapter 2: Community Engagement Training



Introduction to Community Engagement Training

The Community Engagement Training was designed to equip practitioners from different areas of the VCSE, health and statutory sectors to work better with communities. The aim was for this to improve the provision and inclusivity of services in East Kent and so better tackle health inequalities in the longer term.

The training was held in-person over the course of one day by a trainer who was part of the SEK team. It explored the process of effective community engagement from start to finish – including best practice, barriers, risks and real-life examples. It was supported by a Community Engagement Toolkit, which provided information on planning and delivering community engagement, as well as questions to prompt practitioners when putting this into practice.

This work stream was intended to effect change in the following outcome areas:

- Statutory organisations are more effective at engaging the community (as a result of training) – by directly targeting health and statutory partners with this training to encourage their attendance;
- Marginalised communities have improved access to healthcare – as trainees better design and deliver services in collaboration with marginalised groups, therefore ensuring these are more accessible and tailored to their needs;

- Health and statutory partners are more aware of the value of the VCSE sector and local community groups – by attending this training and understanding the role of VCSE and community groups in enabling community engagement, especially with marginalised communities.

Over the course of the programme, SEK delivered 27 training sessions, reaching 133 people. Of the total participants, 33% were from VCSE, 26% from healthcare, 21% from local authority, 2% from education and 1% from fire and rescue. The remaining 17% did not specify their area of work.

Evaluation activities included analysis of 127 post-training surveys completed by participants immediately after training and analysis of 8 responses to a ‘follow-up’ survey which was circulated with training participants at the end of the evaluation period. Qualitative insights were gathered from seven participants across one workshop and two interviews.

Impact of Community Engagement Training

Outcomes for practitioners

This section describes key outcomes for participants who attended the Community Engagement Training.

Immediate impacts on individual practitioners across sectors

Participants noted a series of outcomes as a direct result of the training. These outcomes were related to increased skills and knowledge, changed perceptions of community engagement, and increased motivation to apply their learning to their day-to-day practice:

Increased skills and knowledge:

Evaluation interviewees and survey respondents (94%) agreed that the training was in-depth and comprehensive and that it enhanced their skills and knowledge in community engagement – both in terms of what it involved and best practice in how to do it. Participants also agreed that the training was relevant – 98% of survey respondents agreed they could see how the acquired skills and knowledge would apply to their role. This feedback was consistent across attendees regardless of their role or organisation and/or whether they had prior experience or knowledge of community engagement. It both increased practitioners' knowledge and/or served as a reminder of as key principles of community engagement, as illustrated by the following quotes:

“Without having attended the training, I’d have absolutely no knowledge of community engagement. It’s formed the basis of my knowledge entirely. It anchors everything.”
Community Engagement workshop attendee

“I already had good levels of motivation and knowledge [around community engagement], but it was refreshed [through the training]. It encouraged me to see this from another perspective. The knowledge was there for me, but some bits and pieces were better explained, refreshed, and I think I now apply this in my day-by-day role.” Community Engagement interviewee

“The training helps to build understanding of the realities of the community. It encourages us to listen and offer dignity and non-discrimination.”
Community Engagement interviewee

Changed mindsets and beliefs:

Evaluation participants described how the Community Engagement Training played a role in shifting the mindsets of practitioners, particularly in terms of how they perceived communities and how best to engage with them. Much of this indicated a shift in power dynamic, whereby practitioners described having to work with the community on their terms rather than resorting to fixed assumptions or a one-size fits all approach. This was described as moving away from entrenched definitions such as ‘hard to reach’ or

by emphasising the need for genuine engagement as part of the approach:

“The most important impact for me was understanding the difference between communities who are not actually ‘hard to reach’, but changing the way we engage the communities to make us more accessible.” Survey respondent

“The most important impact for me was understanding that you engage on their terms, not yours – this has changed my approach to community engagement entirely.” Survey respondent

Motivation and intention to apply the learning to practice:

Evaluation participants noted increased motivation to apply their learning from the training and a range of ways in which they intended to apply it. This included plans to: improve how they plan and scope out their engagement; to share the learning with colleagues; to use more inclusive and intentional language; to collaborate more with partners and community groups; to improve their feedback mechanisms; and to use it as a more ‘default’ approach to developing services or support. Examples of these future intentions are described by the following quotes:

“[There are] lots of take-aways that I’ll use straight away. I’ve learnt how language has changed a lot.” Survey respondent

“I will hold the guidance and strategies in mind when facilitating service user groups and projects.” Survey respondent

“I’ll generally adapt my way of working and approach, making scaled changes across my department on engagement and definition of communities.” Survey respondent

Improved community relationships

As well as analysing immediate feedback following the training, a follow-up survey, workshop and interviews encouraged attendees to reflect on the longer-term impacts of the training. Participants described a range of ways in which they had put the learning from their training into practice and how this improved their overall approach to community engagement.

For example, they described how the Community Engagement Training helped them to increase the number, and the quality, of their relationships with local people and community groups. They described how they had attended a greater number of community events and identified and worked more closely with influential community leaders and/or trusted individuals as a result of the training:

“It has helped with the planning of building relationships with community leaders, and engaging with community groups which are already existing.” Community Engagement workshop attendee

“I used the concept acquired during the training of identifying trusted individuals already working with communities for increasing the chances of successful engagement.” Community Engagement interviewee

Participants also described a positive impact on the effectiveness of their interactions with people in the community. For example, one participant described how they had improved their listening skills and incorporated tips around signposting when meeting people. This meant they were able to engage more meaningfully with the people they worked with:

“The training encouraged me to listen more, which has in turn helped me to include more tips and signposting in my list [of resources I use with people in the community]. Home visits have more meaning.” Community Engagement interviewee

Another participant described how the training helped them focus on existing assets within the community, recognising the value of and building upon what was already available rather than duplicating effort.

Improved community engagement

Participants shared examples where the Community Engagement Training encouraged them to pitch new ideas to their colleagues on how to conduct more effective community engagement. Examples included consultation with 500 people about a new health centre and work with an Inclusion Health Group to influence health service decision-making:

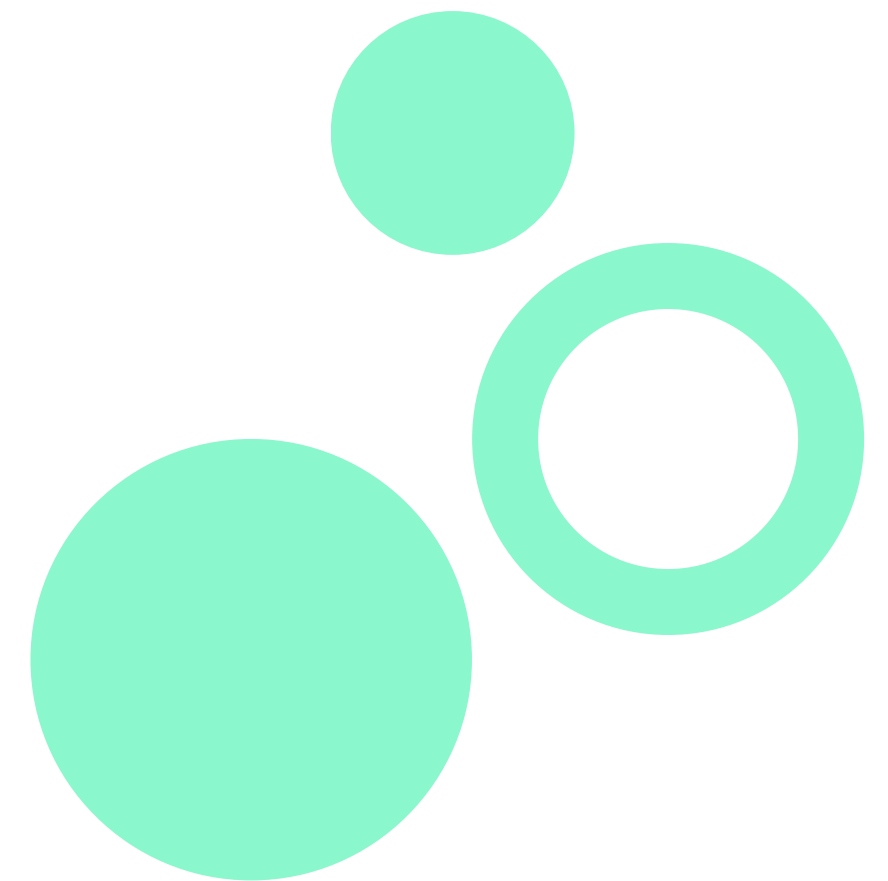
"It gave me confidence to put forward an idea to use our Public Health Bus to help with some engagement for our Engagement and Volunteers service around plans for a new health centre to replace a community hospital using a local supermarket. We spoke to just shy of 500 people so it was very successful." Community engagement interviewee

"We completed three rounds of engagement with an identified Inclusion Health Group (currently former miners and fishermen) and then shared the insights report with health services." Community Engagement interviewee

Participants also described how better quality community engagement led to a greater understanding of local needs, which then shaped the plans for new programmes of work designed to meet these needs. This evidence of better quality community engagement taking place is therefore an indicator of better outcomes for

marginalised groups being realised in the longer term. The following quote talks through this logic:

"Through gaining deeper insight into the needs of communities [by doing community engagement], we then tailor things so it's more relevant and impactful to them." Community engagement workshop attendee



Learning: Barriers and Enablers

Evaluation participants were invited to reflect on what worked well and less well during the Community Engagement Training. The learning relates to the training format and content, SEK as the training provider, and the context within which the training was set.

The value of SEK delivering the training

From a relatability standpoint, participants felt it was appropriate that the training was delivered by a VCSE organisation rather than, for example, a health partner. More specifically, participants agreed SEK's role – as VCSE host and provider – was instrumental to the success of the Community Engagement Training. For example, participants noted SEK's reach, reputation and local knowledge of East Kent. They also valued SEK's first-hand experience of delivering community engagement in Kent, and felt that insights from this experience were integrated into the training, helping it to feel rooted in the direct experiences of Kent communities. Finally, from a practical point of view, participants agreed that the SEK premises were a convenient location for such in-person training.

