Independent Evaluation of the City & Hackney VCS Enabler Programme

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Evaluation: aims and questions

An independent formative and process evaluation was commissioned in early 2023.

It aimed to be useful, timely, address priorities and provide independent fresh insights into this innovative programme.

It focussed on processes, enablers and challenges to identify key learning points to provide an interim assessment.

Key evaluation questions

- How well do different stakeholders understand and share a similar understanding of the VCS Health Enabler Programme, including its role, structure, operational approach and potential? How accessible is it?
- What are the main enablers and challenges to programme delivery to date? In particular,
  - How well has the programme secured VCS reach, engagement & participation?
  - Do any significant gaps remain (e.g. in terms of population groups, or VCS, or statutory sector)?
  - How do participating VCS, health & local authority partners experience programme processes? e.g. structures, networking opportunities, communication, information exchange, developing priorities, joint working, ...
- What are the main benefits, achievements & outcomes experienced or perceived to date?
- What learning points and recommendations for improvements emerge?

Context

1) City and Hackney

- Highly ethnically diverse. 66% of LBH population described themselves as not white British in Census 2021
- LBH has high levels of deprivation & social inequities; CoL has significant pockets of deprivation.
- Poverty is evidenced to predicate and contribute to poor health outcomes, both directly and indirectly
- Statutory systems often lack insight on specific needs of, and appropriate service models for, diverse communities & groups, who also face many barriers, e.g. complex and changing systems, language, staff turnover, racism if accessing services (e.g. mental health).. All interconnect & cumulative

2) VCS in City and Hackney

- Approx 2000 VCS orgs based in LBH. Varied: from very large to small/ micro. Latter often from & in their community, few if any paid staff, fragile funding base, over-stretched, …
- These VCS serve discrete communities' & groups' specific needs. Deliver a broad a range of services for free, e.g. counselling, support, advice, advocacy, direct care, community support, social activities, ….
- They tend to have limited or no core funding, and rely on short-term (often project) funding. This causes high turnover, loss of expertise, … with services, community trust & historical perspective
- VCS generally feel poorly understood or appreciated, think perceived / treated as amateurs but also ready and able to respond immediately to latest policy initiative/ potential funding framework

Aims of the VCS Enabler - from original grant agreement NHS CH & HCVS

Provide organisational development support & capacity building for CH VCS, particularly those working with black & other minoritised communities, to help these VCS engage better & co-produce more with the statutory sector; and provide mechanisms for the ICPB to invest in activities led and co-produced by local communities and VCS.

Methods: Focus on processes and ensuring wide membership in the conversations and thus co-production

a) 'System optimization': VCS work with & support the ICPB, provide expert advice on health inequalities & potential solutions; develop joint working agreements; explore & pilot innovative solutions to address health inequalities.

b) Address health & system inequalities, particularly as experienced by Black, Asian and other minoritised communities, through jointly identifying concerns, priorities & recommendations; ensure community organisations' voices are heard.

c) Develop and support VCS sector development and capacity (e.g. provide or direct to staff & volunteer training, HR, IT support, expertise and leadership skills); and provide leadership & direction where helpful.

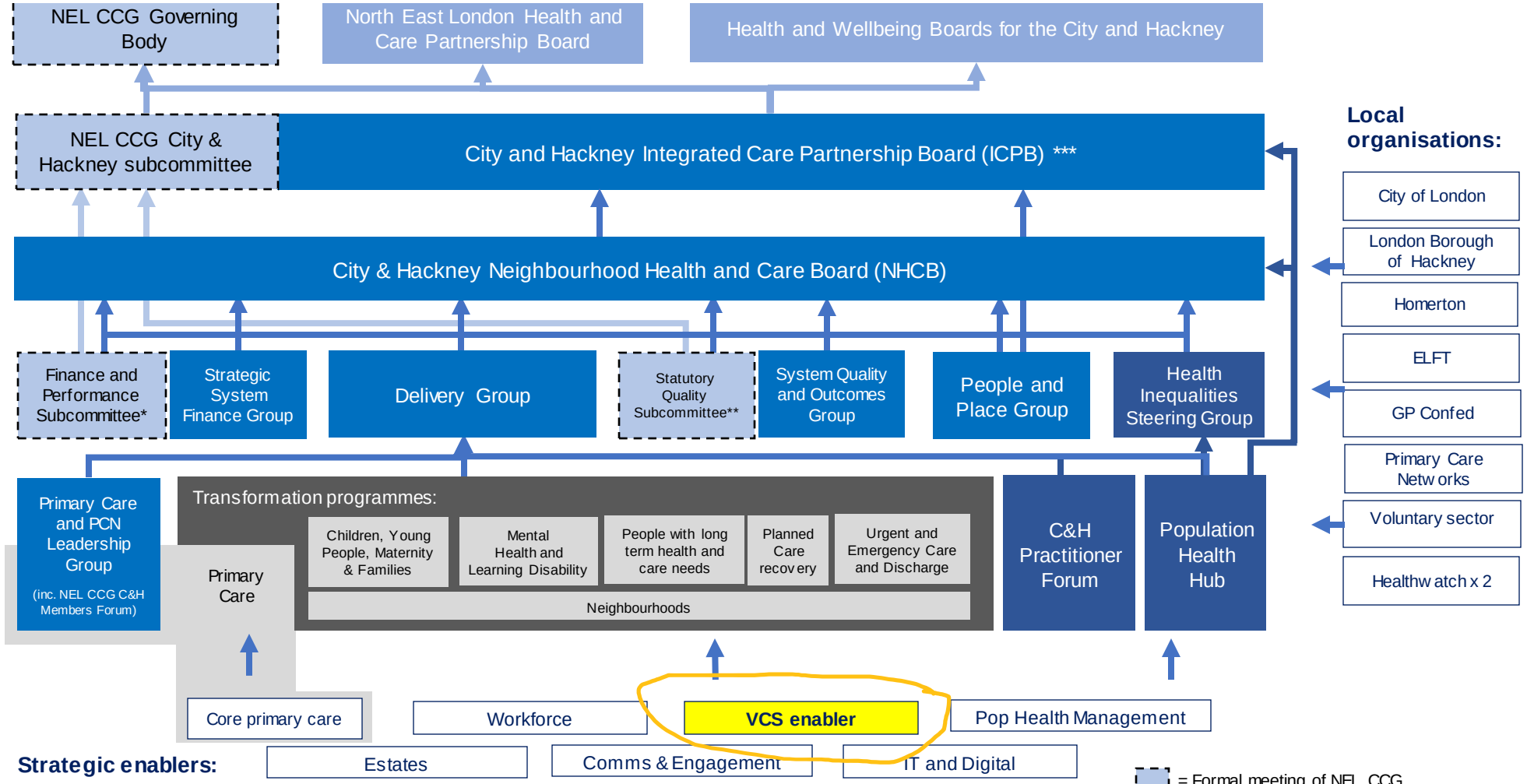
d) Help secure funding from both inside and outside CH to enable the VCS to fulfil its potential contribution and be a core partner in the delivery of care

