

Key Trends, Risks and
Opportunities for Bristol
City Funds

HEALTH AND WELLBEING IN BRISTOL



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In spite of considerable expert input, there may be omissions and errors in what follows – these are the authors’ responsibility alone.

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INTRODUCTION

This report was commissioned by Bristol City Funds to support the development of the Bristol Community Health (BCH) Health and Wellbeing Grant Programme, which is managed by Quartet Community Foundation. The research identifies key trends affecting VCSE (voluntary, community and social enterprise) organisations in the health and wellbeing sector in Bristol, as well as opportunities and risks for this fund to consider. It seeks to inform the grant panel as it makes decisions about the first round of grant applications, and considers the design of future funding rounds to best support Bristol's health and wellbeing sector. The project was designed and carried out by David Barclay and Vinya Mehta at the Good Faith Partnership with support from The Care Forum.

This fund has been made available by BCH as part of its legacy, and welcomed its first round of grant applications in autumn 2020. The fund aims to support lasting change that will make Bristol more sustainable and fair, and will award funding to transform and strengthen local organisations themselves or to deliver activities that will create change for local people. The fund recognises the valuable services provided by health and wellbeing VCSE organisations in a context of growing demand for flexible, innovative community health and wellbeing support and the role prevention and intervention services can play in reducing demand for overstretched NHS commissioned services. It has also been made available because many health and wellbeing organisations rely on few public sector contracts and are at risk if these end. For further information about this fund, please see [here](#).

METHODOLOGY

This project used primary qualitative data, complemented with desk research using key reports and the Local Insight data tool. The research design was informed by two one-hour-long structured workshop discussions within the research team and within City Funds in October 2020. These used an adapted SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis to gain an initial overview of the strengths and weaknesses of the sector and broader economic, social and public health context, as well as to identify research gaps and to formulate related interview questions. Semi-structured one-to-one interviews with 17 experts from health and wellbeing VCSE organisations, Sirona Care and Health, Bristol City Council, charitable foundations and grassroots initiatives allowed for a range of perspectives to be explored in-depth. All conversations covered the strengths, weaknesses and key trends in the sector, as well as the opportunities and risks for this fund. To allow for frank discussions, those interviewed were given options regarding their anonymity. One interview has been anonymised completely, while other interviewees consented to being quoted for part of the interview, depending on sensitivity.

KEY TRENDS

VCSE organisations working on health and wellbeing in Bristol



Figure 1

Figure 1 lists some of the types of VCSE organisations working on health and wellbeing in Bristol. Anchor organisations usually offer a broad range of health and wellbeing services as well as other community services to a particular area, usually on the size of a ward or bigger (e.g. Southmead Development Trust). “Hyper-local” and grassroots organisations can be a wide variety of organisations that typically work on a smaller, more localised scale, while on the other side of the spectrum, some VCSE organisations offer services to people from across Bristol. Specialist organisations are organisations that offer a specific type of service,

for instance, mental health services. Equalities groups offer targeted support for communities and individuals protected by the Equalities Act 2010 (age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity).¹ It is important to note that these types overlap, for instance, there are a number of Bristol-wide equalities groups.

¹ Equality Act 2010, <https://www.legislation.gov.uk/ukpga/2010/15/section/4> (accessed 1/12/20)

Growth of VCSE activities as “prescription”

VCSE organisations are increasingly recognised for their contribution to health and wellbeing. The last years have seen a growing emphasis on the role of voluntary and community sector in offering health and wellbeing support by national NHS bodies, including through investments in expanding social prescribing – a way of referring people to a link worker who can connect them to varied local, non-clinical services.² When discussing the strengths of the sector, place-based anchor organisations were described by interviewees as particularly important for developing good social prescribing services in Bristol. Reflecting on an onerous process to try to introduce a community-based intervention to diabetes care a decade ago, Di Robinson, an independent consultant, said, “That’s the shift, I think, those mainstream agencies are [now] understanding the value of those slightly more homegrown, localised ways of supporting people.” Interviewees discussed benefits linked to VCSE sector and community-based activities, including the ability to address health and wellbeing needs with an understanding of the cultural, social, economic and environmental context impacting these.

“What the community sector can provide is a real understanding of how to build people’s confidence and capacity to a place where they will make some of those [health and wellbeing] choices for themselves or be more interested in discussing those choices, rather than imposing the end game: you must not smoke, you must be thinner, you must eat fresh vegetables, etc. Social prescribing has made a massive difference to that.”
- Di Robinson

Whilst this trend is seen by many as a positive one, multiple interviewees raised concerns that while the infrastructure for referrals to VCSE organisations is being invested in, there is a funding gap for the activities themselves. Mohammed El-Sharif, Community Development Manager at Bristol City Council, said that “[link workers] all prescribe to the same small group of organisations and none of them get any financial support to sustain the prescription.” A recent evaluation report of the Bristol Ageing Better community navigator service (a type of social prescribing) from UWE also raised the need to consider the resourcing of ‘end organisations’ in accordance with the needs discovered from people engaging in social prescribing.³ As they note, “the service is only as good as the ‘end organisations’ to which they can refer.”