"These tentacles are an advantage for anything which is going to be delivered because of the contacts, experience and location." Community Engagement interviewee

"The training coming from VCSE is more meaningful. The good thing about it coming from SEK is that SEK has lots of different experiences from across sectors, so is ideally placed to share best practice. We've been there and worked with lots of different communities, projects and stakeholders, and we bring that knowledge into the training, making it both broad and specific at the same time. And the trainer had worked on every project that SEK had delivered at some point. So the trainer had the context as well, and it helps to share that experience." Community Engagement workshop attendee

Participants also noted that the SEK-delivered Community Engagement Training was an opportunity to showcase SEK's – as part of the VCSE sector – knowledge to health and statutory partners, which was an opportunity to elevate the status of the VCSE sector.

"When I worked for a local charity I used to feel frustrated that our knowledge as a service was not considered in as high regard as we weren't a health service." Community engagement interviewee

The value of Community Engagement Training as part of the wider programme

Interviewees described how being part of the wider Health Equalities Programme had a positive impact on the Community Engagement Training's reach and appeal. Being positioned as a way to better tackle health inequalities meant that statutory and health organisations could more easily identify its relevance to their work and strategic priorities:

"Delivering the training through the lens of health inequalities was really vital for us. It meant that statutory and NHS organisations could understand why it was relevant to them – because it came from that angle and they could see the value." Community Engagement workshop attendee

Positioning the training within the health equalities context was also helpful for participants in directly shaping their programmes and making them more effective:

"In terms of our Cancer Project, we're specifically working with people with health inequalities, so looking through the lens of this was really vital for us." Community Engagement workshop attendee

Pros and cons of training format

Participants valued the rich and comprehensive content of the training, and the enthusiastic and

knowledgeable trainer. They noted the "safe space" maintained by SEK which helped them to learn more effectively. They also valued the training being delivered to a diverse audience together, providing opportunities for learning from and networking with each other.

"Actually, I still work with one of the contacts I met back then." Community Engagement interviewee

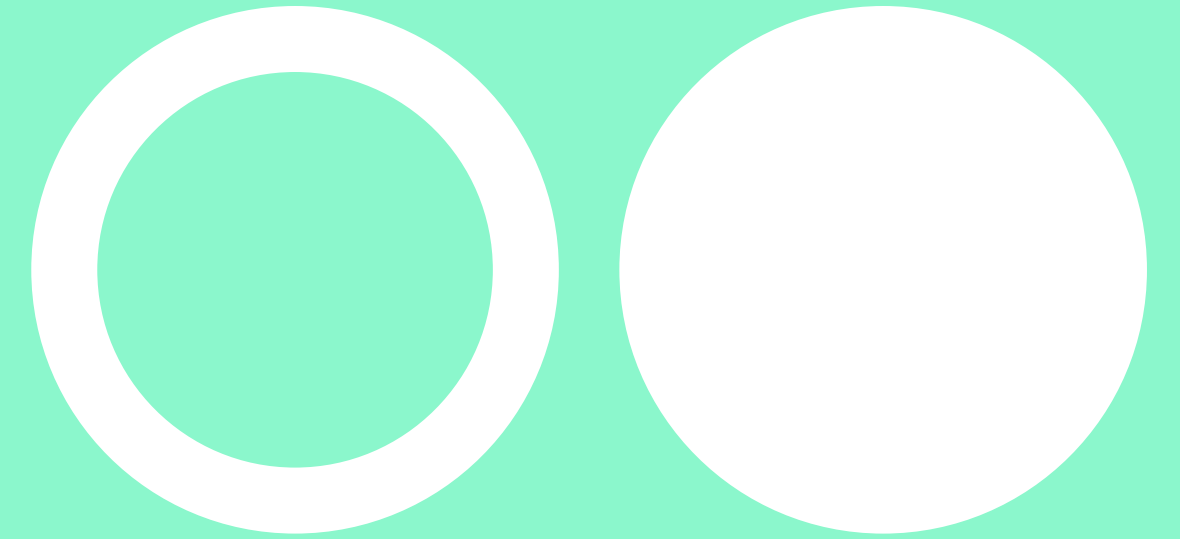
While the content was comprehensive and in-depth, a cohort of participants argued that the training could have been more digestible if spread over two days. This of course brings a trade-off, as it could negatively impact others' attendance due to capacity constraints. Feedback also related to how it could have been beneficial to include even more real-life examples and time for networking (which links to the request to spread it over two days).

"I am quite a visual learner. I find that real-life stories bring training to life for me. I would have loved to have heard how SEK had helped communities through engagement and any legacy impacts." Community Engagement interviewee

Appetite for further training

The evaluation revealed consistently positive feedback indicating the value of Community Engagement Training and the direct impact it

had on practitioners and how they engaged with communities. Participants also noted how the training was ideally placed for practitioners doing work directly with communities, as well as colleagues at the project planning and management level. As such, it was seen as an opportunity to benefit more practitioners and organisations from across the VCSE, health and statutory sectors in future.



Chapter 3: System Change

Introduction to System Change activities

By devolving money and autonomy to grassroots organisations to tackle local issues, and by equipping practitioners to better work with local communities, both the Community Fund and Community Engagement Training were part of a push for greater system change. However, a third strand of the Health Equalities Programme was directly designed to elevate the status of the VCSE sector. A series of System Change activities were designed to embed the VCSE within existing governance structures and forge new strategic relationships.

The System Change programme of work included the continued investment in and coordination of the East Kent Alliance, a pan-VCSE network of disparate local organisations brought together around a shared vision of a coherent, stronger and more influential sector. This work was underpinned by the development of the VCSE Framework.

Alongside this, SEK and other VCSE partners joined a number of existing board structures which brought together health and statutory services –

including the K&M VCSE Health Alliance and the East Kent Health and Care Partnership Board – and built relationships with health and statutory leaders on an ad hoc basis. As a direct result of this programme, SEK was able to support the VCSE representatives and East Kent Alliance members on the Population Health Management Board and Urgent Care Delivery Board, and had regular catch-ups with the Director of the HCP.

Another System Change activity was the Buddy Scheme, which paired 3 VCSE leaders with leaders from health and statutory services to increase the awareness of each others' priorities and strengthen partnership working and SEK also held a number of other events and workshops over the three year programme period. Throughout these activities, SEK worked to influence system change through formal and informal channels of influence.

These activities were intended to effect change in the following outcome areas:

- The VCSE sector is embedded into emerging health structures – by members of the SEK team and/or other VCSE colleagues becoming part of key system-level boards and committees in East Kent and K&M, and through forming the EKA;
- Health and statutory partners are more aware of the value of the VCSE sector and local community groups – through presence in

system-level boards and committees, engaging with the EKA and Buddy Scheme;

- Health partners actively engage with the EKA on health and care commissioning – by either attending the EKA alliance meetings directly, or through SEK team members acting as a conduit to share key messages from the EKA up to boards and committees;
- VCSE are valued as a strategic partner within the statutory sector and are involved in decision making – as a result of building relationships and increasing understanding and experience of the value of VCSE via presence in system-level boards and committees, and engaging with the EKA and Buddy Scheme;
- The VCSE has greater capacity to engage with health partners – through being compensated for their time to attend EKA meetings and other workshops/events;
- There is better data on the impact of the East Kent VCSE sector in reducing health inequalities – through building an index of reports and research around health inequalities and the VCSE sector.

The evaluation reviewed various reports and outputs, as well as conducted interviews with 8 strategic leaders from across VCSE, health and statutory organisations who had experience of the system-level activities. The impacts of these activities are detailed below.

Impact of System Change activities

Building the foundations of system change

The foundations of system change included the coordination of the EKA as a means to bring the VCSE sector together and the increase the two-way flow of information between the VCSE and other system partners. The impact of the EKA – along with other System Change activities – upon building the foundations of change is described in more detail below.

Working towards a more coherent, stable VCSE sector

The aim of the EKA – which predated the Health Equalities Programme by a few months – was to bring VCSE organisations together in East Kent and build greater coherence across the sector as a result. The value of this activity, particularly given the scale and diversity of VCSE organisations meant that the continued coordination and investment in the EKA was wrapped into the Health Equalities Programme. This was alongside a new programme activity, to co-design a VCSE Framework that rallied the sector around a shared vision with a clear ‘ask’ of health and statutory partners to co-deliver the vision.

Evaluation participants noted the significant task of bringing together VCSE organisations as a sector and designing a framework to underpin it, particularly given the operating context of East Kent. Despite the scale of the challenge,

interviewees recognised the value of the vision and agreed that the EKA helped build a stronger collective VCSE identity and profile:

"We have about 1,400 different VCSE organisations in East Kent. Bringing them together to have a voice is difficult. SEK brings the VCSE together as a lead, and they have developed the VCSE Framework, which is a great achievement." Strategic partner interviewee

Interviewees described how the EKA brought some sense of stability to the sector during an otherwise destabilising period of funding cuts and competition. By building a shared, positive vision and by bringing small grass-roots organisations into a space with more established community organisations, interviewees agreed that the Health Equalities Programme, through the EKA, had contributed to greater equity for community organisations:

"We want VCSE to feel like a movement but we're set up as competing against each other... SEK [through the EKA] has done well to keep us as a homogenous group together, and that in itself is an equity." Strategic partner interviewee

One challenge in building the EKA lay in gaining representation from all the diverse grassroots and community organisations across East Kent, particularly to ensure that small organisations had the capacity to participate alongside larger,

more established VCSE organisations. To mitigate against this concern, VCSE organisations that took part in the EKA received participation payments to help them attend. Interviewees also described the value and significant investment of SEK in coordinating the EKA, particularly in terms of removing any administrative burden to engagement. As one interviewee noted:

"SEK shouldered the hoop jumping." EKA workshop interviewee

In these ways, evaluation participants agreed that the EKA was accessible to smaller organisations that wouldn't otherwise have the capacity to engage with the health or statutory sectors. This was not necessarily, however, at scale; interviewees noted that the EKA had successfully brought together 39 disparate organisations but there was greater scope to embed and broaden the reach across the sector in future. Evaluation participants argued for continued investment in the EKA as the mechanism to engage more organisations in the longer term.