The evaluation was told that the list of aims has changed over time

Theory of change

Context →	Inputs →	Outputs →	Outcomes →	Impact →
• Many VCS in CH • Work for & more trusted by their communities. • Diverse aims, size, funding… • Not well understood • High deprivation & and health inequalities, • Need for insights • Shared interest & goals across VCS, LA & NHS	• Funding • VCS 'backfill' • HCVS & VCS expertise, knowledge & infrastructure • Programme supports relationships, • Provides a platform for collaboration • Goodwill by all • Fostering trust & respect	• Support VCS participation • Identify & engage new groups • Provide links, safe spaces & opportunities • Help sectors routinely meet, share & co-produce • Evidence the true cost and value/worth of VCS • Identify issues & co-produce equitable solutions/ pilots to address unmet needs & under-served groups	• VCS & statutory sector more mutual understanding & respect • Pull together, address issues affecting CH communities • Improved VCS improved capacity, & opportunities, to partner effectively • Systems established to share insights, problem-solve & meaningful co-production • Pilots generate useful learning /evidence	• Services are developed collaboratively, based on sound evidence & reflect diverse community needs & inequalities. • Pilots have provided understanding of what works or not • Policies & services are more acceptable to all, including for the most marginalised • The VCS in City and Hackney is strong, stable and capable
Measurement	Record programme inputs: financial, staff, activities, e.g. co-prod & networking	Quantitative monitoring & other data on engagement & gaps. Formal qualitative feedback	Mixed methods. Agree indicators, overall & for pilots; gather routine formal feedback & run case studies	Evaluate pilots: using agreed indicators & decide best methodology and timing

City and Hackney place-based partnership governance

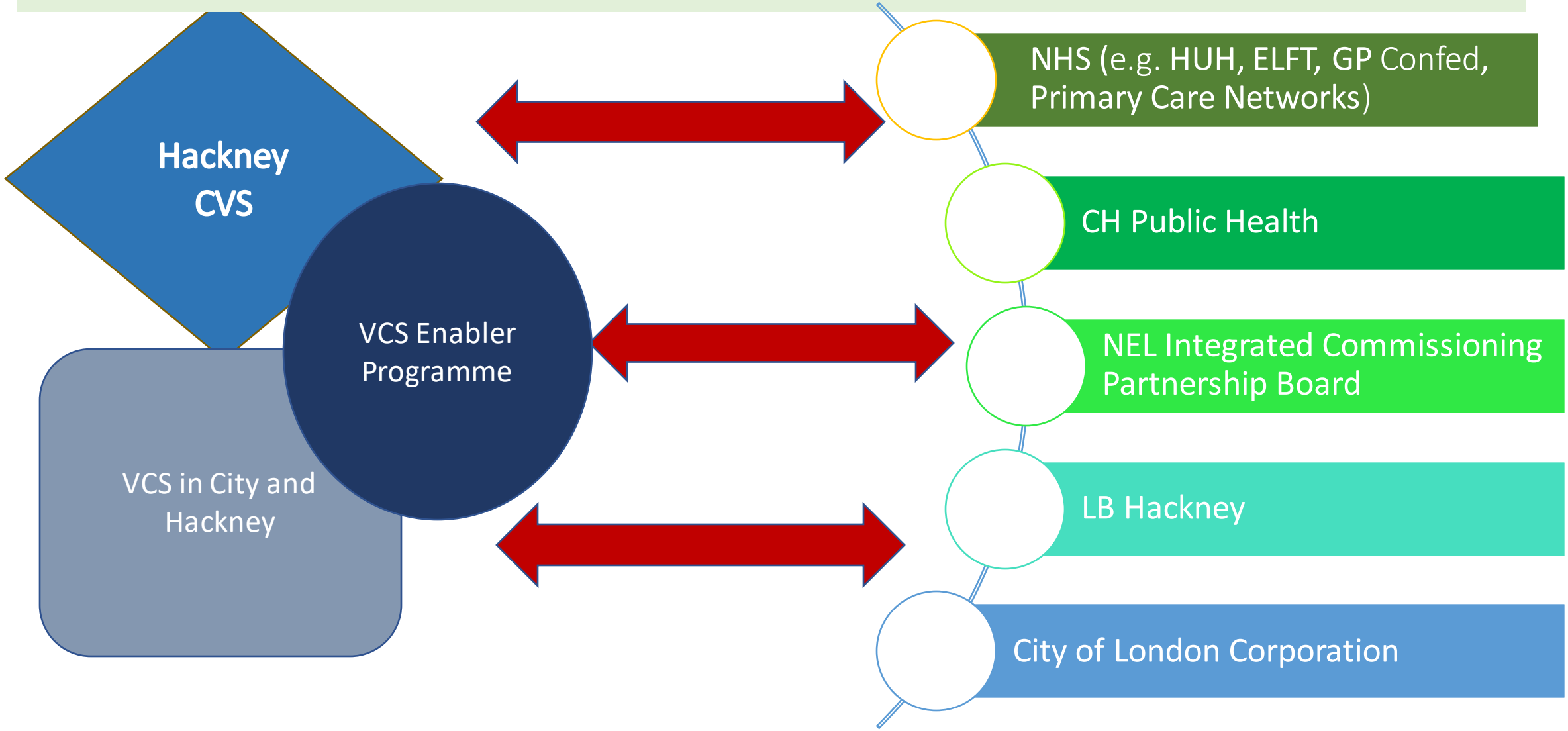


*= **Finance and Performance Subcommittee** exercises NEL CCG statutory duties and operates with delegated authority from the NEL CGG City and Hackney Subcommittee