² See an overview of social prescribing from the King’s Fund for more information: <https://www.kingsfund.org.uk/publications/social-prescribing> (accessed 15/12/20). This approach has, in part, been driven by a desire to reduce pressure on overstretched statutory services.

³ Beynon P, et. al. (2020) Bristol Ageing Better Community Navigators Service: Final evaluation report of a social prescribing initiative addressing loneliness and social isolation amongst older people, UWE Bristol, <http://bristolageingbetter.org.uk/userfiles/files/Community%20Navigators%20Report2020%20for%20SCREEN.pdf> (accessed 15/12/20)

Locality Leads appointed in Spring 2020



Figure 1

As part of the COVID-19 response, the VCSE organisations in Figure 2 were appointed as “Locality Leads” by the CCG in Spring 2020.⁴ These localities are how statutory NHS agencies organise primary care and community health across Bristol, and the introduction of a lead VCSE sector partner has created a new model for engagement between Bristol’s VCSE organisations and statutory NHS agencies: the NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (CCG) and Sirona Care and Health. Simon Allen, Head of Partnerships and Community Development at Sirona Care and Health, said: “I believe that [the appointment of Locality Leads] has been a really powerful introduction in terms of having a clear voice for the voluntary sector in those locality areas but also in improving, I think, joint working and collaboration between the voluntary sector

⁴ This can be understood in the context of the NHS Long Term Plan’s definition of the NHS as a regional anchor organisation with an ambition to develop place-based approaches and to integrate VCSE, social care and clinical sectors. For more information on this, see Reed S, et. al., (2019) ‘Building healthier communities: the role of the NHS as an anchor institution’, Health Foundation, <https://www.health.org.uk/publications/reports/building-healthier-communities-role-of-nhs-as-anchor-institution>

organisations and both health providers and the Local Authority.” These Locality Leads work with these different stakeholders including by providing social prescribing link workers to the Primary Care Network and as designated Community Hubs as part of the Local Authority’s COVID-19 response.

The role was described by multiple interviewees as a positive opportunity for engagement because Locality Leads were getting a seat at the table with the main health providers. The CEO of an organisation appointed as Locality Lead said, “The key thing is ... it’s enabled me, hopefully in a fair way, to celebrate what the VCSE sector can do to commissioners and strategic partners”, including to highlight the professionalism of the sector. “It’s a really good thing to be involved in and we have some real things we can teach [statutory agencies] that will make a difference in how they deliver. It’s not a one-way thing, it’s not like we’re sitting there waiting for money, we’ve actually got a real voice.” Interviewees from other organisations also raised the hope that Locality Leads could play a role of establishing links within the sector which would maximise the different strengths of place-based organisations and organisations with specialist or targeted expertise.

The introduction of Locality Leads has been accompanied by some challenges, particularly securing funding for the role, defining the role, and communicating it to the rest of the sector. Locality Leads received a payment of £10k for their role, which in Bristol South was divided between Knowle West Healthy Living Centre and BS3. Concerns were raised in interviews that this didn't cover the costs of fulfilling this role properly, resulting in limited impact so far. One CEO of a VCSE organisation raised that the role of Locality Leads and the wider implications of this were still unclear, and needed to be further communicated. Dividing Bristol into three smaller localities was described as only a start, because these are still very large and internally diverse areas, while another question raised was how Bristol-wide VCSE organisations can participate in this locality model. One interviewee described the Locality Lead role as a "poison [sic] chalice ... because other voluntary sector organisations may think you're in and we're out, and that creates a bit of friction." The lack of clarity and friction described raise some questions around how the introduction of Locality Leads will impact dynamics in the sector going forwards.

Changes linked to COVID-19

The role played by health and wellbeing VCSE organisations since the beginning of the pandemic was commended consistently. One funder described it as “an incredibly strong positive response”, while a VCSE organisation representative said, “the voluntary sector stepped up and saved the way that COVID-19 was in Bristol specifically.” The provision of a wide range of services despite lockdown restrictions, volunteer-led initiatives like mutual aid groups and collaboration across organisations were the three main strengths of the pandemic response that were highlighted.

Services adapting to lockdown restrictions

Representatives from VCSE organisations spoke about ways that service provision has adapted during the pandemic, and particularly the challenges of trying to balance face-to-face and remote working. One of the concerns raised most often during interviews was digitally excluded people’s health and wellbeing. Jean Smith, Director at Nilaari, said the organisation feels pressure to continue face-to-face services because “[the Black, Asian and Minority Ethnic (BAME) clients] that connect well with Nilaari ... the reliance on digital connections throughout this time doesn’t work for them and so we are seeing that they are not connecting with other services.” Activities that are being carried out virtually, including counselling over the phone or using webinars for forum discussions, have seen varying levels of engagement and drop off. One challenge raised is the ability to find out how service users are really doing.