Providing peer support and meaningful relationships within the VCSE

EKA participants who contributed to the evaluation described how the Alliance provided a space for peer support among VCSE organisations. This enabled meaningful

networking, sharing of learning and resources and emotional and practical support – which was an opportunity that wasn't always available elsewhere in the sector:

"There was a necessity for us to have that space to actually meet each other... outside of the Alliance, I don't really feel there are that many spaces where we can find each other and there's an automatic synergy." EKA Workshop Participant

EKA participants described how this helped their confidence to work with other partners in the sector, and how it provided them a deeper understanding of health inequalities facing different communities across East Kent:

"It has given me confidence as an individual to work with other VCSE colleagues and the HCP as a representative for the voluntary sector." EKA Workshop Participant

Building new and strengthening relationships

The evaluation included interviews with strategic stakeholders in health and statutory services who had experience of working with SEK as part of the Health Equalities Programme. These interviewees all valued the overarching strategic programme goal to elevate the role of the VCSE alongside health and statutory services in tackling health inequalities particularly given the complex and challenging operating context in East Kent.

Interviewees all described how the Health Equalities Programme had helped build, maintain and strengthen relationships between the VCSE sector and other parts of the system. This was especially significant for relationship building with the local authority which took place alongside a challenging consultation to cut VCSE funding:

"I would have said to you a year ago we didn't have any engagement with the sector. And now we have a developing relationship that is happening at a very challenging time [due to funding cuts]. And I think that is a credit to the sector." Strategic partner interviewee

"The conversations were interesting, nourishing and we learned a lot." Buddy Scheme participant

Interviewees also noted the positive relationships and engagement with East Kent providers:

"One strength is that we have really good provider relationships with the Trusts... if [the Health Equalities Programme] were a 5-year project, we would be able to further solidify those relationships." SEK interviewee

These provider relationships were considered to be an asset and significant foundation for future work to embed the VCSE as part of the wider system.

A two-way flow of information

Strategic partner interviewees also noted the value of the EKA in providing a focal point and channel for them to distribute news or updates to the VCSE sector. They described how they had built up strong relationships with the SEK programme team as the conduit through which they could share information:

"I know if I have any projects I want to share with the VCS I can go to SEK and say, 'Can you send this out to all of your contacts in the VCSE in East Kent? And I know that it will be done." Strategic partner interviewee

"For me, I've tried to build up a good relationship with SEK as I know they are the people I need to go to if I want to share anything, and I like to think they would come to me with questions if they had any I could help with." Strategic partner interviewee

In these ways, interviewees suggested that the EKA helped increase the sectors' knowledge about latest developments, including an understanding of ICB or local authority priorities. EKA interviewees agreed that being part of the EKA helped increase their knowledge of wider sector activities and opportunities as they emerged. As one interviewee explained, a small organisation focused on delivery had few opportunities to proactively find out what was

happening in the sector. In these ways, the EKA took away the mental load and time commitment of seeking out and sifting information:

"In the VCSE it's hard to find out about opportunities and an alliance helps build those opportunities for funding and learning as you have everything in one place. Particularly small organisations with little capacity have SEK helping them along. They don't have the capacity to have the time to find out about stuff. With the EKA it's in one place and it's a trusted place." EKA workshop interviewee

This was considered especially important given the complexity of the NHS and healthcare systems, exacerbated by changes to national policy:

"The NHS nationally is very confusing. And there are so many people in it. Seeing a person wearing a NHS badge and regularly attending an EKA meeting really helps them understand more what is happening with it." Strategic partner interviewee

This sharing of information did not just flow in one direction. As strategic partners increased their engagement with the EKA and wider Health Equalities Programme activity, this created a two-way channel of communication. Interviewees from health and statutory services reported an

increased understanding of the VCSE sector's work in East Kent and the people they worked with, contributing to the increased profile of the VCSE sector. This is described in greater detail later in this section.

Translation and brokerage across different parts of the system

As described, strategic partner interviewees agreed that the EKA offered a two-way channel of communication between the different sectors. Crucially, however, interviewees also noted SEK's critical role in translating this flow of information between the different sectors so that it was understandable across different parts of the system:

"It is about SEK being the interpreter. You have Health partners saying, 'This is what we want' and SEK helps to articulate it as, 'This is what can be achieved'." Strategic partner interviewee

This translation, or packaging of information, as well as the trusted route of receiving it, helped different parts of the VCSE sector digest and understand the information as it was shared through the EKA. This was especially important for smaller grassroot organisations that had little capacity to actively seek out or interpret information in a wider policy context – a key theme explored in greater detail later in this section.

"Community organisations and individuals who work within the least listened-to communities are stretched for time, busy and have an element of mistrust [with statutory partners]. But if they have a good working relationship with SEK and trust them, that acts as a way in for us. It is helpful for us to use EKA as a trusted route to engage with [VCSE organisations]." Strategic partner interviewee

In this way, SEK was seen as an interpreter of information while EKA acted as the key mechanism to enable information flow.

Changing the system

Building relationships and sharing digestible information across different parts of the sector was only one aspect of the system-development work; the longer-term aim was to use these structures as the foundations upon which to build the strategic influence of the VCSE. This section describes changes to practice as a result of the different Health Equalities Programme System Change activities.

Building a shared vision for the system

Another key activity delivered through the Health Equalities Programme was the development of the VCSE Framework. The aim of the Framework was to co-design a shared vision for the VCSE, health and statutory partners alongside a commitment to deliver against this vision in

practice. The importance of this was described by one interviewee as creating a 'shared view' to hold different partners to account, which was particularly important given the variation of ICB implementation at a local level:

"The national message is that 'the VCSE is important' but the ICB has lots of flexibility about how that is implemented [which means that] we are still relying on how people are bought into it at the local level. Some people are and some people aren't [on board]. So we need a 'shared view' so we can hold each other to account. So the [VCSE Framework], [...] is an incredibly helpful model we can refer to." Strategic partner interviewee

The process is described in the following quote:

"The VCSE Framework has gone through our Board – it was well received and approved. And now we're trying to bring the Framework to life to get some tangible actions. SEK, as VCSE Alliance chair, is meeting all our CEs to understand what the actions are for each of our providers. They are really on board." Strategic partner interviewee

The existence of the VCSE Framework meant that health and other statutory partners had a clear understanding of the EKA vision and their role within it. It also meant that partners could align their own thinking or programmes of work with

that of the VCSE Framework, suggesting a mutual push towards the same outcomes, with activities contributing towards common goals. As one strategic partner interviewees noted:

"We're developing a Prevention Framework and are overlapping it with the VCSE Framework. And because we are working in partnership [with SEK] it's quite easy to do. We just work together on that." Strategic partner interviewee

In these ways, interviewees recognised the value of the VCSE Framework in articulating the vision of the EKA and wider Health Equalities Programme – although there was a recognition that there was more to be done to gain whole-scale traction with the ICB. The high value interviewees placed in the potential of the VCSE Framework also promoted them to reflect that its development could have taken place at an earlier stage of delivery, to maximise its impact before the formal end of the programme.

Influencing upwards – sharing information with senior leadership

Strategic partner interviewees described how they were able to take the insights they gathered from working with the EKA and SEK and use them to share with and influence their colleagues, as well as 'influence up' to their senior leadership teams. This helped shape thinking and decision-making beyond those who directly engaged with the programme, as described in the following

quotes:

"When I meet with SEK, I have a brainstorming session to say this is what's out there and coming over the hill, and this is a sector thinking and this is what we can do. That collaboration has been insightful and helps shape my thinking and then that shapes the strategic direction as I am taking it to our Senior Leadership to talk about." Strategic partner interviewee

"We have had some strong feedback about some commissioned activity from the VCSE around providing levels of support that the VCSE felt they should be doing and the ICB should listen more to that. And the messages did make it through to ICB senior leaders." Strategic partner interviewee

Strategic partner interviewees noted how this information helped build the evidence base to focus on specific areas of work or to shape strategic decision making. In this instance, this type of activity was not 'formally' captured as part of the VCSE Framework but was described as part of a wider effect of working with the SEK or the EKA more broadly:

"We have fed back [what we gathered through the EKA] to shape planning with the VCSE at a senior level. We say, 'this is what we're hearing, we can or can't do this or that'. We play back what they say. It backs up what we hear from

other places too. The wider ripple effect [of the EKA] is to pass the information back to the management of the ICB to set up future possibilities and plans." Strategic partner interviewee

This wider, informal dissemination of information and influence suggests another ripple-effect; a common theme across all aspects of the Health Equalities Programme.

Increasing partner impact

Strategic partner interviewees were asked to consider the counterfactual; so what would have happened if they hadn't been able to draw upon the Health Equalities Programme System Change activities? These interviewees were certain that they wouldn't have been able to reach their goals as effectively without the programme, whether that was in terms of gaining consensus through consultation, building relationships or sharing information.

One strategic partner interviewee described the value to their work of being able to work through the EKA to identify local groups to build relationships for engagement or other communication activities. They explained how their work would be considerably less strategic and time-consuming if they didn't have the EKA and SEK through which to find out and share information:

"If we didn't have the EKA...? Basically we'd end up Googling local groups to work with. We'd be trying to find an 'in' for particular groups and Googling to see if there is anything local in East Kent as we don't have the right relationships at a local level. If the EKA wasn't there, I'm not sure what we'd do... Maybe we could work through other relationships at the council and LA... But it would be a lot harder." Strategic partner interviewee

The importance of the EKA as a positive means to tap into the knowledge and experience of the VCSE sector was echoed across strategic partner interviews.

