

# The Missing Link for Green Social Prescribing

Exploring the realities of finding sustainable funding for nature-based organisations delivering green social prescribing activities

APRIL 2023

A partnership project between...



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# Who are Capacity?

We're not a think-tank, we're more like a, err... do-tank. What does that mean? Well, we actually do the stuff we've thought about. That means we're on the journey with the organisations we support; you won't find us producing a shiny report and leaving you to it. We'll also get on with the job at hand (if you want us to), focussing less on the policies and procedures, and more on the people and real lives at the end of them. Our Northern roots stand in good stead here; we're fiercely proud of our ability to understand our local people and places, keeping them with us along the way.

As long as people face challenges in their life, we'll be here designing services that work hard for them.

To date we've...

- Secured over £40m of funding for charities and social enterprises.
- Piloted a new social enterprise delivery model for Primary Care, called Community Care Collaborative. Through this we've helped deliver General Practice services to over 20,000 patients in North Wales. True to our purpose, this has been done in new and creative ways, led by local people.
- Partnered with Local Authorities to design and develop new services, such as Early Help and Prevention services for children and families in Wirral.
- Supported dozens of charities and social enterprises (small, large, and in-between) to develop business models that last. We've helped transform Warrington's Catalyst Choices into a high-impact, financially sound, staff-owned social care business.
- Built a top team made up of people from all sorts of backgrounds and with all sorts of expertise. That means we can apply a range of skills and viewpoints to the challenges we face and fill the gaps our client's teams may have.

You can read more about our impact:

[Capacity Impact Box - Capacity \(thiscapacity.co.uk\)](https://thiscapacity.co.uk/capacity-impact-box)

Full bios for members of our team can be found at:

[Who We Are - Capacity \(thiscapacity.co.uk\)](https://thiscapacity.co.uk/who-we-are)

## Social Prescribing

Capacity has form in the social prescribing space within Liverpool City Region, having designed, commissioned, and developed social prescribing schemes with 4 Primary Care Networks and worked with Alder Hey Children's Hospital to explore how a social prescribing offer could benefit people using their Child and Adolescent Mental Health Services (CAMHS). Capacity also worked with the voluntary sector in 2020, just as social prescribing began to emerge, exploring what the VCSE sector could do

for social prescribing in South Liverpool. It's interesting to reflect on the report that was created at this time, titled "We're ready and waiting" and consider carefully whether the landscape for VCSE's working in the social prescribing space has indeed moved on much in the three years since it was written. We share the closing statement from the "We're ready and waiting" report in the next section.

# The Brief

A working party of green social prescribing activity providers from Cheshire and Merseyside came together to look at different ways to model a financially sustainable approach to green social prescribing across the region. They each have experience of delivering green social prescribing activities. Over the period January – March 2023, this group planned on holding a number of workshop sessions and conversations across Merseyside to identify a robust, sustainable funding model for nature-based organisations interested in delivering green social prescribing activities.

Previous social prescribing activities have been funded through short-term, one-off grants. The working-party were keen to explore:

## **How can we model a financially sustainable approach to green social prescribing across the Cheshire and Merseyside region?**

Capacity was commissioned to support their efforts and to help research and collate the evidence to inform the final model.

It builds on a piece of work from September 2020 which Capacity delivered in partnership with the Liverpool Centre for Voluntary Services (LCVS) and a number of VCSE organisations who came together for a series of workshops about social prescribing. The workshops culminated in a report titled, “Ready and Waiting.” An extract from this 2020 report is copied below:

***“The elephant in room with social prescribing remains how VCSEs can be funded in a sustainable way.***

*It goes without saying that VCSEs cannot run on air, and this was flagged throughout the project. Whose role it is, how longer-term funding can be accessed, and the role of joint commissioning were all questions arising.*

*This project alone involved a range of charities with different business models and income streams – whilst some organisations would welcome referrals immediately, others felt at capacity and extremely cash strapped. Just like the NHS - where patients avail of services, **funding needs to be released to provide and sustain them.***

*Whilst we acknowledge this to be an outstanding issue, with no immediate resolution, for the purpose of this work we put this to one side.*

*To secure such funding, patient engagement and impact has to be rightly evidenced. **This requires a joined-up approach and a collective conversation across our various sectors. Then and only then, can we create an ecosystem of support that is truly responsive to the needs of our community.”***



## Ready and Waiting Report - September 2020

Capacity are grateful to the working party for this opportunity to work in partnership to understand the current 2023 picture for social prescribing- namely green social prescribing- and reflect on whether the routes to being funded sustainably for VCSE's working in the social prescribing space has indeed moved on much in the three years since the "Ready and Waiting" report was written.

To enable this, Capacity carried out research and engagement to answer the following questions:

**What commissioning opportunities are there from health to fund green social prescribing across Cheshire and Merseyside? How can we position ourselves for these?**

**What does the current social prescribing landscape in health look like and what does this mean for us, as green social prescribing activity providers?**

**How can we work better as a sector to understand opportunities?**

**We know that green initiatives deliver outcomes for the health system. How, as a sector, can we attract sustainable income to cover the cost of delivering these activities?**

This report is the culmination of a short piece of work, gathering insights from some of the region's green social prescribing activity providers, NHS providers, commissioners, anchor organisations and system leaders in the Voluntary, Community and Social Enterprise (VCSE) and health fields.

This final report will help the working party document the process and inform and provide evidence for future ways of working.

***“We hope that this brings to light the reality of accessing sustainable funding for providers interested in delivering green social prescribing activities, and helps give organisations a head-start, allowing them to rule in, or rule out, whether this is a field that they have the time and resource to explore”.***

*-Quote from the Green Social Prescribing Working Party, Workshop 2*

***“We hope that this helps our health colleagues and partners in the new Integrated Commissioning System see the challenges for green-provider organisations and allows them to consider how they might better ensure that this community of organisations have fair and equitable access to the funding that is available”.***

*-Quote from the Green Social Prescribing Working Party, Workshop 5*

# The Green Social Prescribing Working Party

Co-ordinated by Groundwork Cheshire, Lancashire & Merseyside, and funded by Natural England, seven organisations worked together over a 12 week period, from February to April 2023. Organisations were made aware of the opportunity at Groundwork’s consultation sessions for the Northern Network; eight organisations came forwards, and seven saw the project through to completion.