** = **Quality Subcommittee** exercises NEL CCG statutory duties

*** = The **Integrated Care Partnership Board** operates under a 'committees in common' structure with sub-committees from both the City of London Corporation and the London Borough of Hackney, allowing for delegated decision making for pooled budgets.

VCS Health Enabler Programme helps VCS and City & Hackney Statutory sector connect and co-produce..



VCS Enabler Programme approach

- Identify, engage & connect key organisations & individuals in CH
- Bring the VCS and statutory sectors together in shared spaces, convene meetings & facilitate more effective two-way communication & collaboration
- Support the VCS to identify important issues & bring these to appropriate audiences, e.g. parts of NHS, LBH, CoL, ICPB, …
- Ensure the voice and issues of VCS & their communities / groups are heard at strategic and neighbourhood meetings
- Help identify and prioritise issues to be investigated and co-produced into policy / service delivery proposals.
- Support VCS capacity building (eg, raising confidence and skills, link to appropriate HCVS services including staff training, fundraising..

VCS Enabler programme delivery structure

VCS Leadership Group

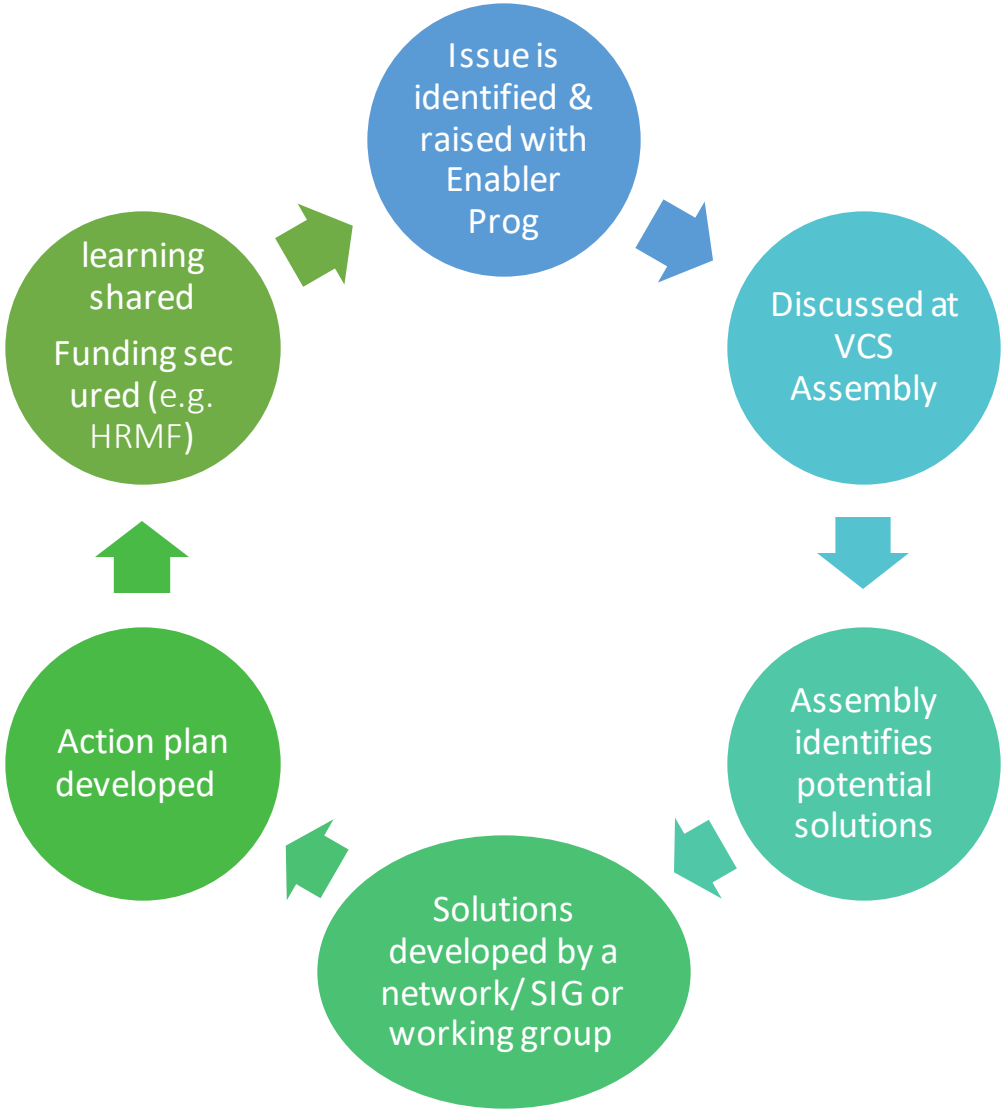
Programme staff

SIGs

Assemblies

Ad-hoc working groups

VCS Enabler process: from issue to policy solution



Outputs to date. Activities: spaces to meet, share & collaborate

- Leadership Group - 4 - 6 weekly
- Coffee mornings - monthly
- Assemblies - 2 to 3pa
- LGBTQIA+ Special Interest Group (SIG) - 5pa
- Mental Health (SIG) - 3 to 6pa
- Sexual Health SIG -3 to 4pa
- Learning disabilities & autism SIG - 3pa
- Hackney Refugee & Migrant Forum - 3 to 4pa
- Hackney Advice Forum - 3 to 4pa
- Health & Social Care Forum - 1 or 2pa
- Ad-hoc working groups to develop specific issues
- Input & linking through the Neighbourhoods programme
- And links with other networks & fora in CH (e.g. Children and Families) and links with HCVS sections & updates in HCVS Newsletter