Changing the role of the VCSE

As already described, the Health Equalities Programme was working towards a highly ambitious ambition to effect a power shift between the VCSE sector and wider health and statutory partners in tackling health inequalities. This was largely due to the scale and complexity of East Kent, in terms of the health and statutory sector governance structures, VCSE provision and demographic factors, and the limited three-year scope of the programme. Despite this, the evaluation identified indicators of actual system change, presented in more detail below.

Embedding VCSE as part of the system

By the end of the programme, interviewees were clear that the Health Equalities Programme had

not 'changed the system' through the three years of the programme. All evaluation participants noted the entrenched structural barriers – not to mention lack of funding – that lay beyond the scope of the programme to address. Nonetheless, there was positivity among interviewees that things were 'clicking' whereby the VCSE sector was more routinely invited to and asked to contribute to strategic activities.

This included invites to an ICB symposium (2024), a NHS Race and Health Conference (2025), a HCP workshop on the role of the VCSE in hospital discharge (2025) and to contribute to an Urgent Care Delivery Board to discuss planning around Winter Pressures (2025). Interviewees noted the importance both of the VCSE sector being systematically invited to strategic events and for their contributions being sought and listened to as a result.

These events, and the significance of the VCSE being included to contribute to these events as the result of Health Equalities Programme activity, is illustrated by the following quotes:

"Recognising the [external barriers], we are beginning to make a dent. The sector is getting brought up more organically to attend external events. There was the ICB symposium last year, and a NHS Race and Health conference coming up where key system leaders are speaking. I do

think it's clicking. That's been the impact." SEK interviewee

"We have a workshop coming up with the HCP around the role of the VCSE sector around hospital discharge. And that's a real positive." SEK interviewee

"We have been asked to contribute to an Urgent Care Delivery Board on Winter Pressures... This is the first time we have been asked to contribute with a sense that we will be listened to." SEK interviewee

As well as contributing to one-off events, there was also evidence of 'true co-design' between the local authority and VCSE in planning and decision-making. The example given was thinking about how to best to continue to support marginalised communities amid a climate of wider local authority funding cuts. This interviewee recognised the value of the VCSE in being able to maximise outcomes on smaller budgets – and felt that the stabilising structure of the EKA enabled these potentially challenging conversations to take place in a positive, outcome-focused way:

"While I am sure the sector would not want the funding consultation to have to take place... I have been absolutely amazed at the resilience, the can-do attitude, the 'constantly coming from the individual's perspective' of the VCSE. It has

been phenomenal. There have been difficult conversations for both sides. But we know that there are financial constraints in the system, so we are coming together to plan how we can have the biggest impact for people who need it most." Strategic partner interviewee

This was still piecemeal or pockets of activity rather than whole-system change and there was a cohort of EKA organisations who had hoped for greater influence and a quicker pace of change than that which occurred.

"It's difficult to feel like we're making progress [sometimes]. The initial development of the Alliance has been good, there are better connections. But we don't seem to have been able to take advantage of it. There are pockets of where it's worked, but that's been down to individuals in the ICB." Strategic Partner interviewee

This frustration for more serves to indicate the value placed in the EKA vision and appetite to increase the VCSE sector's strategic influence at scale.

Increasing the profile of VCSE

Evidence of the VCSE being invited more into strategic planning conversations suggested a shift in the power dynamic between the VCSE and wider health and statutory partners. In this way, health and statutory partners were inviting VCSE

to events and inviting them to share their experience and input into decision-making. While interviewees noted the wider barriers to full system change which lay beyond the scope of the programme, they agreed that there was a positive move beyond the tokenistic or transactional relationships between the VCSE and wider sectors to a sense of greater partnership working.

As described elsewhere in this report, these changes were effected through a combination of both formal and informal channels. For example, interviewees described the different Health Equalities Programme activities that meant that SEK – as programme lead – had helped increase the profile of the VCSE within the system. The following two quotes indicate how strategic partner interviewees valued the VCSE's ability to deliver more effective local services compared to statutory services and how they were increasingly seen as a highly valued 'equal partner' in planning and decision making:

"People don't want us as statutory services [delivering services to tackle health inequalities] and that's the beauty of the voluntary sector that they know what people need and people trust them." Strategic partner interviewee

"[Through the EKA and VCSE Framework], SEK [in representing the wider VCSE sector] have a seat

at our board and are an equal partner in the HCP partnership and they are really valued." Strategic partner interviewee

Interviewees also described the more informal way in which SEK were able to influence system partners through ad hoc sharing of information and relationship building.

"SEK has enabled me to have my ears wide open and identify when there is a conflict in delivering, and what's going on out there. It has helped me tie up all the bits in the system. SEK allows me insight into what life is really like for people and I can go to my bosses with a real life story and it's highly influential and we can create change." Strategic partner interviewee

In these ways, the Health Equalities Programme helped increase the profile of the VCSE by working through a range of channels, by influencing top down at board level and using insight shared by SEK to influence upwards. As already noted, this was moving the dial rather than wholesale change, with more work still to be done to be truly influential as a sector and be fully part of commissioning decision making:

"We're a very powerful group of people, but we're not there yet with the influencing." EKA member

Increasing VCSE capacity to engage now and in future

This chapter has already described how the SEK worked to broaden out the participation of the EKA by providing a participation fee and 'shouldering the burden' of participation by taking away administrative duties and translating information for ease of understanding. Another hope of the System Change activities was for closer working with the health and wider sectors to 'release' funding into the VCSE sector through increasing commissions.

It is important to note that these commissions did not materialise through the programme. This was less of an issue with the programme design, and more connected to the wider sector flux and funding cuts; in other words, there was little money available from health and statutory sectors to commission preventative services, and increasingly less so, over the course of the three years programme.

However, EKA participants hoped that it would be a space to learn about future commissioned activities when the operating climate stabilised in future. They described how they developed a deeper awareness of how health systems and commissioning work through the Alliance, which they hoped would be helpful to support better navigation of systems and future collaboration. It also highlighted funding and partnership opportunities:

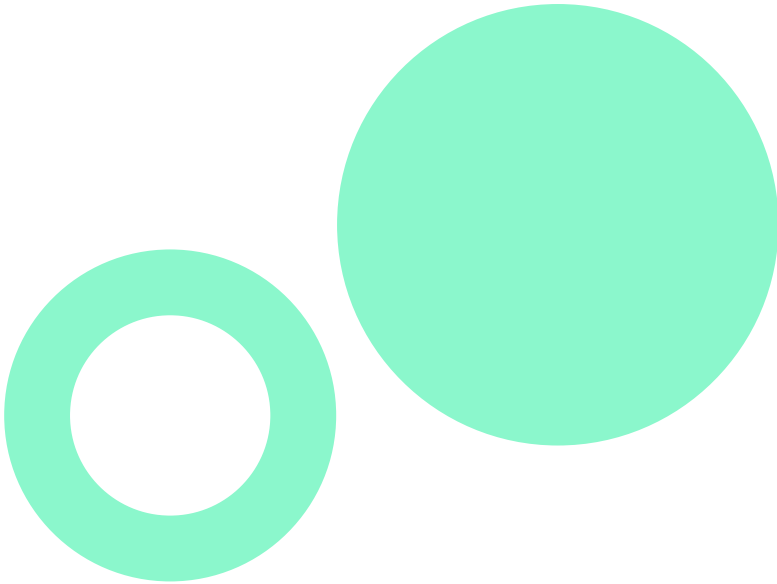
"100% [the EKA] has given me the awareness that I've needed to understand what else is out there, but also how things work." EKA participant

This aspiration – to use EKA as a mechanism to support future commissioning decisions – was echoed by strategic partner interviewees:

"The EKA would be the ideal forum and space for us to take commissioning opportunities, if we had any. It's the kind of place we'd go to with commissioned activities in future." Strategic partner interviewee

"The goal is to become a 'Marmot Place'. We will have 'X' amount of budget, but may need to spend this disproportionately in worse affected areas. When the money comes, VCSE partners need to be ready to implement. We will need to know what activity is going on to create health equalities, so we can amplify and act when the money comes down. SEK is key to help us understand that." Strategic partner interviewee

This aspiration added to the 'business case' for system partners to identify funding to continue the coordination of the EKA in the shorter term, so that it would be in position and ready to go once through the period of uncertainty.



"Out of all the VCSE alliances, it's clear that the EKA is the most proactive and going over and above what the other alliances are doing. [There is] much more breadth of what we're talking about, more opportunities for the sector to have discussions, and trying to understand how the sector embeds more effectively with the NHS and demonstrates the impact it can have for people experiencing health inequalities." Strategic partner interviewee

Learning: Barriers and Enablers

Value of SEK

A key theme throughout the Systems Change activities – and wider evaluation – was the value of SEK in delivering the Health Equalities Programme. This value lay in their in-depth knowledge of the wider system – beyond the VCSE – and the specific roles and objectives of different health and statutory partners. Interviewees also noted SEK's understanding of both strategic priorities and operational delivery and the different intersections between organisations. They also noted the reputation and reach of SEK across East Kent, and their ability to get the most out of a relatively small amount of resources.

This situation meant that SEK were able to translate information and broker relationships across different parts of the system, helping different partners to understand and emphasise with each others' role and perspectives. By bringing partners against a shared vision, SEK was able to build up trust and share challenging messages – bringing 'truth to power' – in a way which was both transparent and respectful.

Interviewees were keen to describe the explicit value of SEK as the Health Equalities Programme delivery organisation in underpinning all programme activities and particularly at a time of significant financial cuts. The value of SEK translating and packaging information across

partners has already been noted and is emphasised in the following quotes:

"SEK plays a brokerage – translator role – at the EKA. On both sides it involves trust and respect." Strategic partner interviewee

"SEK have the expertise and sector in the communities, and they have the trust. That is a huge, big bonus. We have that with other orgs, but we rely on them being there." Strategic partner interviewee

"Having people like SEK around who will speak truth to power is really important. We can say we are not alone in thinking this, it is backed up by colleagues who are respected in the community." Strategic partner interviewee

Additionally, EKA participants described how SEK's convening role and the alignment with the Health Equalities Programme were seen as essential to the Alliance's legitimacy, reach and potential impact.