These organisations formed the ‘Working Party’:

- Groundwork Cheshire, Lancashire & Merseyside
- TCV (The Conservation Volunteers)
- Grow Wellbeing CIC
- Growing Sudley CIC
- Netherton Feel Good Factory Community Garden
- Taking Root in Bootle (South Sefton)
- Faiths for Change

Each of these organisations have experience in delivering green social prescribing activities and are convinced of the positive outcomes people achieve when connecting with nature. The organisations have skilled and knowledgeable workforces and have already gathered robust qualitative and quantitative evidence to demonstrate the quality and impact of their green social prescribing offers.

Five workshops were held in February and March to better understand their collective experience of delivering green social prescribing activities. They were also keen to understand if their individual experiences were consistent with others delivering green social prescribing activities across the wider Cheshire and Merseyside area.

Through these sessions and via Capacity's participation and feedback throughout, the 'Green Social Prescribing Working Party' were able to identify and communicate a shared culture and objectives for collaborating as well as a broad description for the group.

### **Description of the Green Social Prescribing Working Party**

- We are a group of green-space organisations, big and small, who are already making a significant positive impact on individuals and communities.
- We are all green social prescribing activity providers.
- We have a robust evidence base for green social prescribing.
- Our time to take part is funded and co-ordinated by Natural England.
- We are co-ordinated and supported by Groundwork Cheshire, Lancashire & Merseyside.
- Collectively, we are in a strong position to deliver additional activities that respond to the needs of the health system.
- We are flexible. Responsive. We are keen to work together.
- But we can't do anything significant or sustainable without resources, data, support and funding from health partners.

### **Culture & objectives of the group**

- We are inclusive, not exclusive.
- We are a broad, holistic group.
- The outputs from this working party should be of benefit to other organisations, not simply something that is of benefit to us in this room today.
- We aren't ruling out constituting ourselves as a group, but it's not a priority at this stage. We are clear that if we did form, the model would have to be flexible to enable new/upcoming/additional organisations to join us and benefit from the vehicle too.

## **Methodology**

To produce an evidence base and recommendations for how best to identify a robust, sustainable funding model for green social prescribing, Capacity conducted desk-based research, individual interviews with a range of system leaders, facilitated



3 workshops and created a survey for dissemination to a wider range of green social prescribing activity provider organisations outside of the working party.

Capacity's research built on and complemented the work and outcomes from the workshops held in February. Outcomes from these workshops included:

- Mapping their collective network. This helped the organisations to identify the structures and systems needed to navigate and better understand health systems and funders.
- Identifying shared experiences of delivering green social prescribing activities. The working party explored as a collective:
  - Which organisations were referring into green providers
  - Funding history
  - Challenges of working with health
  - Successes of working with health
  - Shared understanding of the health system

This identified strengths and weaknesses across the collective in both understanding of the health system and within their own professional networks. It also led to shaping the brief for Capacity's support, including compiling a collective list of questions with which we used to frame our research.

### **Desk Based Research**

Capacity conducted desk-based research to analyse the strengths and weaknesses of current funding opportunities for social prescribing activities, with a focus on green social prescribing activities, across England. We scoped relevant local and national websites, documents and journal articles that we will refer to throughout and we included information from three webinars:

- National Academy for Social Prescribing Learning Together Programme - 105: Green Social Prescribing through the natural environment<sup>1</sup>
- NHS England / Social Care Institute Excellence ICS webinar 2022-2023 - Webinar 5<sup>2</sup>
- National Personal Health Budget Community of Practice<sup>3</sup>

Through this research we were able to identify the pros and cons of social prescribing funding via:

- Primary Care Networks
- Grant funders
- Integrated Care Systems (ICS) and their associated parts
- NHS Trusts- Provider Collaboratives
- Personal Health Budgets

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<sup>1</sup> [Learning Together | NASP \(socialprescribingacademy.org.uk\)](https://socialprescribingacademy.org.uk)

<sup>2</sup> [Webinar slides: System Transformation Team - Provider collaboratives \(scie.org.uk\)](https://scie.org.uk)

<sup>3</sup> [england.personalisedcarenorthwest@nhs.net](mailto:england.personalisedcarenorthwest@nhs.net)

## Interviews with System Leaders

Capacity held conversations with leaders from the voluntary and community sector, from Cheshire and Merseyside's health system, and with leaders from the NHS with a national portfolio. We wanted to understand how health is connecting to the voluntary and community sector and how health funds, or plans to fund, the activities-element of green social prescribing, with a particular focus on long-term or sustainable funding sources.

During this work we spoke to:

- Seven green social prescribing activity providers from the working party
- Groundwork Cheshire, Lancashire & Merseyside
- Natural England
  - Senior Advisor – Health and Environment (North West)
- NHS England
  - Voluntary Partnerships Manager
  - Personalised Care Leads (North West Region)
- Cheshire & Merseyside ICS
  - Mental Health Transformation Team Lead
  - Continuing Healthcare Programme Consultant
  - Social Prescribing Consultant
- Primary Care
  - A Liverpool GP
- Infrastructure organisations
  - Programme Manager Voluntary Sector North West
  - Sefton CVS
  - One Knowsley
- Thriving Communities Lead Cheshire and Merseyside

We also reached out, unsuccessfully, to a further 6 organisations/individuals from across the Cheshire & Merseyside system.

## Survey to Green Provider Organisations in the Region

Together, Capacity and the working party agreed that it was important to better understand the funding challenges and opportunities other green social prescribing activity provider organisations across Cheshire and Merseyside were experiencing.

Capacity created a survey asking questions around the themes of:

- Coverage across Cheshire & Merseyside
- Provider's experiences of working with NHS/ health
- Referrals from NHS
  - numbers of referrals from health
  - which parts of the system have referrals come from
- Provider's experiences of getting funded by NHS/health to deliver activities

- Provider’s understanding of the region’s health systems and structures
- Provider’s understanding of the region’s voluntary sector networks and infrastructure organisations
- Provider’s understanding of social prescribing
- Provider’s opinions on the ICS’s approach to working with voluntary sector organisations and what this might mean for green social prescribing activity providers.

Due to time constraints the survey was not able to be disseminated across the wider region but is available for the working party to use in the future to support future work and funding bids.

## Our Findings

In this section we will detail all the combined findings from across all the work that has been done.

### Social prescribing

Social prescribing is an approach that connects people to activities, groups, and services in their community to meet practical, social and emotional needs that affect their health and well-being. This includes connecting people to arts and culture, nature and physical activity, advice and support services, and work and volunteering<sup>4</sup>.

Social prescribing is an all-age, whole-population approach that works particularly well for people who:

- Have one or more long-term conditions.
- Need support with low-level mental health issues.
- Are lonely or isolated.
- Have complex social needs which affect their well-being<sup>5</sup>.