Participation by sector, organisations & individual

Sector	Organisation type	No. of orgs	Individuals	
			Sub-totals	*Total individuals*
VCS	VCS - excluding HCVS	229	440	440
Statutory Sector (self described)	LB Hackney - different depts & unspecified	7	60	189
	City of London Corporation	3	10	
	Mayor of London (Violence Reduction unit)	1	2	
	CH Public Health	1	6	
	NHS: e.g. hosps, Trusts, CCGs, ICB	13	75	
	Healthwatch - Hackney , TH, CoL	3	16	
	DWP	1	13	
	Met Police (Hackney & Tower Hamlets)	1	7	
Other	Housing Associations	6	21	21
	Businesses (local & national)	12	15	15
	Local residents	n/a	5	5
	Universities	3	3	3
Totals		**280**		**673**

Participation: who's at the table?

- 229 VCS organisations 'large' and 'small'
  - Some are part of national VCS (e.g. Mind, Age UK);
  - Most are local or hyper-local and often working with a specific group or issue (E.g. Jewish Care, Be'ersheba Living Well, Bikur Cholim, Interlink, Latin American Women's Aid, African Community School, Huddleston Centre, St Mary's Secret Garden, MRS Independent Living, Skyway, Claudia Jones, Carib Eats, Xenia, Advocacy Project, Black Parents Forum, Hackney Cypriot Association, Kanlungan, VCH, The Crib, Immediate Theatre, ...

- Statutory Sector (40+) – some attendees did not specify their unit, department, team, etc
  - LB Hackney (Councillors and officials form different departments and sections, e.g. Families, Young Hackney, Education)
  - City of London Corporation, (including Children & a Families Team, Young People services)
  - City and Hackney Public Health
  - NHS (e.g. ELFT, Homerton HUH, CAMHS, CH Health & Care Board, GP Confederation, CH ICPB, NEL ICB, and CCGs)
  - Healthwatch Hackney (mainly) , plus Healthwatch City of London & Healthwatch Waltham forest
  - DWP
  - Housing Associations
  - Metropolitan Police - Hackney and Tower Hamlets

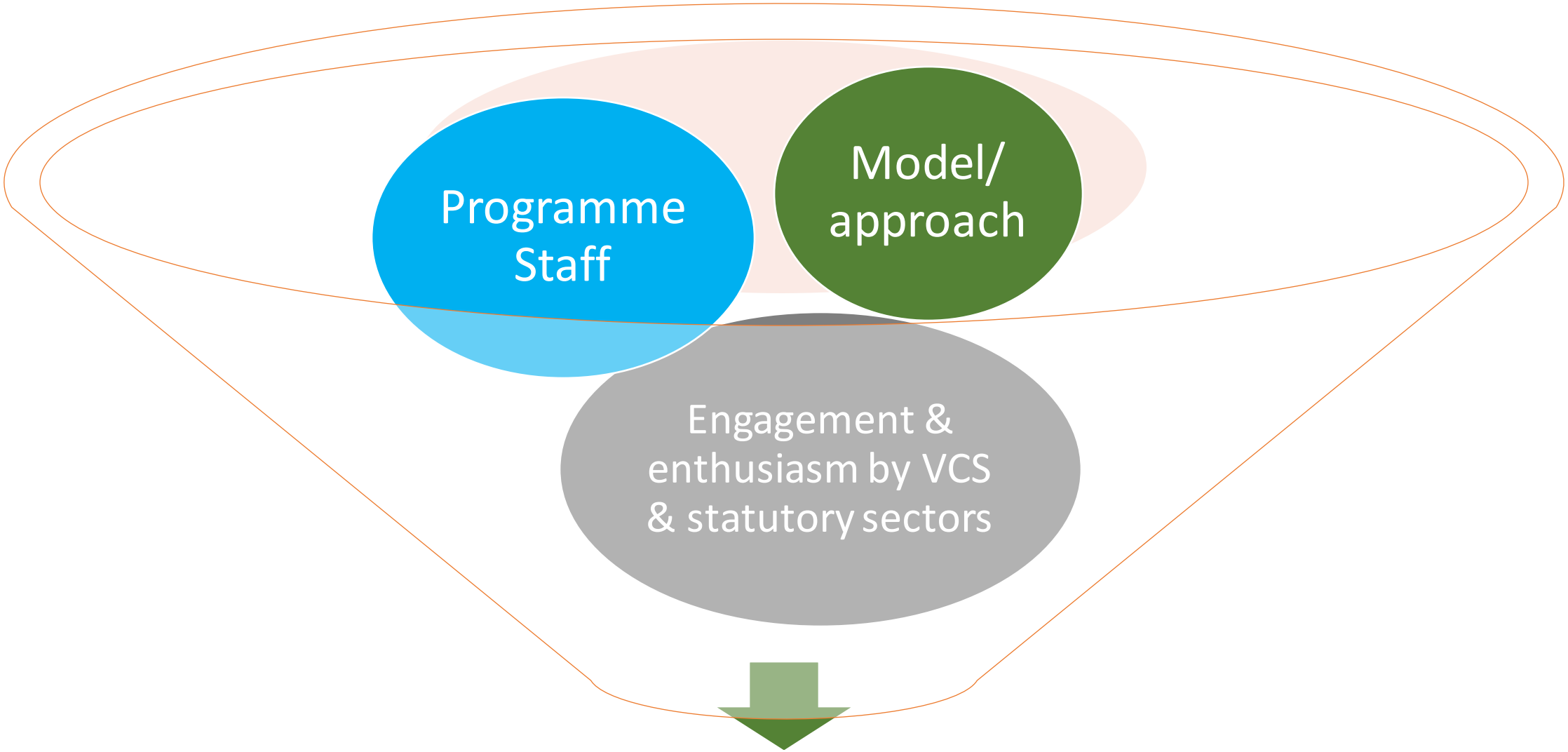
Participation – recorded attendance at VCS enabler meetings