"The SEK team have been amazing at sharing opportunities. I wouldn't have got on the KMSSDE PAG without them."

"An organisation has to take the lead – SEK is well placed to do this."

Value of Health Equalities Programme in ring-fencing flexible capacity

Strategic partner interviewees – particularly those that drew upon separate conversations with SEK outside the EKA – noted the importance of the Health Equalities Programme funding as giving ‘permission’ for statutory partners to draw upon SEK time as part of their work. Interviewees recognised that SEK would likely not have the capacity to take part in ad hoc conversations had they not ring-fenced capacity as part of the programme:

"Because we know that SEK are working on the Health Equalities Programme to deliver the EKA, it gives us the ability to work with SEK and the Alliance to help us to deliver some of those goals. So, the National Lottery funding has meant we have been able to approach SEK and feel reassured they have the capacity to engage with us and deliver the EKA." Strategic partner interviewee

The scale of change

This report has shared the positive findings from those who took part in different System Change activities as part of the programme. Alongside this is a sense of realism in relation to what was possible to impact within the three years of the Health Equalities Programme. As described elsewhere, delivery of the programme over the

three years served mainly to expose the scale of the challenge and therefore the ambition of the programme.

"If you think about the programme, there's all the relationship management – you have all the statutory partners, the HCPs, the different Trusts, the County Council and the District Councils. And all the different organisations in the VCSE sector. It's a complex, big environment." Strategic partner interviewee

Given the scale of the challenge, interviewees noted the limitations of the Health Equalities Programme investment into the System Change activities – particularly given the wider work taking place to deliver the Community Fund and the Community Engagement Training. They described how greater capacity and investment in the System Change activities would help push and embed the work even further:

"I don't think it is enough capacity for the size of Kent. We are so big, and so diverse and different. You almost need a SEK staff member in each of the HCPs, which would be wonderful." Strategic partner interviewee

"SEK has always connected the dots [between operational and strategic activity]. But my worry is that if we are truly going to invest in tackling health inequalities we need to invest in more than one or two people. I see SEK as a super

connector[but] SEK is doing that on a shoestring. There lies the problem." Strategic partner interviewee

Interviewees were also concerned about the Health Equalities Programme coming to an end and what this would mean for coordination of the EKA and for their ability to draw upon SEK's ring-fenced time to provide ad hoc advice and support in future.

The impact of wider operating context

In addition to the complexity of East Kent, the period of delivering the Health Equalities Programme was one of significant flux. The capacity of key system partners was affected by the turnover of key staff amid organisation restructures and reduced budgets, including dedicated funds to tackle health inequalities through preventative services.

One interviewee noted the irony of a situation which recognised the value of preventative services, the value of the VCSE in tackling them but the lack of funding and resources available to work in a preventative way.

"There's a focus for us as a system to get upstream and we see the value of the voluntary sector in stopping some of that health deterioration especially in minority groups. The VCSE have the eyes and ears and are trusted, and will get people into programmes and

support people with health and wider health and needs... There is a greater need for prevention, but at the same time, a lack of funding and resources." Strategic partner interviewee

This situation further tempered the ambition of the Health Equalities Programme and what was realistic to achieve over the delivery period.

The cusp of change

Despite this situation of complexity and a shifting strategic and operational landscape, interviewees were optimistic that the Health Equalities Programme System Change activities were an important platform for future development.

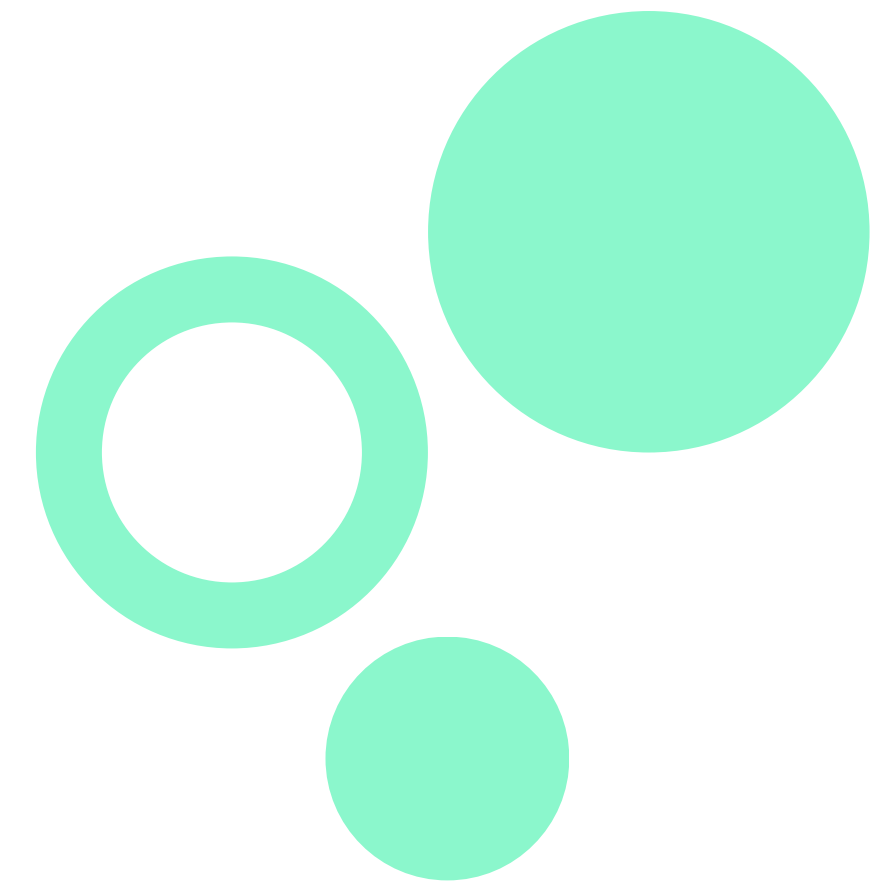
Interviewees shared some optimism about readiness for change once opportunities emerge after initial turbulence subsides. This pointed back to the stabilising effect of the EKA in protecting the VCSE and in providing channels through which health and statutory partners could work through in future. They noted the values of relationships built during the Health Equalities Programme as well as the systemised structures of the EKA and the VCSE Framework which could endure short term flux:

"It will be difficult for the community organisations to navigate their way through this coming time as structural change is a barrier to developing relationships. But on the other hand,

we have built up relationships and people will see us again or in different roles. And with the EKA, in a world of flux, it is even more important to have something to help the VCSE interpret things and take us through [the other side]." Strategic partner interviewee

The caveat to this optimism was the sense that the Health Equalities Programme funding – and so SEK's role in coordinating the EKA – was coming to an end just too soon, so during the turbulence rather than at the point of rebuilding. Recognising this concern, interviewees argued for additional funding – from funders or from across 'the system' – for SEK to ringfence the resources to coordinate the EKA and continue the VCSE Framework development in the short term, through the period of stability and out the other side:

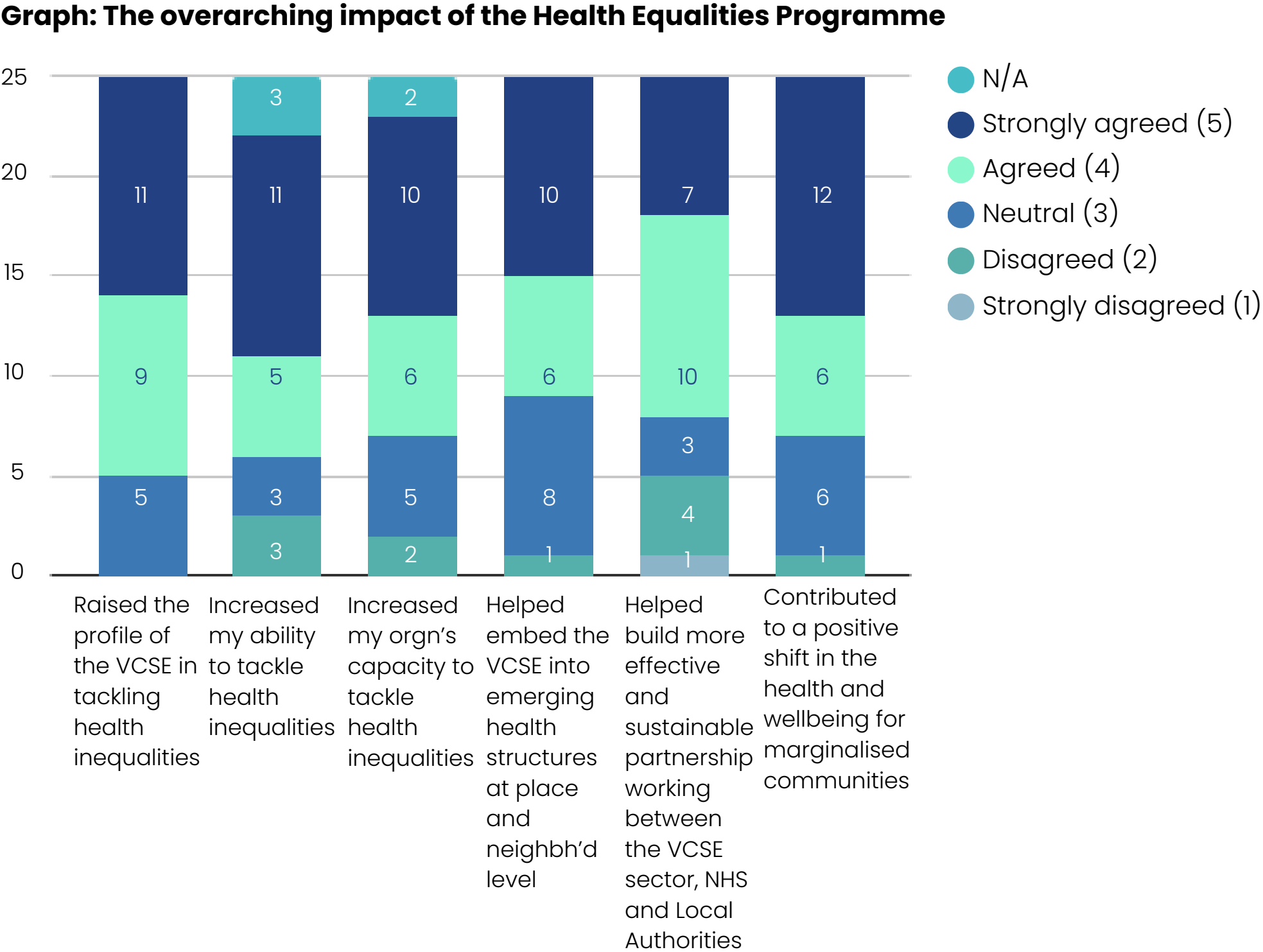
"I think the Framework is a really good start, but my worry is if you don't have someone driving it will just fold as these things do. I think it's a full time role to do something like this and if we're truly going to do this shift and do things differently and empower the sector – and this is what communities want, everyone's talking about prevention and the sector is the best place to do that – then we need more funding for it." Strategic partner interviewee