The NHS is investing in social prescribing as it is a key component of NHS Universal Personalised Care<sup>6</sup>. Personalised care delivers good outcomes for people- it means that people have choice and control over their health and well-being. Social prescribing link workers give people time and co-produce a simple personalised care and support plan, by focusing on a “what matters to you” conversation. The care

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<sup>4</sup> [NHS England » Social prescribing: Reference guide and technical annex for primary care networks](#)

<sup>5</sup> [NHS England » Social prescribing: Reference guide and technical annex for primary care networks](#)

<sup>6</sup> [NHS England » Universal Personalised Care: Implementing the Comprehensive Model](#)

plan considers their individual strengths and needs- it is an asset-based approach to meeting people's needs.

Part of this care plan may include a referral to a voluntary, community or social enterprise (VCSE) organisation that can help the person work towards the outcomes identified in their care plan. This could be an activity delivered by a green social prescribing activity provider.

To understand where and how social prescribing is funded, we have to recognise that "health" or "NHS" is actually many separate organisations, each with its own priorities, often its own budgets and its own relationship with VCSE's.

The individual needs of people connecting with community-based activities and groups differs greatly, depending on where in the health system they are also being supported, or are being referred from.

We have identified the following discreet areas of the NHS to focus your positioning efforts towards

- Primary Care Networks
- Integrated Care Systems (ICS) and their associated parts
- NHS Trusts- Provider Collaboratives
- Personal Health Budgets

## Grant Funders

Green social prescribing activity providers can, of course, apply for grants to deliver green social prescribing activity. Grants are typically short-term and often come with restrictions of who should benefit from the grant. Grants can relate specifically to social prescribing activities, or they could cover broader health and wellbeing activities, such as the [LCR Cares Mental Health and Wellbeing Fund](#), and [Liverpool VCFSE Health and Wellbeing Fund](#) (Applications now closed).

The working party identified the following challenges in using and accessing grants to cover the cost of delivering the activities-element of green social prescribing:

A) Challenges green social prescribing activity providers have when applying for a grant:

- Getting access to data from health
- NHS's receptiveness to enquiries
- Understanding who health's priority cohorts are
- Understanding the needs of the priority cohorts
- Understanding the health referral routes
- Some funders think that providers should be, or are receiving, funding from NHS, particularly because of the numbers of people already being referred.

B) Challenges when green social prescribing activity providers have been successful with a grant:

- Connecting to health partners to let them know about their offer
- Establishing referral routes from health
- Reluctance or resistance from health to help promote their offer to patients/people.

This report focusses on sustainable approaches to financing green social prescribing activities, so grants won't be explored in more detail here.

## Primary Care Networks

### Primary Care Networks- National Picture

Primary Care is the name given to services that provide the first point of contact in the healthcare system, acting as the “front door” of the NHS. Primary Care includes general practices (GP) (along with community pharmacy, dental and optometry services)<sup>7</sup>. GP practices are grouped into Primary Care Networks (PCN's) with each PCN serving between 30,000 and 50,000 people<sup>8</sup>.

Typically, a green social prescribing activity provider will first encounter the type of social prescribing that sits within Primary Care with a referral from General Practice. A social prescribing link worker or a health and wellbeing coach might bring a member of the public along to a session, or they may call to enquire about sessions, or the number of spaces available, or contact the provider with a referral from a GP or a link worker.

With this model of social prescribing in Primary Care, when a referral is made by a social prescribing link worker, there is no associated tariff, or payment, from the referrer to the activities-provider. Funding to cover the cost of delivering the activity incurred by the green social prescribing activity provider does not follow the person. This is leading to green social prescribing activity providers receiving social prescribing referrals from Primary Care and having to pick up the cost of delivering the activities, and overheads of running the service, themselves by other means.

NHS England is investing in Primary Care social prescribing by funding the salaries of social prescribing link workers and health and wellbeing coaches.<sup>9</sup> Social prescribing link workers and health and wellbeing coaches are 2 of sixteen different Personalised Care roles that the NHS is currently investing in.<sup>10</sup> The roles are funded through the “Additional Roles Reimbursement Scheme” (ARRS)<sup>11</sup> and each Primary Care Network

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<sup>7</sup> [NHS England » Primary care services](#)

<sup>8</sup> [Primary care networks explained | The King's Fund \(kingsfund.org.uk\)](#)

<sup>9</sup> [NHS England » Expanding our workforce](#)

<sup>10</sup> [NHS England » Expanding our workforce](#)

<sup>11</sup> [NHS England Report Template 7 - no photo on cover](#)

is allocated a budget for these staff roles based on the size of the population the network covers.

Funding is restricted to covering staff salaries only, and GP's practices are unable to use this funding to support the delivery of social prescribing activities.

When Primary Care Networks are unable to spend all their Additional Roles Reimbursement Scheme budget, the remaining monies is held by the Integrated Commissioning Board (pre-April 2022 it was the Clinical Commissioning Groups who held this). If multiple Primary Care Networks across a region don't spend their full Additional Roles budgets, this could be a significant sum. We understand that this budget must either be spent on Additional Roles or returned to central government.

### **Primary Care Networks- Local Picture**

Across Cheshire and Merseyside, there are 51 Primary Care Networks (PCN's). One of the main aims of PCN's is to provide proactive, personalised, coordinated and more integrated health and social care for people close to home.

Each Primary Care Network has a responsibility to offer a social prescribing service as part of its contract with NHS England. It is up to each PCN to decide how their social prescribing service is delivered. Some PCN's deliver their own in-house social prescribing services by directly employing their own link workers (such as iGPC in Liverpool)<sup>12</sup>. Some PCN's have commissioned an external organisation to deliver their social prescribing service on their behalf (such as Halton PCN who have commissioned Wellbeing Enterprises CIC<sup>13</sup>). In some areas, PCN's have come together with other organisations to coordinate a consistent approach across a bigger patch (such as Wirral Social Prescribing Scheme<sup>14</sup> and Living Well Sefton<sup>15</sup>).

This has led to a variety of approaches, which can be difficult for green social prescribing activity providers to navigate. PCN's don't always explicitly publish how their social prescribing service is delivered, so it can take some work to find this out; if you want to explore how social prescribing is delivered in your area, finding out who your local PCN is a good starting point.

Please see Appendix 1, Cheshire & Merseyside's Primary Care Networks, for a list of PCN's.