Type of meeting	Number of meetings to date	Number of attendees	Number of attendances
Assemblies	6	377	528
Leadership Group (4-6 weekly)	18- 24	26	234
Coffee mornings	8	133	176
Mental Health SIG	11	70	151
Advice Forum	7	96	143
Health & Social Care Forum	5	68	106
LGBTQIA+ SIG	11	73	123
Learning Disability & Autism SIG	6	48	75
Sexual Health SIG	8	35	61
H Refugee & Migrant Forum	8*	60*	142
Working Groups ad-hoc	15*	50*	160
Plus many not recorded		(overlap)	1899

*numbers estimated due to some gaps in data

Key outputs in policy and strategy development

- Supported co-production of several policies and strategies, in VCS and statutory sector partnerships, e.g.
  - Hackney's new LGBTQIA+ strategy;
  - City and Hackney's anti-racist commissioning principles and a consortium working to reduce discrimination in school exclusions
- Contributed to many other policies, e.g the Health and Wellbeing Strategy, place-based outcomes, the Equalities Impact Assessment and Resident Involvement model.
- Helped progress Public Health initiatives with priority groups, usually less often reached, on issues such as obesity, long-term health conditions, smoking and physical activity.
- Helped secure £70,000 funding for local VCS organisations to support asylum seekers in City and Hackney, who are subject to the 'No Recourse to Public Funds' rule.
- Supported development of the processes and criteria for £150,000 funding through the Integrated Communications and Engagement Group.
- Provided evidence to CH Public Health to apply for £500,000 under the Better Health Fund.
- Helped a university to engage an African women's group in participatory research around vaccine hesitancy and distrust of health institutions. The study is written up in the BMJ.


Programme Staff
Model/ approach
Engagement & enthusiasm by VCS & statutory sectors

Enablers

Key enablers reported: what's working well do date

Ambitious aims. The programme (& staff) provides overview, brokerage. It '*grease the wheels*' for cross-sector collaboration

Programme staff have shown they **understand & respect** VCS and statutory sector & diff needs; & champion VCS & local needs

- Appreciation voiced for their hard **work & skills in linking** VCS with appropriate sections of LAs, health and care, at all levels
- They show knowledge, drive, passion, responsive, determined & have an inclusive & developmental approach
- Staff provide behind the scenes secretariat, continuity, and link VCS e.g. to capacity building (via HCVS)
- The programme supports formal meetings & other networking, likely to be nigh impossible, or least very difficult otherwise

Wide VCS & statutory sector participation, buy-in, good will & willingness to engage - it's the '*sum of those involved'*

- Pivots on the range, expertise & strength of a vibrant VCS in LBH. 'Backfill' funding helps VCS input (a bit)
- Time and contact, … aids mutual knowledge, respect & building **trust,** builds on earlier **COVID-19** collaboration

- **Lots of processes and programme activity and joint work found** (albeit this can be hard to quantify or demonstrate in full)
  - **Boosts relationships**, connecting organisations & individuals, who can now meet '*in same room'; a* **'safe space'** has been created for VCS to share & voice community issues (as per aims).
  - Statutory sector **hear first-hand experience & explanations, fears and barriers** and get much broader and deeper insights into key issues. May be unaware otherwise of communities' views or types or extent of distrust around services
  - **More meaningful, networking & collaboration** than was experienced or possible before.
  - Enjoy the '*honesty*', openness, *'fresh voices' and 'challenge* – VCS working as a '*critical friend*'
  - **Programme has provided a platform** for better dialogue, more 'solid' strategies, which may improve buy-in to services **New relationships** created platforms for other rapid joint responses to unanticipated issues (e.g. a vigil, earthquake)
  - Enabler has shown the need for key staff to direct & facilitate this. Otherwise random, time wasting, less productive…

Quotes on what works well

The fact the Mental Health SIG is happening is huge in itself. If viewed as a pilot, it is a good model and could be taken on by other boroughs [VCS]

[Enabler staff] really bring the community together … as often as possible… that's what's needed. It's hard to maintain because people get exhausted, but they do… I think that's a real skill [NHS]

on the ground working, like practitioner to practitioner, …people from that sector working with our health services and referring to one another, working together, that works really well … and there's a lot more to be done there and lots of opportunities there and it's quite clear how we could improve that [NHS]

Nice to feel contributions from people like me are listened to and valued (small front-line VCS)

[HCVS] come out top as the umbrella organisation, because of that wide constituent group which is largely very small grassroots organisations [LA]

Assembly is a great place to hear updates, it helps VCS overcome silo working, helps get in the know and helps stop you overlapping …. [it's] inclusive & dynamic [VCS]

…the statutory stakeholders [are] seeing what the VCS can bring and it's not just ideas, it's resources … feels like a really promising example [VCS]

Outcomes reported – context:

- Despite expectations to show worth, it is notoriously hard to identify and **attribute** outcomes not least bco issues around selecting indicators of change, what counts as 'evidence', having appropriate methods in place, establishing baseline data, etc….
- To date the VCS Enabler Programme has focused largely on setting up processes and ensuring inputs and outputs.
- Systematic data collection methods are needed to assess outcomes, e.g. to trial & learn what works in what context
- Usually only those few directly involved were aware of a specific piece of work & of any effect from it, and others were unaware.