Chapter 4: Overarching impact

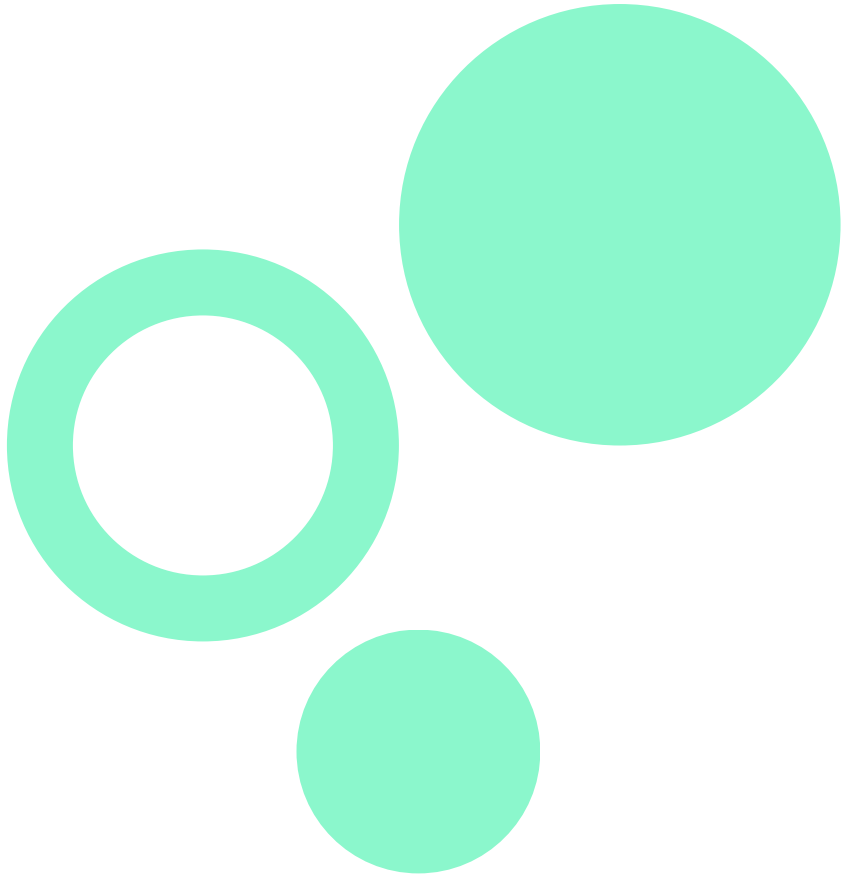
The previous sections explore the impacts and learning from the individual workstreams – Community Fund, Community Engagement Training and System Change activities. This articulated how individual activities were contributing to individual programme outcomes. To explore how these individual outcomes wrapped up to impact at a programme level, participants from all aspects of the programme were invited to take part in a short survey to explore their views on the overarching outcomes of the Health Equalities Programme.

Survey respondents were asked to rate a series of outcome statements according to the extent to which they agreed on a scale of 1 to 5 (where 5 was ‘strongly agreed’ and 1 was ‘strongly disagreed’). Out of the total respondents (25), the majority were from VCSE organisations (76%) and a smaller proportion were from healthcare and statutory organisations (both 12%). The full findings from this survey are shown in the following graph:



Survey respondents from across sectors were positive about the Health Equality Programme’s impact against these outcome indicators, with all statements receiving a weighted average of between 3.72 (Helped build more effective and sustainable partnership working between the VCSE sector, NHS and Local Authorities) and 4.24 (raised the profile of the VCSE in tackling health inequalities).

These are highly positive findings, particularly given the scale of the challenge and the wider operating context. Additionally, supporting comments on the wider impact of programme activities echoed the key themes already presented in this report generated from other evaluation activities. For example, survey respondents noted the impact of the Community Engagement Training on their practice, the impact of the Community Fund in reaching people otherwise not receiving support and the impact of increased visibility of the VCSE sector working alongside other health and statutory partners.



Chapter 5: Overarching learning

Previous chapters presented the learning against the different Health Equality Programme activities – the Community Fund, Community Engagement Training and System Change. This section wraps together the key themes across all workstreams to present overarching learning at programme level.

The value of a ‘test and learn’ approach

The ‘test and learn’ approach allowed the SEK team to adapt and flex activities across the course of the three years of delivery. This was valuable to enable ongoing adaptations in response to what worked well and less well, e.g. tweaks to the Community Engagement Training, and the ability to change focus in response to a changing external operating context:

"With the system changing so much, [the Health Equalities Programme] wouldn't have been as impactful if it wasn't a 'test and learn' programme. This kind of work is relationship-dependent and fluid, so the programme has to be fluid as well. It was good to have parameters and guidelines but the Test and Learn approach meant we could be flexible." SEK programme lead

The value of systemising relationships

Several programme activities worked to bring different people together to build mutual understanding, share experiences and forge new relationships.

This took place through the networking opportunities presented during Community Engagement Training and in a panel approach to awarding the Community Fund as well as through development of the EKA and VCSE Framework. Evaluation participants noted the value of this ‘systemising relationships’ and creating informal and formal networks:

"We feel that we wouldn't have met with [health and statutory partners] without the EKA, and that possibly they don't have the capacity to deal with us individually... The EKA enables a single point of contact which gives us an opportunity to have a seat at the table." EKA workshop attendee

Evaluation participants were broadly positive Health Equalities Programme activity to systemise these relationships would be sustainable beyond the immediate period of flux.

The value of working through community organisations

One assumption that underpinned the Health Equalities Programme was the value of local grassroots organisations in tackling health inequalities. The evaluation has validated that assumption. Trusted and embedded local organisations were able to deliver services in an efficient and impactful way. Additionally, receiving Community Fund grants helped organisations build their credibility, test new approaches, attract new service users, and improve funding

prospects. This support therefore not only filled immediate service gaps but contributed to the longer-term sustainability and influence of grassroots organisations:

"With the Community Fund, we have been able to show how a little bit of money goes a long way. We can add to the message: Fund local." SEK interviewee

In these ways, investing in the sector through funding at a local level was tackling health inequalities and strengthening the VCSE sector from the grassroots up.

The value of SEK in delivering this programme

Throughout the various activities, evaluation participants noted the value of SEK in leading the programme. In particular they noted SEK's knowledge of East Kent, strong relationships with the sector, understanding of health and statutory strategic objectives and the ability to think and plan from both a strategic and operational perspective. Interviewees also noted SEK's ability to draw on these resources and to translate information and broker relationships across the system:

"SEK is very good at doing operational and strategic thinking. It's a real skill set in any sector. They ask, 'What does that mean from the council perspective, a large provider, a small provider, a person?' They get it from all of the angles, which is a rare quality." Strategic partner interviewee

Evaluation participants also noted the value of SEK as a trusted community organisation leading the system change, and their desire for SEK to secure funding to continue the coordination of the EKA and VCSE Framework in the longer term.

The value of designing a programme around 'health equalities'

Evaluation participants involved in strategic relationship-building and partnership work described how they valued working with SEK during board meetings, but also more informally in ad hoc meetings. They noted that the Health Equalities Programme gave them 'permission' to draw upon SEK and how having the programme badged as being about 'health equalities' provided an immediate link to wider ICB and other statutory service objectives:

"The wider ICB priorities are around reducing health inequalities. So, to know that we have SEK, with good links and capacity, having this work badged around Health Equalities gives us permission to work with them." Strategic partner interviewee

Challenges of measuring impact of prevention

The qualitative data collected by Community Fund recipients and through evaluation activities illustrated the positive impacts of preventative services upon local people in the community. However, it was not possible to collect or

evidence the impact of these VCSE sector-led activities on East Kent or in a format that could influence health and statutory partner budgets for future commissions.

"There's so much happening across the system around health equalities. How can we demonstrate VCSE outcomes? I'm not sure how the Health Equalities Programme can do that. It's the system that needs to do that and, as players in the system, we need to come to the table to support that." Strategic partner interviewee

This highlights the need for better data collection frameworks and storytelling to showcase VCSE sector contributions in future, designed in collaboration with wider system partners.

The ripple effect of delivering overlapping activities

The evaluation has shown the different ripple effects of the Health Equalities Programme and how the different workstreams contributed to overarching programme outcomes. For example, building relationships through systems change activities, SEK observed that this increased the take-up and effectiveness of the training for statutory and health partners:

"Relationships were formed with the statutory partners through developing the VCSE Framework, etc and that system relationship-building helped. It meant the training was more

appealing and effective for the council, for example, and vice versa." SEK team member

Another ripple effect occurred through the Community Fund, both in terms of how the impact on participants wrapped up into greater outcomes at a community or system level while at the same time the community organisations could use the funding to support their own longer term sustainability. Finally, strategic partner interviewees noted how information gathered through System Change activities rippled up through different channels to influence colleagues and senior leaders.