### **Single Commissioner**

A Local Authority (LA), Housing Association, or Primary Care Network (PCN) can commission VCSE organisations to manage and deliver a social prescribing service on their behalf. The commissioned VCSE organisation employs and manages a team of social prescribing link workers. The link workers are often based in the host

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<sup>12</sup> [innovative General Practice collaborative \(iGPC\) - Social Prescriber \(igpc-liverpool.nhs.uk\)](https://www.igpc-liverpool.nhs.uk)

<sup>13</sup> [Home | Wellbeing Enterprises](https://www.wellbeingenterprises.co.uk)

<sup>14</sup> [Wirral Social Prescribing Scheme – Welcome to Citizens Advice Wirral](https://www.wirral.gov.uk/citizens-advice-wirral)

<sup>15</sup> [About The Service \(livingwellsefton.org.uk\)](https://www.livingwellsefton.org.uk)

organisation e.g., in GP practices<sup>16</sup>. With this type of commission, the employed link workers refer people to activities, but again, funding does not follow the person; there is typically no funding attached to the commission for organisations delivering social prescribing activities.

## **Integrated Care System (ICS)**

### **ICS National Picture**

The new formation of Integrated Care Systems (ICS) which are now holding shared budgets for health *and* social care may enable the facilitation of a model that enables both the management of a social prescribing offer *and* implementation (funding for the delivery of activities).

The purpose of ICS's are to bring organisations together to collaborate, plan, buy and deliver joined up health and care services, to improve the lives of people in a geographical area<sup>17</sup>. The aim of Integrated Care Systems are to integrate health and social care and provide whole population approach across a geographical area.

### **ICS Local Picture**

Our ICS covers Cheshire and Merseyside and includes our 9 Places of:

- Cheshire East
- Cheshire West
- Liverpool
- Warrington
- Knowsley
- Halton
- St Helens
- Wirral
- Sefton

Cheshire and Merseyside ICS is the second largest ICS in the country serving a population of over 2.5 million people, with 17 NHS Provider organisations, 51 Primary Care Networks, plus the North West Ambulance Services and thousands of VCSE's.

## **Integrated Care Boards (ICB)**

### **ICB National Picture**

These are new since July 2022 and replace what were known as CCG's. The ICB is a statutory NHS body. It is responsible for developing a plan for meeting the health needs of its population, for managing the NHS budget and for

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<sup>16</sup> [evidence-review-models-for-funding.pdf \(socialprescribingacademy.org.uk\)](https://socialprescribingacademy.org.uk/evidence-review-models-for-funding.pdf)

<sup>17</sup> [NHS England » What are integrated care systems?](https://www.nhs.uk/england/what-are-integrated-care-systems/)

arranging/commissioning health services in its ICS area, bringing the NHS together locally to improve population health and care<sup>18</sup>.

### ICB Local Picture

Cheshire and Merseyside is covered by one ICB, called the “Cheshire and Merseyside ICB” [Home - NHS Cheshire and Merseyside](#).

### Integrated Care Partnership (ICP)

ICP’s operate within Integrated Care Systems. They bring together a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS<sup>19</sup>.

In Cheshire and Merseyside, our Integrated Care Partnership (ICP) is called the [“Cheshire and Merseyside Health and Care Partnership”](#) The core membership includes:

- NHS Cheshire and Merseyside Integrated Care Board
- Local authority partners
- Ambulance Service
- Police
- Fire and Rescue Service
- Voluntary, community and faith sector
- Local Enterprise Partnership
- Primary care
- Provider collaboratives
- Social care providers
- Adult social care
- Children’s services
- Public health
- Carers
- Housing
- Healthwatch
- Education

The draft Interim Cheshire and Merseyside Health and Care Partnership Strategy for 2023-2028 can be found [here](#). (See end of this report for how you can contribute to this local strategy).

The ICP will support a few overarching principles when working with the third sector:

- Embedding Voluntary Community Faith and Social Enterprises (VCFSE) as key partners in our processes of planning, service delivery and re-design, co-

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<sup>18</sup> [Integrated care partnership \(ICP\) engagement document: integrated care system \(ICS\) implementation - GOV.UK \(www.gov.uk\)](#)

<sup>19</sup> [Integrated care partnership \(ICP\) engagement document: integrated care system \(ICS\) implementation - GOV.UK \(www.gov.uk\)](#)



- designing outcomes to maximise the knowledge, data and expertise contained within the sector to deliver evidence-based solutions
- Commitment to supporting VCFSE sector investment, both financially and organisationally and with shared plans, enabling VCFSE to have the capacity to engage as equal partners
  - Build on existing infrastructure and VCFSE assets through Place Based sector partnership Infrastructure, VS6 (Liverpool City Region) and CWIP (Cheshire and Warrington)

Please see Appendix 2, Place-based Infrastructure Organisations & Networks across Cheshire Merseyside.

Third sector organisations are important members of the Health and Care Partnership Board- the Board Joint Vice Chair role is held by a lead VCSE representative<sup>20</sup>. Rev. Cannon Dr Ellen Loudon was appointed to the Partnership Board in March 2023 and is also currently the independent chair of the VS6 Partnership<sup>21</sup>.

Some of the decisions that the [“Cheshire and Merseyside Health and Care Partnership”](#) will make will be done through our 9 Place Based Partnerships. These Place-Based Partnerships have the freedom to design and deliver services on a smaller level, based on more local need- Cheshire East, Cheshire West, Liverpool, Warrington, Knowsley, Halton, St Helens, Wirral, Sefton<sup>22</sup>.

### **NHS Trusts - Provider collaboratives**

Provider collaboratives bring NHS Trusts together to work at scale, improve quality and address inequalities. These include hospitals and mental health services.

In Cheshire and Merseyside there are currently 2 provider collaboratives<sup>23</sup>:

- Cheshire and Merseyside Acute and Specialist Trust (CMAST)
- Mental health, Community and Learning Disability Collaborative (MHLDSC)

The Cheshire and Merseyside Mental Health Transformation Team are 2 years into a 3-year project to transform how mental health services are structured and delivered with a view to collaborating better with the voluntary sector to deliver community-based care. Mental Health Alliances are the model that has been chosen as the mechanism to have two-way relationship with the VCSE and so far, three mental health alliances have been established in Cheshire East, Cheshire West and Wirral. There are about 50 – 60 voluntary organisations within the alliances and they are now starting to think how funding will be allocated.

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<sup>20</sup> [Lead VCFSE Sector Advocate appointed to role of Joint Vice Chair of the Cheshire & Merseyside Health Care Partnership \(HCP\) — VS6 \(vs6partnership.org.uk\)](#)

<sup>21</sup> [About VS6 — VS6 \(vs6partnership.org.uk\)](#)

<sup>22</sup> [Place-based partnerships - NHS Cheshire and Merseyside](#)

<sup>23</sup> [Provider collaboratives - NHS Cheshire and Merseyside](#)

The intention is to move away from short-term contracts, with new funding awards from 2024 being awarded as a minimum of 3 years, potentially more.