Reported outcomes

For VCS

- Said better 'connected with other VCS & stat sector, more networking, partnerships & sharing insights
- Felt more '*in the conversation',* more listened to, & gained confidence, validation, kudos & leverage, …
- Greater understanding of strategic processes & systems & better informed of what is happening in CH
- New/ revitalised fora helped mobilise some rapid community responses and re-invigorated networks

For Statutory Sector

- Benefitted from meeting & connecting with **'***real' people*, having '*the right people in the room*' more often
- **Improved awareness of knowledge & respect for VCS** work & challenges, better **relationship** & understanding how to engage and work with more diverse VCS – often little or no contact with VCS previously, plus misapprehensions
- Realised shared interest. Felt improved **improved quality dialogue –** much **more open, honest, plus challenging**
- Had **better insights** into diverse communities' experiences and needs directly & new angles from the '*real world*'

For CH communities

Limited scope to collect evidence of outcomes so soon & without baseline and other mechanisms to track and assess change in CH

- Expectations that the information shared would e.g improve services bco better understanding of diversity and communities' needs, the degree of distrust in key institutions, and different manifestations (e.g. of mental distress)
- Helped the development of a number of CH key strategies and securing funding for VCS

you can't do prevention without the [VCS] … you really can't. But it never felt very easy to navigate that …..now we're in a position where we can have a very open and honest conversation about [what] was in the background before and not spoken. Programme staff help 'plug us in' [Health]

…the anti-racist commissioning work upends that top- down approach… really helped think about the needs of the people to inform what will work… [Health]

… the VCS enabler …. Hosts [and] created the space .. for partnership working. That has really helped [LA]

[Enabler staff] really facilitate .. helping us think about how we do this with the Neighbourhood Forum… helping us design what that might look like. Rather than just putting us in contact with [others] … the partnership has really developed quite a number of programmes, … [name] has been really pivotal in developing the Resident Involvement Framework, [helped us realise] that we really needed to focus on reducing health inequalities and have a more inclusive approach to resident involvement, and co-leading that work [Health]

I've never, we've never worked so well, or so much with the [VCS] before, as in the last couple of years, as a result of this network [Health]

Outcome quotes from statutory partners

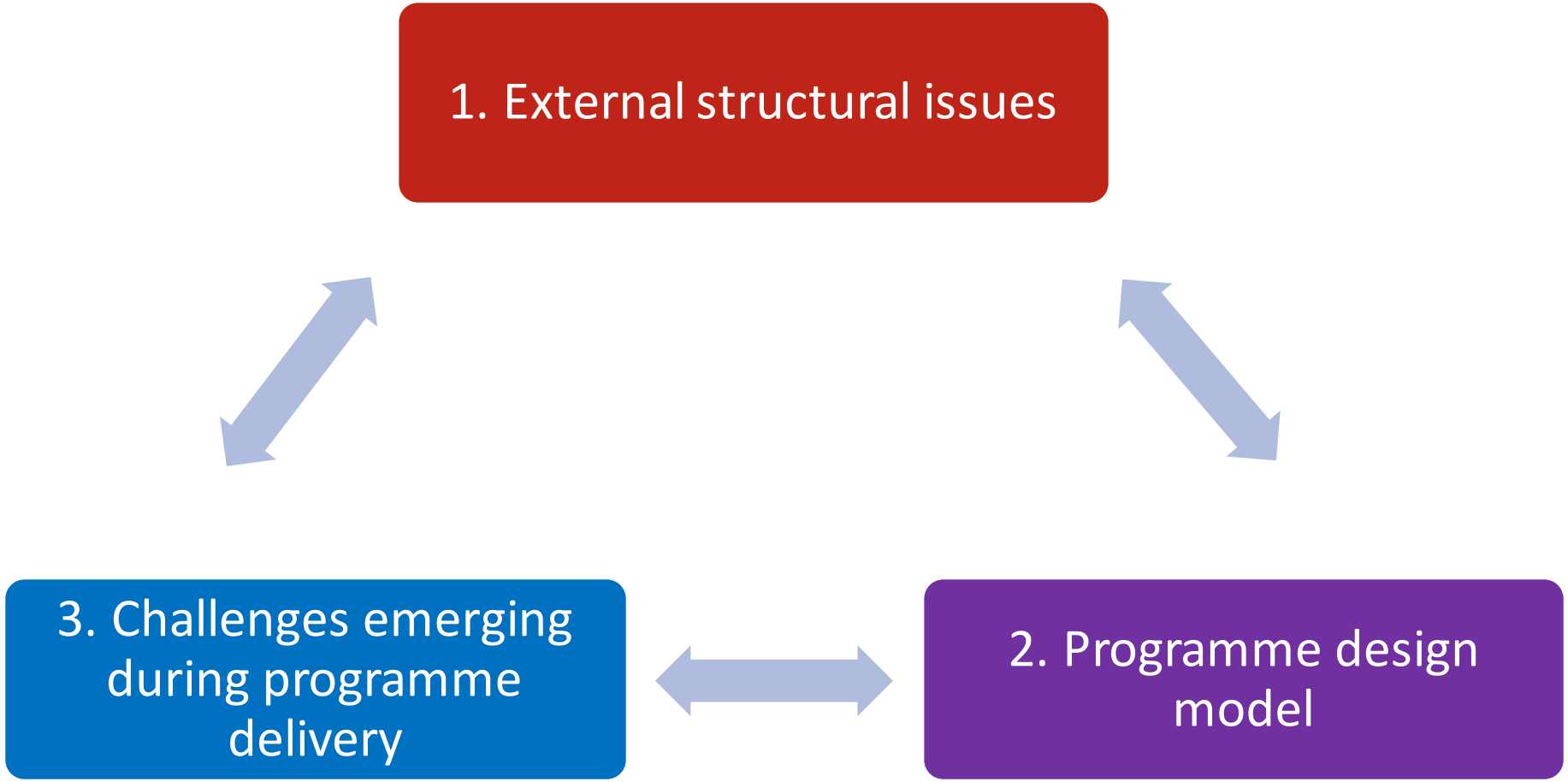
A really great way to get to know diverse organisations, residents, projects and issues relating to needs and issues across the borough. [LA]