Conclusions

In 2022, the SEK team identified an opportunity to capitalise on the ICB's statutory duty to work more closely with VCSE to tackle health inequalities. If this policy change 'opened the door' to greater partnership working, the Health Equalities Programme was designed to lead the VCSE and partners through it:

"ICB guidance says the voluntary sector is a strategic partner. So, the door was unlocked. But we needed a helping hand to pull us through the door." SEK interviewee

The evaluation sought to measure the progress of the Health Equalities Programme against the key outcomes in the theory of change and refined through the scoping process. The findings were largely positive with key stakeholders describing their experiences of taking part in one or multiple activities programme activities.

The Community Fund successfully enabled local organisations to deliver services to people to tackle health inequalities not otherwise supported through statutory services. Community organisations maximised the value of the grant and used the experience as a means to increase their profile and increase their longer term sustainability.

The Community Engagement Training successfully enabled participants from VCSE, health and statutory sectors to improve

knowledge and understanding of good practice in community engagement. This led to tangible examples of better quality community engagement to inform services to meet the insights gained through the process.

The System Change work stream involved a wide range of informal and formal relationship building and networking activities to embed the VCSE sector and raise its profile as a strategic partner in tackling health inequalities. The EKA and VCSE Framework helped systemise sustainable relationships and structures for the longer term.

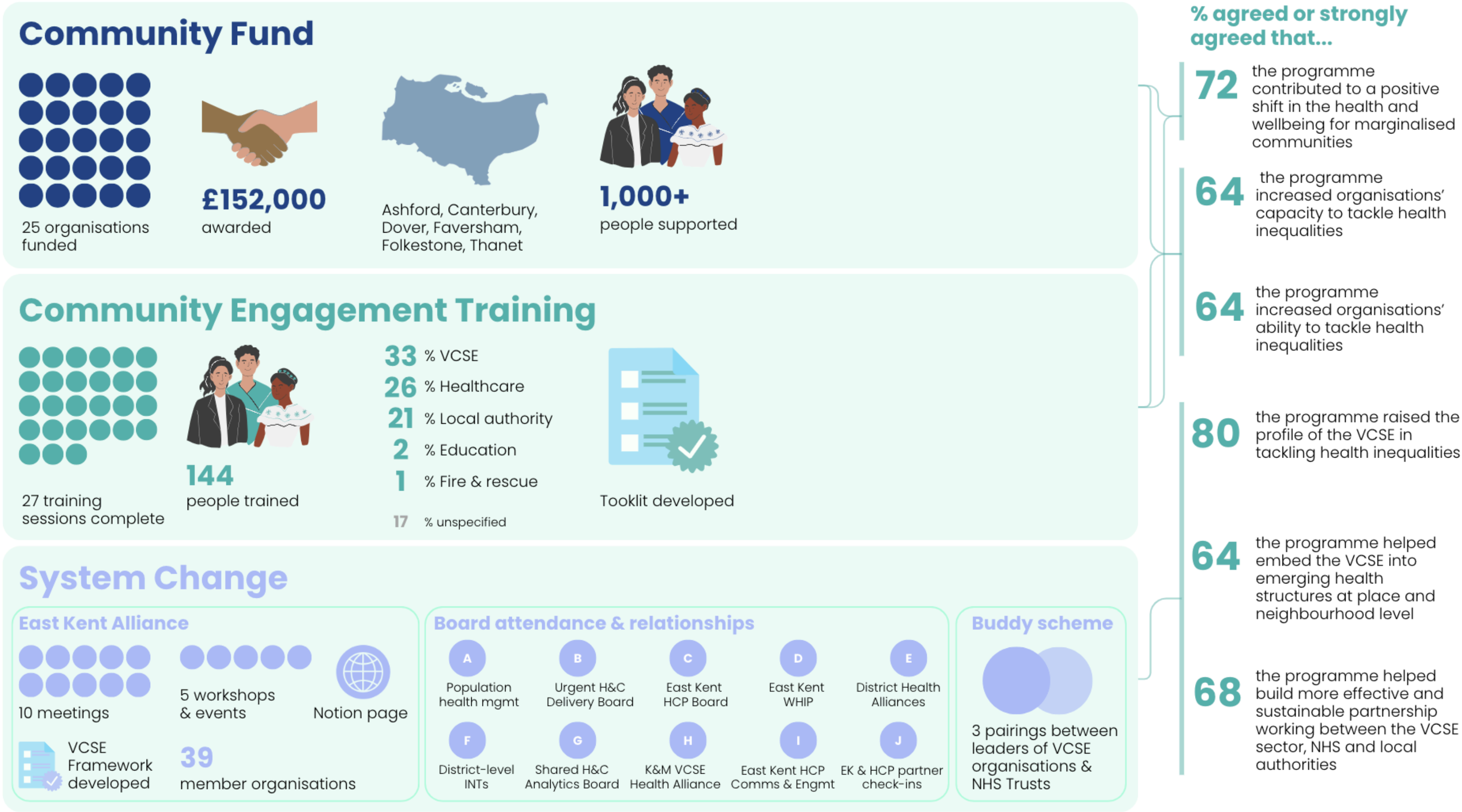
These work streams had a ripple effect, with each activity building on the success of each other. This is illustrated by the body of quotes presented in this report, as well as the overarching survey findings, which explored programme level impacts, detailed in the diagram on the next page.

SEK played an instrumental role in the success of the Health Equalities Programme, acting as a trusted broker, translator and connector across the VCSE, health and statutory sectors. SEK's ability to build relationships, translate strategic intent into operational reality and provide a stabilising presence in a time of establishing the ICB and HCP infrastructure as well as further subsequent flux was foundational to the programme's impact.

The evaluation revealed the scale of ambition of the Health Equalities Programme and the entrenched structural barriers that stood in the way of change. Despite this, the programme has built the foundations for the future. It has tested a model of funding community organisations, refined a cross-sector training programme and built a positive VCSE vision and structure through which information and opportunities can flow. Despite the turbulence facing the health sector, interviewees were confident that stability would follow and that these foundations would enable the new system to hit the ground running in the medium term – assuming, of course, that the system helped support SEK find the necessary investment to maintain these foundations in the interim.

"We need more funding from the National Lottery or others to continue this; I would fully advocate that. And then in a good position in a system to get behind this. We're at the precipice of making massive change." Strategic partner interviewee

Diagram: Overview of Health Equalities Programme activity and impacts



Recommendations

One of the core functions of this evaluation was to provide evidence and learning to guide SEK and The National Lottery Community Fund in shaping the legacy of the Health Equalities Programme. The evaluation also generated learning for other areas looking to deliver programmes that seek to increase the VCSE sector's role in tackling health inequalities at the local level. The following recommendations are drawn from insights presented throughout this report.

Recommendations for East Kent

1. Secure additional funding for SEK to maintain leadership and coordination

As East Kent stands on the 'cusp' of meaningful system change, it is critical that this momentum is not lost. The evaluation highlighted that:

- SEK is a 'super-connector' and trusted partner across sectors, with deep local knowledge and credibility;
- The coordination of the EKA by SEK has provided a coherent voice for the VCSE, reducing fragmentation and increasing strategic influence;
- SEK's ring-fenced capacity enabled statutory partners to engage more effectively with the VCSE, which would not otherwise have been possible;

- Strategic partners consistently highlighted the value of SEK's leadership, describing the organisation as a critical enabler of change and a "truth-to-power" voice that can hold the system accountable in a constructive and collaborative way.

This recommendation is for the wider system in East Kent with the aim to sustain and build on the impact of the Health Equalities Programme by securing additional funding for SEK to:

- continue leadership and coordination role in East Kent beyond the lifetime of the Health Equalities Programme;
- hold dedicated capacity to continue brokerage and translation work across the system, and support the VCSE to respond to commissioning and strategic opportunities;
- play more of a lobbying role for system change, holding statutory/health partners accountable as well as building accountability among members by supporting the evidencing of impact and reporting processes;
- design a five year strategy to recognise the need for consistency and investment over a longer period of time.

Investment in SEK will enable the system to maintain progress and respond with agility once the current turbulence in health and local

government structures stabilises. Sustaining SEK's role is essential to ensure that East Kent does not lose the progress made, and that the VCSE sector can continue to play a central role in tackling health inequalities at scale.

2. Support VCSE organisations to evidence their impact

One of the persistent barriers to raising the profile of the VCSE sector amongst health/statutory services is the lack of a coherent, accessible overview of the VCSE offer – both in terms of what services exist and the impact they are having on the outcomes that statutory funders value. This disconnect often results in funding favouring larger, better-resourced VCSE organisations with established infrastructure, while smaller, frontline organisations – those often closest to communities and most in need of sustainable investment – struggle to access resources or be visible to commissioners.

The new Social Impact Gateway is a centralised digital platform where VCSE organisations can upload evidence about their services, outcomes and impact – creating a single point of reference for commissioners, private funders and system stakeholders. Development and scaling of the Social Impact Gateway presents a significant opportunity to address this challenge and gather a body of data which will show collective impact and influence health and statutory services.

Recommendations are:

- Convene key partners across the system to review the specific data points that would build a view of impact at place level and which community organisations can use to secure more funding in future
- Embed this data collection processes into the Gateway's funding mechanisms to enable systematic impact reporting and reduce the burden on individual organisations.
- Commit to longer-term funding cycles through the Gateway to improve sustainability, reduce short-term pressures, and enable more consistent service delivery.

3. Sustain the Community Engagement Training offer

Ongoing access to Community Engagement Training will continue to strengthen the ability of VCSE, health and statutory partners to engage meaningfully with communities. System partners may seek to fund a continuation of the training by SEK in its current in-person format. Alternatively, SEK could adapt the training into more sustainable formats – such as online modules – which could also help extend its reach and accessibility.