The Mental Health Transformation Team commissioned Rethink to establish these alliances; once each of the region's 9 Places has a mental health alliance established, the alliance will be moving across to sit under the appropriate Place-Based voluntary sector network/ infrastructure organisations.

### **Personal Health Budgets (PHBs)**

Personal Health Budgets (PHB's) are another way that social prescribing activities can be funded. They form part of the NHS Universal Personalised Care model<sup>24</sup>. They are relatively new but are here to stay. Instead of a provider being commissioned or being directly or grant funded by a single organisation for a set number of sessions, PHB's give the choice and control of how and where money is spent to the individual. These are not a universal service and are not available to everyone.

A care and support plan is at the heart of a PHB and is developed through a combination of a healthcare professionals' clinical expertise and knowledge, along with the person's expertise in their own condition and their own ideas for how their needs can best be met<sup>25</sup>. It is likely that the care and support plan will be overseen by the ICB. PHB's give individuals more choice and control over how money is spent on meeting their health and wellbeing needs.

PHB's frees up the market for delivery providers to have a direct relationship with people using (and paying for) their services directly and moves away from the previous commissioning routes such as block contracting.

The number of PHB's are deemed a good indicator to determine the levels of integration and personalisation occurring within an ICS. Integrated Health Boards (ICB's) are required to submit trajectories via their ICS for the numbers of PHB's to be in place by end 2023/24 and the number of PHB's is being used as a measure for the ICB Improvement and Assessment Framework every 3 months.<sup>26</sup>

So, PHB's are here to stay, and we will be seeing more and more of these over time as the NHS moves over to the Universal Personalised Care model.

Currently, the following groups of people have a legal "right to have" a personal health budget:

- People eligible for NHS Continuing Healthcare<sup>27</sup>

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<sup>24</sup> <sup>24</sup> [NHS England » Universal Personalised Care: Implementing the Comprehensive Model](#)

<sup>25</sup> [PHB-Implementation-Policy-v.18.-links-1.docx \(live.com\)](#)

<sup>26</sup> [Personal Health Budget \(PHB\) - NHS Digital](#)

<sup>27</sup> [NHS England » NHS Continuing Healthcare](#)

- People eligible for Section 117 Mental Health Aftercare<sup>28</sup>
- People eligible for wheelchair services (personal wheelchair budgets)

The rollout of PHB's is not confined to these "right to have" groups. Local decisions can be made by local ICB's; ensuring more people can benefit from personalised care is one of the priorities of the NHS Long Term Plan, with an ambition to increase the uptake of PHB's to 200,000 people by 2023/24 nationally.<sup>29</sup> For example, one-off PHB's are available to provide people with the support they need to leave hospital safely.

There are 3 ways that the money for a PHB can be managed:

1. A direct payment  
The money is paid to the person or their representative and they purchase the care and support that has been agreed. This can also be known as a managed account. As a provider organisation, you may not know that someone is paying for your services by means of a PHB.
2. A third party budget  
The money is paid from NHS to an organisation who is contractually and financially responsible for all elements of the budget.
3. A notional budget  
The money is held by NHS, which purchases the services in the usual way (through commissioned services)<sup>30</sup>

So, why do people referred by Primary Care's social prescribers not come with a PHB?

This is to do with eligibility criteria and thresholds for need. People presenting at their GP with low level, social needs, will likely not meet the threshold for funded healthcare. Referrals for people from Primary Care's social prescribing link workers should generally present with low level needs, such as isolation and loneliness. People currently eligible for national "right to have" PHB's have significant health needs, or "primary health needs."

## A note on the level of need

Natural England published a report on 30<sup>th</sup> March 2023 that identified a worrying pattern of link workers and green social prescribing activity providers receiving patients with complex mental and physical health conditions that they are not

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<sup>28</sup> [Section 117 aftercare - Mind](#)

<sup>29</sup> [NHS England » Personal health budgets](#)

<sup>30</sup> [Personal health budgets - NHS South West London Integrated Care Board \(icb.nhs.uk\)](#)

equipped to work with<sup>31</sup>. In effect, these could be considered to be inappropriate referrals.

The report drew its findings from a national investigation of green social prescribing during July 2022 culminated through a literature review, interviews with 7 regional health and environment leads, surveys with 16 national stakeholders, 104 green activity providers and 165 link workers, including 6 deep dive locations from 3 of the NHS regions.

The report also identified that improving awareness within the health sector of the levels of need that social prescribing caters for, while increasing the availability of more specialised support services, would help to reduce numbers of inappropriate referrals<sup>32</sup>.

### **Sector-specific resources for *everyone* in the system**

Resources like the “Green Social Prescribing Toolkit” released in July 2023 raise the profile of green social prescribing and the benefits of being in nature- both for people and for the planet<sup>33</sup>. It provides a “how-to-guide” for all elements of the This was the most recently published, comprehensive report we found.

#### **Green Social Prescribing Toolkit**



#### **Green Social Prescribing Toolkit- July 2023 Hosted on the NASP website**

It takes the learning from a £5.77million cross government programme that started in April 2021, and was supported by the Treasury Shared Outcomes Fund with additional funds from NHS England, Sport England and National Academy for Social Prescribing (NASP). It was project managed by the Department for Environment, Food and Rural Affairs (DEFRA) with support of national partners Department of Health and Social Care (CHSC), Department for Levelling Up, Housing and Communities (DLUHC), Natural England, Sport England and NASP<sup>34</sup>..

<sup>31</sup> [National green social prescribing delivery capacity assessment: final report - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

<sup>32</sup> [National green social prescribing delivery capacity assessment: final report - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

<sup>33</sup> [Green Social Prescribing - National Academy for Social Prescribing | NASP \(socialprescribingacademy.org.uk\)](https://socialprescribingacademy.org.uk)

<sup>34</sup> [nhs-green-social-prescribing-toolkit.pdf \(socialprescribingacademy.org.uk\)](https://socialprescribingacademy.org.uk)

Seven test and learn sites across England were funded and supported to test out how to embed green social prescribing in communities and the learning is captured in this toolkit.

The toolkit contains a wealth of resources for organisations right through the health and social care system- for individual organisations, and for local, regional and national system leaders spanning health, social care and communities. At a strategic level, Integrated Care Boards and integrated Care Partnerships will find essential and up to date information to assist them in planning, delivering or expanding green social prescribing schemes to meet the needs of people living in their area<sup>35</sup>.