The SIG helped us network, ensured we're including [the right] organisations …sharing information …The willingness to share and be open [and] generous with resources has been fantastic [and helped] shape thinking around the [new] strategy… [The programme] helped create relationships and facilitate conversations between the council and small organisations that we [previously did not have contact with [LA]

[Enabler] *very proactive …they brought [the right] key people and organisations together to address the issues around racism and specifically the challenges with funding smaller VCS orgs. Their meetings and events encouraged an open dialogue, discussion and planning … They have built up a strong network …This work should be resourced over a few years to start the changes needed and to sustain the momentum* [Health]

… I feel [programme] have done a good job at setting out the role of the voluntary sector in a way that I understand. So I probably do think it's more important than before [Health]

Challenges reported & found



Challenges 1

Structural & external to the programme

- High levels of deprivation & inequalities, institutional racism
- Diverse groups need tailored remedies
- Confusing & often changing health structures & names., are hard to keep abreast of & this disrupts relationships
- All sectors, including health, are under intense pressures & targets
- All sectors have limited time to connect
- Preventative health historically less priority
- Any change takes time to embed, structural changes more-so
- A 'them & us' attitude still common
- Statutory sector staff feel that many VCS expect them to give funding - but '*no magic money tree*'

VCS context

- Inadequate funding, often short-term despite facing **high demand & evidence of unmet needs**
- **Funding model** causes work, discontinuity, stopping projects is detrimental & must compete with VCS
- VCS have limited & varied personnel & time to attend meetings, or balance new programmes like this with their own ongoing service delivery. Initiative fatigue
- VCS often feel undervalued, treated as '*unprofessional / amateurs*', but expected to provide innovative services, 24/7, without enough funding or time for planning. Can feel '*lip-service*' paid to co-production
- The **evidence burden to prove worth** is often unrealistic
- There are tensions between the need for ongoing services and developing new ways of working but rarely any funding for the change itself
- Statutory sector participants showed good awareness of this, but had no magic bullets

some of the informal conversations I've had more recently have been: 'you guys said you could do all of this stuff, why aren't you just getting on with doing it?' [VCS]

permanently going to be running up against … the ambition to involve the voluntary sector and a pragmatic issue that we don't have the ability to give them the money to get involved. Certainly not on the scale that that we might want to or they might want us to [LA]

Very hard to explain local authority, or the NHS or NHS bureaucracy or processes to anyone else. Takes time and resources … everyone really wants to try something different and it always ends up … [in] having another meeting, a committee meeting... slip back into those modes of working.... You can't expect VCS to attend all those meetings – takes time and money [Health]

some [VCS] organisations have a strong feeling of exclusion … very hard for them to articulate what they want and what would be different as a result of them getting what they want. … capacity building and training [are] really critical … Otherwise you just have the expectations and representation, but that needs to go somewhere [VCS]

Challenges

2. Programme design & identity

- The programme was not found to have a clear, discrete identity; varied & limited understanding of its concept, aim, methods ... but faced multiple high expectations.
- Limited evidence base, started in pandemic, discontinuity
- The name 'VCS Enabler' was rarely used & described as obscure. Usually programme blurred with 'HCVS', or referred to as e.g. Assemblies or SIGs
- Few had a grasp of its structure or processes.
- It was unclear how it maps onto or fed into official policy-making structures and commissioning. Some fears that little traction beyond the active CH & NHS personnel.
- Vibrant meetings, but few know what happens afterwards. The VCS have to juggle this with many other engagement fora
- Expectations expressed that VCS can become 'sustainable' without statutory sector, without evidence on viability.

3. Programme delivery

- Good co-production relies on building relationships and trust across individuals as much as organisations. This work is **VERY time consuming**
- Has taken **time** for the programme & meetings to find their feet & start '*performing*'. Risk of demoralisation. All aggravated by C19
- Lots of **meetings** & often packed **agendas** - can feel hectic & rushed & sometimes overwhelming.
- Hard to ascertain core priorities. Feels like lots to do NOW. Possibly expectations are too broad or ambitious, which creates its own tensions.
- Some were unsure where and how decisions are made
- **Most only aware of the work /issue** they have been **directly involved in.** Most felt not in the know.
- **Limited reporting /communication of inputs, outputs or outcomes** has been taken to mean that the programme is not achieving much. As a result, some VCS disheartened & some statutory partners sceptical.
- At same time, it is difficult to quantify such networking & linking work and its value and any related outcomes

Conceptual challenges

I wasn't really aware as a concept of the 'VCS enabler' until I was invited to this [evaluation interview [Health]

... need to articulate better how the enabler links to HCVS's wider offer [VCS]

.. a term that I would never use in common parlance. It doesn't resonate with me, or mean anything to me. It's jargonistic [VCS]

...I don't think I know what the 'VCS enabler' is and I have asked this before, ...All I understand is ....that we have this resource that is people, and a sort of forum like the group. That really enhances that working relationship [Health]

tricky to navigate [the structure and meetings] [Experienced VCS]

Hard to distinguish from other engagement [and enabler] mechanisms.... [VCS]

... the term is a bit woolly - I also get mixed up with which bit of the project it refers to [VCS]

I've always found the term difficult to understand, it doesn't say what it does, ... you need to be in the know ... but I don't have a better word...[VCS]

The Council consultations are just never-ending and we can't really cope... They're trying to be democratic by consulting groups and organisations, when the people they are consulting are bending under to the pressure of the work that they have to do in order to service the community [VCS]

The neighbourhood forums are a bit of a problem, .. I work across the borough and so I can never decide which one to go to. And if I do go to more than one, there's an awful lot of repeat stuff. I think it's a good idea, but just not a great idea for our [organisation] [VCS]

There's a lot of similar meetings, forums, special interest groups, special advisory panels and all sorts of things that are that seem to cross over. So it is quite a confusing landscape, I think. And it's hard to know what, who's feeding things and where the important places are to attend and to influence sometimes [Health]