Recommendations for other areas aiming to tackle health inequalities

For other areas interested in a systems approach to tackling health inequalities, five recommendations areas are outlined:

1. Ensure the VCSE is valued as a strategic partner and in commissioning decisions

Tackling health inequalities depends on addressing wider determinants of health, investing in prevention, and engaging marginalised communities. The evidence has highlighted how the VCSE is central to this and must be recognised as a strategic partner in system-level planning and commissioning. To support this:

i. Appoint a local VCSE infrastructure organisation to lead the programme: The lead organisation should understand both the local VCSE landscape and the wider system. It must have the capacity to engage strategically, broker relationships, and communicate across stakeholders – bringing credibility, reach and the ability to 'speak truth to power'.

ii. Set realistic ambitions for a three-year programme: System change at this scale is long-term, complex and emergent. A more achievable goal within three years is to start small. This could be by focusing on relationship building or

infrastructure (e.g. a local VCSE alliance) to create the conditions for future change or by tackling a specific 'wicked issue' in the community e.g., hospital discharge. Managing the expectations of what is possible to achieve over the period will help maintain positivity and buy in across the short term.

iii. Co-create a VCSE Framework early: The VCSE Framework supported better alignment and collaboration between sector partners, and was helpful in articulating the vision of the EKA and wider Health Equalities Programme. Developing a VCSE Framework at an early stage in the programme will align goals across sectors, clarify roles and enhance accountability to guide collaboration and decision-making. This would support the development of either/both a VCSE Alliance or a specific workstream. Having said this, it is important to combine any framework with building and maintaining key relationships to help influence statutory and health partners.

iv. Encourage statutory partners to actively seek and use stories of impact: Health and statutory stakeholders found real-life stories and case studies from the EKA valuable for showcasing sector impact and local population needs to influence decisions on commissioning and development of services. These kinds of case studies should be actively gathered and used as complementary data.

2. Embed the VCSE sector within emerging health structures

For VCSE influence in commissioning to be meaningful, the sector must be structurally embedded. To support this:

i. Map key system stakeholders and structures early: Identify where VCSE representation is essential and build relationships with these stakeholders from the outset. Establish a 'seat' within local health structures. It is helpful if the organisation leading the wider programme (as SEK did in this case) can be present within these structures, as they have the view 'across the piece'.

ii. Prioritise informal relationship-building and conversations: Beyond board participation, informal connections and ad hoc conversations were critical to the programme's success. Allocate enough capacity to support this as it is instrumental to the natural emergence and flexibility needed for system change.

iii. Adopt a 'test and learn' approach: Flexibility to adapt to evolving insights and external change enhanced programme effectiveness. This approach should be embedded from the start.

3. Increase VCSE sector capacity to effectively engage with health partners

i. Fund the VCSE alliance model locally: Alliances like the EKA enable coordinated, consistent VCSE engagement with health partners. Having a coordinated VCSE sector may be critical when statutory funding is allocated to the local system. Local partners should consider funding alliances' development and sustainability.

ii. Support VCSE organisations to collect meaningful data: Help community organisations understand and gather data that aligns with system priorities. Guidance at the funding application stage can help bridge the gap between qualitative insight and strategic outcomes, ensuring they 'speak to' both the aims of the programme and wider system priorities.

4. Improve access to healthcare for marginalised communities

i. Provide larger or longer-term grants for greater impact: While small grants helped innovation and extended reach into marginalised communities, longer-term or larger grants would allow even greater reach, sustainability and momentum. Finding the balance between ensuring funding is accessible and ensuring sustainability should be a consideration.

ii. Create joint VCSE–NHS funding opportunities: Encourage co-designed and co-delivered projects between VCSE and NHS partners, which build relationships, institutional memory and a stronger 'business case' for long-term investment.

iii. Ensure a VCSE infrastructure organisation leads the funding process: SEK played a vital role in managing an equitable and inclusive funding process, offering support and advocacy to applicants. A diverse panel was also important for fair selection. Other areas should consider taking a similar approach to funding processes.

5. Ensure statutory organisations use effective community engagement in their work

i. Deliver cross-sector Community Engagement Training: Training helped raise standards across VCSE, health and statutory sectors, fostering better practice for working with marginalised communities. There is also value in delivering the training to a cross-sector audience to enable better visibility and relationships across sectors.

ii. Consider a longer training format for depth and networking: Extending training (e.g. over two days) could enhance peer learning, networking and allow more time for examples, while balancing accessibility and attendance.

Appendix: Full methodology

Overall approach

This evaluation was commissioned in 2024 with a final report submitted in June 2025. It was delivered in partnership by two independent consultants – Linda Jackson (The Loom) and Lydia Paris (The Future Works) – to gather qualitative data to complement the existing monitoring and evaluation data collected by SEK and provide a richer understanding of programme impact and process learning.

The evaluation was designed to build up a picture of the impact of the programme on stakeholders and communities and to generate practical learning to inform future delivery. It sought to identify what had worked well, what could be improved and how future investment in similar programmes might be shaped for greater success.

The evaluation was delivered across three key phases, as per the diagram on the next page.

Phase 1: Scoping and Setup

The scoping phase took place at the beginning of the evaluation to ensure alignment with the programme’s context, goals and existing data. This phase included:

- Interviews with 6 strategic partner stakeholders to understand the broader context for programme delivery, stakeholder expectations, and initial perceptions of impact and learning;

- A review of key programme documents, including the original programme proposal, interim reports, Community Fund bid submissions and Community Engagement Training feedback surveys, to test and refine the theory of change;
- Development of a tailored evaluation framework and research tools, designed to complement the data already being collected and align with the programme’s outcomes and objectives.

Phase 2: Additional Data Collection

Primary data collection took place across multiple points across the programme using mixed-methods to ensure a rounded and inclusive understanding of the programme’s progress and impact. In total, 37 people took part in qualitative research and another 33 people participated in surveys. The specific methods included:

Semi-structured interviews with:

- 8 strategic stakeholders from VCSE, health and statutory organisations;
- 10 representatives from 7 organisations who received Community Fund grants;
- 2 members of the SEK Health Equalities Programme team;
- 2 participants from Community Engagement Training.

Two workshops with:

- 10 participants from the EKA;
- 5 participants from the Community Engagement Training.

Two targeted surveys to:

- capture further feedback on and impact of the Community Engagement Training, generating an additional 8 responses from across training attendees;
- consolidate findings against the programme’s intended aims, generating 25 responses from across the stakeholder network.

Fieldwork tools were designed to explore both outcomes and process learning, and interviews and workshops were conducted online. Where relevant, tools were adapted to suit specific participant groups and ensure accessibility.

Phase 3: Analysis and Reporting

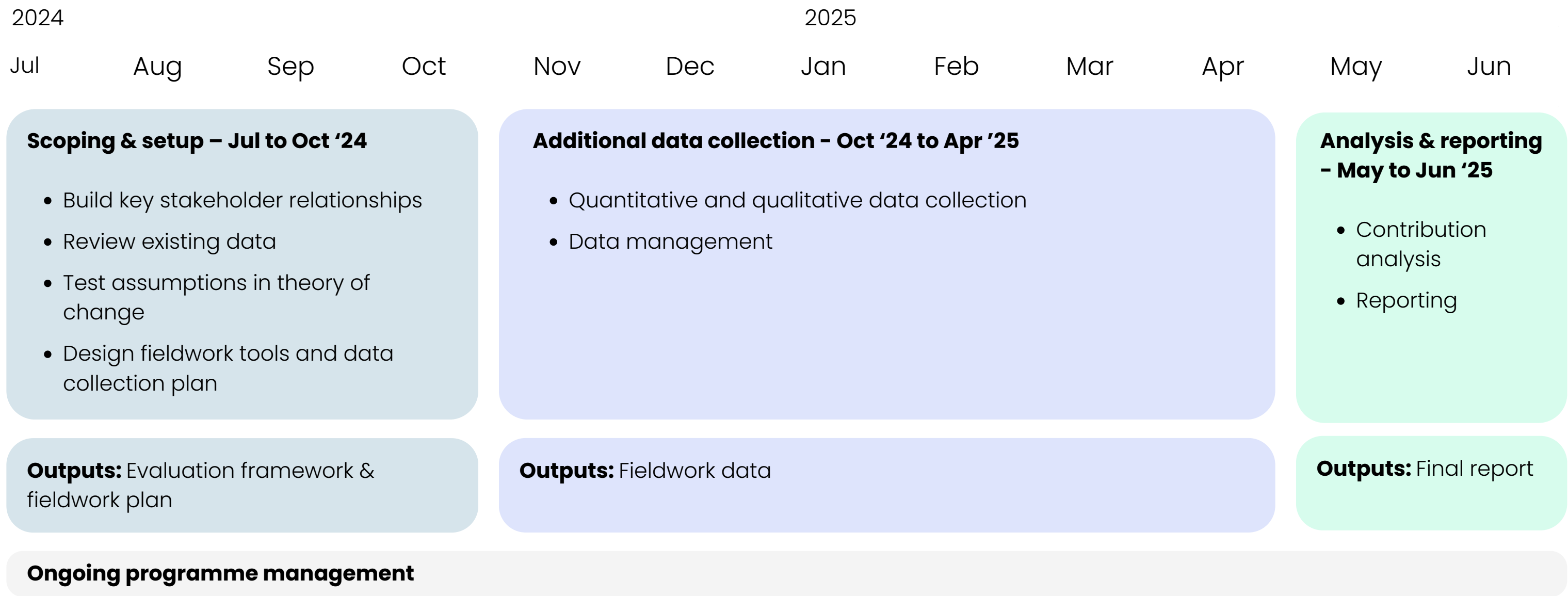
Primary data from interviews, workshops and the survey were analysed thematically and triangulated with programme monitoring data gathered by SEK. This included:

- Community Engagement Training surveys;
- Community Fund bid submissions;
- Progress updates;
- End-of-grant reports.

This triangulation enabled the evaluation team to cross-reference themes and assess the strength and consistency of findings across different data sources.

Key findings were mapped against the programme’s original objectives and theory of change, and were used to generate a set of practical recommendations to support ongoing and future programme design and delivery.

Timeline: The three phases of the evaluation



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