There is also useful information for Social Prescribing Link Workers and other people who might refer people to green social prescribing activities for example, 'community connectors', community mental health practitioners, GPs (general practitioners), practice nurses, and other allied healthcare professionals and, of course, green providers themselves- those doing it, or considering it<sup>36</sup>.

## Conclusions

### **How can we model a financially sustainable approach to green social prescribing across the Cheshire and Merseyside region?**

In summary, we found that identifying and securing sustainable funding from health is not straightforward; the routes to securing ongoing sources of funding are nuanced and can be complex.

**There are no commissioning or direct funding routes available from Primary Care to cover the costs incurred by green social prescribing activity providers to deliver social prescribing activities.**

**Primary Care social prescribing link workers will often refer people to green social prescribing activity providers, but there is no funding provided alongside these referrals.**

Funding is available from the other parts of the health system e.g., ICS and Trusts, however with this comes an expectation that providers will deliver services to support individuals who have higher levels of need.

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<sup>35</sup> [nhs-green-social-prescribing-toolkit.pdf \(socialprescribingacademy.org.uk\)](https://socialprescribingacademy.org.uk/nhs-green-social-prescribing-toolkit.pdf)

<sup>36</sup> [nhs-green-social-prescribing-toolkit.pdf \(socialprescribingacademy.org.uk\)](https://socialprescribingacademy.org.uk/nhs-green-social-prescribing-toolkit.pdf)

NHS England is investing in Primary Care social prescribing, but with all the funding being invested in staff (link workers), green social prescribing providers delivering activities can't benefit from these funds.

A green-third sector organisation, or a collaboration of, could tender to deliver a social prescribing service on behalf of a Primary Care Network (PCN). They would be responsible for recruiting and employing link workers and could charge an additional administration fee to the PCN for overheads of delivering the service, but the likelihood of also being funded as part of the commission to cover the costs of delivering activities is very low and alternative funding for activities would need to be found. One of the core functions of any social prescribing service is offering choice and control to a wide range of opportunities, so there would need to be varied range of activities on offer, wider than just those delivered by the green providers.

Even with the move towards personalised care approaches such as PHB's, with the pooling of health and care budgets in integrated care systems, and with the commitment of the new ICS's and their associated parts to work collaboratively with VCSE's, we're still a long way from having a sustainable funding route for green social prescribing activity across the region.

The recent changes to local health systems, from CCG's to Integrated Care Systems/Partnerships/Boards, could provide welcome opportunities to green providers who are interested in working in the health space.

The closest option to finding sustained funding for delivering activities that benefit people with health needs is to work with the ICS. Three-year contracts are welcomed by the green social prescribing activity providers we heard from, as it will provide continuity and longer-term viability of their offer, but they are still effectively grants. And the likelihood is that the level of need of people will be greater. Responding appropriately to these levels of need may push delivery costs up for green social prescribing activity providers.

We heard from green social prescribing activity providers that they welcome the integration of health and care budgets, and the opportunity for real co-production and partnership working that the new ICS structures offer. However, our insights have identified that green social prescribing activity providers feel, so far, excluded from the health market. To take part, they must navigate multiple variations of approach across the region which creates challenges to accessing competitive funding opportunities.

Learning that the ICS will be working through the region's place-based infrastructure organisations is an understandable approach which should allow health to reach vast numbers of third sector organisations. However, the experiences of green social prescribing activity providers is such that they feel their sector is not currently well represented by the region's place-based infrastructure organisations, and work is

needed to raise their profile with these networks, or risk missing out on funding opportunities from the ICS, and other funders, that come through these routes. Providers feel that there are differences in the approach and quality of the region's place-based infrastructure organisations and they don't all feel inclusive and approachable.

Learning that mental health funding will be distributed to the voluntary and community sector through Alliances set up in each of the region's 9 places, such as The Wirral Mental Health Alliance, is welcomed, however, looking up from the day to day to horizon scan and network is time consuming and resource heavy, particularly for leaders of small green social prescribing activity providers who must balance this with day to day delivery. It is difficult to prioritise joining local alliances and attending their meetings when this activity is unfunded.

We also heard that there are concerns that the newly formed ICS's might choose to work through alliances made up of long-established and well-known voluntary sector organisations. By working with "the usual suspects," they flag the risk of stagnating the market and freezing out smaller and newly formed green providers, or the whole of the green sector in its entirety.

Therefore, these mechanisms run the risk of being more exclusive than inclusive for the region's third sector.

The prospect of having a two-way relationship with the health and care system is an exciting vision but, for many of our green social prescribing activity providers, weighing up the time it will take to attend alliances and network meetings with the likelihood of receiving funding might already exclude them from the process. This is compounded for green social prescribing activity providers who cover more than one place; increasing the amount of time they would be required to give to multiple alliances and networks throughout the year contrasted with the likelihood of receiving funding.

There is also a risk that the green social prescribing offer may be diluted through these structures. Already we have heard from green social prescribing activity providers that they have received push-back from being included in the "people services" element of ICP boards with some being told they fit more within "environment" or "sustainability boards." Smaller organisations, which these green providers often are, are strong in that they are often innovative, dynamic, responsive and deeply community connected. By their very nature they deliver personalised care. Awareness raising is required within the health sector on the benefits of green social prescribing.

(Green) Social Prescribing is used as a catch-all term for VCSE's delivering initiatives in partnership with health, however there is distinct difference in what people with low-level needs require and what should be delivered through a more specialised

service. With the NHS delivering more and more through community-based approaches, and the move to neighbourhood models and collaboration with VCSE's, a definition of what green social prescribing is, and is not, is needed urgently.

We learned that many organisations delivering, and considering delivering, social prescribing activities thought that there were funding sources from health that they were just unaware of (namely from Primary Care, where social prescribing referrals mainly come from). In 2020 the report developed by Capacity in partnership with LCVS and VCSE's in South Liverpool referred to how social prescribing activity can be funded sustainably as "the elephant in the room" with no sustainable, long-term funding routes available for providers interested in delivering activities at that time. The report concluded by stating that a solution "*...requires a joined-up approach and a collective conversation across our various sectors*".

Three years later and the evidence base for social prescribing, and green social prescribing, is robust and social prescribing is here to stay<sup>37</sup>. NHS and health partners continue to promote and develop the social prescribing model and Primary Care's social prescribing link workers continue to refer people into VCSE's, however the "elephant in the room" remains; **there are no direct funding routes for social prescribing activities via Primary Care**. Providers delivering social prescribing activities must start thinking of more creative and alternative ways to fund their activities rather than having any doubt in their minds that money may mythically still come from a source within Primary Care; this remains the missing link.