Another two or three hours of your time in a week or a month is quite a lot, … it's a choice between that meeting and another meeting for your work. Of course, you'll go to your work meeting [VCS]

The thing is, is that the people that tend to be there are the people that understand it. And to understand it, you have to have been round the block [VCS]

we created the competition that creates these relationships within the [VCS] sector, … these organisations compete for funding, compete for their place at the table … It's not down to just HCVS … we have kind of created that kind of environment … we've generated those conditions over many years [LA]

we know that the voluntary sector is wide and eclectic in City and Hackney [Health]

Challenges 3. Reach, participation & gaps

Tendency to presume more gaps in participation VCS than exists – possibly because most have a limited overview

Some organisations and reps just attend once. This may benefit the attendee more than the programme

Gaps across statutory sector are hard to assess, bco number of potential orgs & staff; COL very limited involvement

Gaps among VCS:

- Many more VCS were reported to be signed up, but did not attend much or regularly
- VCS capacity differential: smaller VCS can't attend all meetings, must prioritise own work, even with backfill
- Tendency to focus on Hackney more than CoL VCS
- Missing VCS that work with e.g. homeless people, Gypsy, Roma and Travellers; South Asian, especially Bengali, South American & Eastern European communities; specific women's and VAWG groups (e.g. Nia, Hestia, DASAC, Rape Crisis; some specific health, disability, special needs & carers' groups; and legal advice centres
- Some significant larger VCS missing or are not as involved as they might be, e.g. Shoreditch Trust, Family Action, Renaissi, Round Chapel, etc. They probably don't need HCVS support or representation & possibly copete with them when applying directly to potential funders. Plus evaluation told of some historical tensions
- Difficult to map all current VCS. Any list is out of date quickly. Some VCS work across more than 1 borough – again limiting their scope to participate

Raises question: Qs: What is '**good' participation**? E.g. who should attend? What is the best mix of VCS, Stat Sector and issues? How many? How does the programme ensure depth as much as breadth? Within the statutory sector should the programme focus more on strategic leads or more direct providers (in say LD, SC, CYP, MH, …)? …….

Conclusion - what do the findings tell us?

- The evaluation heard lots of positive feedback about inputs, outputs & outcomes, plus some challenges. Plenty of activity & processes have now been established, with clear evidence of hard work, commitment and goodwill from all sides
- The programme's inclusive approach has helped improve links within and across sectors, information sharing and bringing in fresh and diverse insights on issues and services
- Both VCS and statutory participants found the programme valuable and reported benefiting in many ways
- Safe spaces have been created for discussions. These were reported to be of better quality, deeper, more challenging, real-world evidenced, and overall more useful in contributing to developing policy & practice
- The more extensive collaborative work around specific issues was said to be extremely valuable and was expected in itself to secure better buy-in to any new strategies or services
- The programme would benefit from regularly reviewing membership & input, especially the range, level and continuity of participation, to identify and address any gaps and barriers and ensure the best combination of breadth and depth
- Many found the name & concept too vague, felt they only knew the part of the programme they were most engaged with and lacked an overview or appreciation of all the engagement or other work which has been undertaken to date
- Many expressed a need for more sharing and communicating of the programme's work, any emerging lessons learnt and what difference it is making to people in City and Hackney
- That said, much of the work are processes, such as relationship building, and difficult to capture or translate as outcomes
- Many of the barriers to participation, such as limited VCS core funding, are unlikely to be addressed by this programme alone, but there are some signs that these are more appreciated across the board, enhanced by this programme

Top 10 recommendations– most from participants

a. Agree overarching and annual priorities, ideally aligned to CH place-based & Health & Well-being Board and HCB priorities

b. Co-produce a clear communications & engagement strategy to ensure all have an overview of, and can input effectively

c. The VCS Leadership Group (LG) could become the programme's strategic lead, responsible for strategic level influencing, collaboration & representing the VCS on relevant strategic boards / committees

d. Review the overall meeting structure, to ensure intersectionality, inclusiveness as well as effectiveness in SIGs, Networks, etc

e. Routinely review the LG membership & operations, ensure a healthy mix of small & larger VCS, secure HCVS capacity training.

f. Focus on outreach to address any gaps in reach across both City and Hackney. Review breadth, depth and what constitutes 'good' VCS & statutory sector participation (e.g. numbers, range, needs served, attendance, topics covered, etc…)

g. Clarify the distinction between HCVS and the VCS Enabler. Consider a more accessible name for this programme.

h. Prioritise securing core funding for VCS and limiting reliance on project and system funding.

i. Continue to be creative and responsive in approaches to improving health outcomes, informed by community perspectives, using specialist and accessible approaches for different communities. Ensure all plans are SMART and resourced.

j. Improve measurement & evidence. Agree a robust, reliable and realistic process and outcome data collection framework. Report routinely (paying care to attribution). Select and co-produce a few issues as pilots, with agreed outcome indicators

Evaluation methods

Data was collected to explore processes, systems, operations and perceived outcomes

- Analysis of existing data, e.g. monitoring, meeting minutes and notes, feedback from training and events, …
- Observations of Leadership Group and 2 Special Interest Group meetings
- Qualitative small group and 1-2-1 interviews with statutory sector: NHS, LBH and CoL *(n=13* individuals)
- Qualitative focus group with the Leadership Group (*n=14 VCS individuals*)
- Qualitative 1-2-1 interviews with lead participating VCS personnel (*n=4)*
- Qualitative focus groups with both statutory sector (*n=5)* & VCS *(n=8)* members in 2 Special Interest Groups
- 1-2-1 and paired interviews with VCS Enabler staff & HCVS CEO (*n=6)*
- Written feedback provided by 3 participating statutory sector and VCS organisations

In total the evaluator collected views and data directly from **50 individuals: prioritised by their amount and type of involvement**

Qualitative data was systematically and thematically analysed using the 'Framework' approach