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<sup>37</sup> [Green Social Prescribing - National Academy for Social Prescribing | NASP](https://www.nasp.ac.uk/green-social-prescribing)  
([socialprescribingacademy.org.uk](https://socialprescribingacademy.org.uk))



# Recommendations

Using the insights from our research we have identified a series of recommendations for continuing this work and future opportunities, providing a steer for all nature-based organisations across Cheshire and Merseyside- those within and beyond the working party.

## Recommendations for keeping the momentum

### 1. Continued collaboration

There is an opportunity for green social prescribing activity providers to continue working together to make the most of the opportunities that are on the horizon. This would require coordination. A “Green Health Consortium” would allow the consortium to directly engage with the ICS and associated voluntary infrastructure organisations who sit within each of the 9 Places across Cheshire and Merseyside.

Benefits to this are:

- Required resource to liaise with health services is significant, working in this way would provide an economy of scale.
- Individual voluntary organisations struggle to find the time and resource to attend these meetings.
- It wouldn't dilute the green health offer; providers are currently struggling to find their place within the system e.g., environment vs people.
- Membership of a consortium would provide equity of opportunity for new and smaller green organisations.
- It would allow information to be cascaded to more green-provider organisations.
- It creates an opportunity to share learning and future shared opportunities across more green-provider organisations, more equitably.
- It creates a single point of access for health to access the region's nature-based organisations working/interested in working in the health field.
- Creates an opportunity to apply as a partnership or an alliance with the ICS for national funding opportunities such as this (now closed for applications) [Green social prescribing: call for expressions of interest - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/green-social-prescribing-call-for-expressions-of-interest)

### 2. Demonstrate your shared impact.

Collectively approach a research body, e.g., the Social Prescribing Unit at University of Central Lancashire, to further develop the green social prescribing evidence base. The benefit to individuals has been well documented. This next focus should be:

- Economic outcomes- cost benefit / cost savings on services when partnering/ investing in green social prescribing
- Environmental and sustainability- how partnering with green social prescribing activity providers can help the NHS achieve its environmental sustainability targets

Benefits are:

- Provides an opportunity to jointly identify and bid for impact and evaluation funding.
- Will increase understanding of the outcomes of green social prescribing for individuals.
- Will increase the impact green social prescribing activities are having on the health system.
- Measuring in terms of cost savings will help to build the evidence base and reinforce the “invest to save” argument.
- Could lead to innovation in the system, particularly around the use of personal health budgets and their wider use in early intervention and prevention.
- Enable interventions to be designed to show how they can achieve commissioners’ priority outcomes. These will be different for different funders, enabling a diverse income strategy.

### **3. Raise the profile of “green health” regionally and nationally.**

There is an opportunity to develop a green health model in Cheshire and Merseyside which could be replicated across other ICS areas.

Benefits to the consortium are:

- Raising the profile of a green health model.
- Raising the profile and building a reputation of the Cheshire and Merseyside Green Health Consortium.
- Influencing national health policy to better recognise the place of green and nature-based activity providers.

### **4. Continue asking the difficult questions.**

Topics to be explored to progress the green-health agenda from a VCSE perspective include:

- Getting green social prescribing on the agenda for the provider collaboratives.
- Helping to differentiate and define what is green social prescribing for people with low-level needs and what should be delivered through a more specialised service.
- Innovations in personal health budgets
  - Expanding the PHB offer? PHB’s are currently only offered to 3 cohorts of people. Is there an appetite within NHS England or our local ICB to offer innovative personal health budgets to people

- with lower levels of need, such as those being seen and referred by Primary Care link workers?
- Exploring PHB's as a model for early intervention and prevention? Could the Consortium run a pilot to respond, in partnership with a research body, to evaluate the outcomes for individuals, the impact to the health system, and explore PHB's as an invest to save/ early intervention and prevention model?
- Repurposing of Additional Roles budgets. We have learnt that some Primary Care Networks are not spending their full Additional Roles budgets. Is there an appetite at our local ICB level, and at NHS England, to repurpose this for the commissioning of (green?) social prescribing activities?

## Recommendations for Individual Organisations

### 1. A blend of grant and commissions is required to fund delivery.

Green social prescribing activity providers will not receive funding directly from Primary Care- funding does not follow the individual, therefore you should rule out being directly funded or commissioned by Primary Care for the delivery of green-social prescribing activities. If it is decided to continue to deliver green social prescribing for primary care, it will need to be subsidised via other activities/commissioned work.

Benefits of doing this are:

- Building an evidence base for green social prescribing to influence health, and other funders.
- Demonstrating a need for provision (and expansion).
- Building a reputation and track record within health care, and the ICS.
- Building a case for ongoing funding from health.
- Route to find volunteers.

### 2. Market your offer to the Personal Health Budget audience.

From a green social prescribing activity provider's perspective, if you do wish to attract people who hold Personal Health Budgets, you will need to market your offer to individuals, as they are their own budget holders. A simple line on your leaflets or website saying, "PHB's accepted," could suffice. You could also market or promote your offer to care-coordinators and the ICB who help people decide what support to purchase, using their PHB, that will meet their identified health needs.

PHB's are designed to enable choice and control in how people manage their care and support. There should not be an onerous amount of administration for a provider to do when getting paid by people using PHB's.

### 3. Recognise the significance of “Place.”

“Place” and “Place-based approaches” are important across the health system, as the providers within that Place respond directly to the unique needs of that specific population<sup>38</sup>. With the Integrated Care System still in its infancy, we’ve learned that the ICS will be communicating with the VCSE sector through local Place-based infrastructure organisations and alliances. Due to the strategy the ICS has chosen to connect with VCSE’s, Place-based infrastructure organisations such as the CVS’s in Cheshire & Merseyside hold a key role for connecting VCSE’s with the ICS opportunities.

### 4. Build relationships with your VCSE infrastructure organisations.

As a minimum, green social prescribing activity providers should know who their local VCSE infrastructure organisations are and seek to build a relationship- as a minimum to join their mailing lists to keep in touch with potential commissioning/funding opportunities

\* See Appendix 2 for a list of the Place-based infrastructure organisations in Cheshire & Merseyside.

### 5. Build relationships with regional social prescribing networks.

Opportunities for partnerships and funding will often be shared through specialist social prescribing networks. They often host webinars which are a good way of keeping in touch with the most recent approaches and developments. They often have a back-catalogue of webinars available on their website.

[Sign up](#) to join the North West Thriving Communities Network

[Sign up](#) to join the National Academy for Social Prescribing (NASP)

### 6. Respond to engagement opportunities with the ICP.

Individual green social prescribing activity providers should feedback on the Cheshire & Merseyside Health & Care Partnership draft Interim Strategy<sup>39</sup>. Feeding into the Interim Strategy is a direct way to communicate the needs of individual green VCSE’s to the new ICP<sup>40</sup>.

[Follow this link to answer four simple questions and share your views](#)

Page 9 of the draft Interim Strategy is of particular interest as it refers to funding for VCSE’s:

*“In line with our commitment to achieve value for money we see growing investment in VCSFE as an important way of delivering our priorities described in this document. We will support VCSFE to maximise opportunities for **non-financial support** that builds sector resilience and organisational access to VCSFE workforce development at scale”.*

<sup>38</sup> [Place-based partnerships explained | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/insights-and-analysis/healthcare/place-based-partnerships-explained)

<sup>39</sup> [cheshire-merseyside-draft-interim-hcp-strategy-2023.pdf \(cheshireandmerseyside.nhs.uk\)](https://www.cheshireandmerseyside.nhs.uk/media/123456789/cheshire-merseyside-draft-interim-hcp-strategy-2023.pdf)

<sup>40</sup> [Citizen Panel Wave - Landing Page \(snapsurveys.com\)](https://www.snapsurveys.com/citizen-panel-wave-landing-page)

This is contrasted later on the page in one of their overarching principles of working with the VCSFE, where financial support is referenced:

*“Commitment to supporting VCFSE sector investment, both financially and organisationally and with shared plans, enabling VCFSE to have the capacity to engage as equal partners”.*

#### **7. Register with the Future NHS Collaboration Platform.**

The [Future NHS Collaboration Platform](#) is a free online platform from the NHS, helping the health and social care sector connect and collaborate. It is open to anyone delivering health and social care services, including green social prescribing activity providers. Members of the platform can join workspaces and communities to connect with others, learn and share<sup>41</sup>. It is overseen within NHS England and supports frontline staff working in the NHS, local government and the voluntary, community and social enterprise sectors, as well as regional and national policy and programme leaders<sup>42</sup>.

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<sup>41</sup> [About - FutureNHS Collaboration Platform](#)

<sup>42</sup> [FutureNHS - FutureNHS Collaboration Platform](#)

# Appendix 1

## Cheshire & Merseyside's Primary Care Networks

There are 51 PCN's across the 9 areas of Cheshire and Merseyside.

Cheshire East-

[Cheshire West - NHS Cheshire and Merseyside](#)

Cheshire West-

[Cheshire West - NHS Cheshire and Merseyside](#)

Wirral-

[Privacy error \(primarycarewirral.co.uk\)](#)

Liverpool-

[Aintree Primary Care Network - Home \(aintreepcnetwork.nhs.uk\)](#)

[LFPCN – Liverpool First Primary Care Network \(liverpoolfirstpcn.co.uk\)](#)

[North Liverpool Primary Care Network \(northliverpoolnetwork.nhs.uk\)](#)

[innovative General Practice collaborative \(iGpc\) - Home \(igpc-liverpool.nhs.uk\)](#)

[Childwall Wavertree Network](#)

[Central Liverpool Primary Care Network – Community Pharmacy Liverpool \(liverpool-lpc.org.uk\)](#)

[SWAGGA Primary Care Network \(swaggapcn.nhs.uk\)](#)

[Picton Network \(pictonpcn.nhs.uk\)](#)

Warrington-

[Warrington Primary Care Networks \(haltonwarringtonccg.nhs.uk\)](#)

Halton-

[Halton Primary Care Networks \(haltonwarringtonccg.nhs.uk\)](#)

Sefton-

[PowerPoint Presentation \(sefton.gov.uk\)](#)

Knowsley-

[Primary Care Knowsley | Proud to serve](#)

St Helens-

[St Helens Clinical Commissioning Group - Primary Care Networks in St Helens \(sthelensccg.nhs.uk\)](#)

# Appendix 2

## Place-based Infrastructure Organisations & Networks across Cheshire & Merseyside

Across Cheshire and Merseyside the ICS will be communicating with the VCSE sector through infrastructure organisations- we have identified 9 place-based infrastructure organisations who will be playing a part in this new model and 1 regional provider organisation. Mental Health Alliances will be established in each of the 9 Places- we are aware of 3 alliances which are currently in place.

Cheshire East- **Cheshire East CVS**  
**Cheshire East Mental Health Alliance**

Cheshire West- **Cheshire West Voluntary Action**  
**Cheshire West Mental Health Alliance**

Wirral- **Wirral CVS**  
**Wirral Mental Health Alliance**

Liverpool- **Merseycare**  
**Liverpool CVS**

Warrington- **Warrington Voluntary Action**

Halton- **Halton & St Helens VCA**

Sefton- **Sefton CVS**

Knowsley- **One Knowsley**

St Helens- **Halton & St Helens VCA**

Regional- **Voluntary Sector North**

### **VS6 (Liverpool City Region)**

VS6 is a partnership of support organisations working with the 8,600 voluntary, community, faith and social enterprise (VCFSE) groups operating across our Liverpool City Region (LCR). Together, we have links to 8,600 organisations across the six

boroughs, and aim to support these groups – many integral to our communities - to collectively influence decision making:

- Offering solutions to some of the most challenging economic issues facing our City Region
- Driving community-centred approaches to transforming health and well-being
- Providing a single point of contact for the city’s VCFSE sector

[VS6 \(vs6partnership.org.uk\)](http://vs6partnership.org.uk)

### **Cheshire and Warrington Infrastructure Partnership CWIP**

We are focused on driving positive change by connecting the VCFSE sector with our developing region. Together, we have links to countless thousand’s organisations. We aim to support these groups – many integral to our communities - to collectively influence decision-making and help them to deliver what they do.

[Cheshire and Warrington Infrastructure Partnership \(cwip.org.uk\)](http://cwip.org.uk)

### **A Note re: Personal Health Budgets**

**NHS England’s Personalised Care Team** are moving away from a national model and are establishing regional communities of practices for people interested in personal health budgets. Sessions are open to all- attendees include community VCSE providers and partners within the health/ ICS systems.

| Region     |  | Contact details  |
|------------|--|--|
| North West | NW Personal Health Budgets Community of Practice (in the developmental stages at the moment) | <a href="mailto:Chris.lomas1@nhs.net">Chris.lomas1@nhs.net</a><br><a href="mailto:england.personalisedcarenorthwest@nhs.net">england.personalisedcarenorthwest@nhs.net</a> |



For more information on this plan please  
contact [jennifer.kirkham@thisiscapacity.co.uk](mailto:jennifer.kirkham@thisiscapacity.co.uk)

A partnership project between...