“There are pluses and minuses for virtual contact: some people we work with have really welcomed phone contact because it reduces travel and makes contact easier than it was, but many people have really struggled and one of the things we found when we went back to seeing people we perhaps only had virtual contact with by telephone for three or four months, that perhaps those people on the phone might have said they were fine, actually they really have not been fine and they just weren’t able to talk about it... if you don’t get to see people you don’t get those cues and you can’t get a rounder picture of how people really are.”
Maggie Telfer (CEO, Bristol Drugs Project)

One interviewee mentioned that some of their service users were only receiving virtual contact from statutory providers: “The voluntary sector has tried to stay as connected as they can with those that they serve ... some of those we serve have said they have not seen anyone [from statutory providers], have not had any face-to-face with their care coordinators, everything has been over the telephone, and like I said, it’s not working for them.” However, these decisions around prioritizing contact with service users were also described as a “huge challenge” due to concerns for staff health and wellbeing.

Strong volunteer-led response to COVID-19

Interviewees consistently described the volunteer-led response to the pandemic in Bristol as a huge asset for supporting health and wellbeing. The ability of communities to identify needs quickly and to respond to both urgent practical needs and address isolation through mutual aid networks was raised in particular.

“During the pandemic, what I got to be part of and witness was the momentum and capacity from a grassroots level to a local government level, the forging of ties and the production of really innovative and supportive processes for the community. As an example, really quickly, what I watched on Facebook was the mapping of localities, and then streets in those localities and then individuals on those streets that were able to deliver food, really quickly, I watched the area that I lived in at the time mapped down to individual houses and then work out collectively who ... could deliver free training around safeguarding... a number of people with DBS were identified quite quickly because of the work they did, they were identified as the most appropriate people to deliver medications or food to certain groups of people, more vulnerable adults, single-parent families, etc.” – Nicky Auguste (Diverse Communities Link Worker, Bristol Drugs Project and mutual aid organiser)

The first wave of the pandemic was described as a moment that disrupted society and top-down structures, with community-level knowledge being recognized as critical and small groups included in conversations with the local authority and police.

“Initially everyone was so stunned by [the pandemic] that the momentum that picked up quite quickly from the grassroots level, they were problem-solving immediately because they were in amongst it, rather than that it was fed down from a height... they’re able to identify those most vulnerable because they’re neighbours or cousins or they know that person that lives three doors down.” – Nicky Auguste

The potential for continuity of these changes was raised, with multiple interviewees noting the opportunity to build volunteer-led projects’ resilience, while one interviewee cautioned that communities looking after each other shouldn’t be standardized or leveraged too much. What, if any, gaps mutual aid networks have was raised as a question. Some of the early research projects on mutual aid groups have indicated some of the factors linked to high amounts of activity, for example, a study for the New Local Government Network found that high levels of social capital and the furlough scheme were important for the emergence of groups.⁵ The broad interest in the emergence and sustainability of volunteerism has garnered high-level policy interest, most notably Danny Kruger MP’s “Levelling Up Our Communities” report for government.⁶

5 Tiratelli L. & Kaye S. (2020) COMMUNITIES vs. CORONAVIRUS The rise of mutual aid, New Local Government Network, <https://www.newlocal.org.uk/publications/communities-vs-coronavirus-the-rise-of-mutual-aid/> (accessed 16/12/20)

6 Kruger, D. (2020) Levelling up our communities: proposals for a new social covenant, <https://www.dannykruger.org.uk/communities-report> (accessed 17/12/20)

Increased collaboration within the sector

Many interviewees described an increase in collaboration in the sector since the pandemic began and spoke of this as a moment that demonstrated the value of partnerships.⁷ Jean Smith said “working as one to help to bring hope to the city while delivering services and to work to recovery is a major strength [of the sector].” Impressions of collaboration in the sector generally, pre-pandemic, were mixed, with some describing collaboration as a long-standing strength of the sector, while others felt there was a tendency to work in silos and competitive attitudes, amplified by the difficult funding landscape. Some funders spoke about trying to foster partnerships through their grant programmes. For example, Carly Urbanski, Head of Programme at Bristol Ageing Better (BAB), explained that this grant programme had a funding stream that encouraged collaboration, and as a less formal method, they set up discussion workshops in different parts of the city with ice breakers to facilitate conversation and ideas sharing.

Described by one interviewee as a legacy of Bristol Ageing Better, the Support Hub was mentioned as an example of successful collaboration during the pandemic multiple times. This initiative, led by Age UK Bristol and with nearly 40 partners, coordinated and signposted services and support for older people in Bristol including by offering a hotline. Ian Bickerton of Bristol Older People’s Forum described the Support Hub as making diverse services more accessible for older people and noted that as a volunteer with Bristol Ageing Better “... there seemed to be an awful lot of overlap of groups providing support to older people. The good thing about the Support Hub is it really enables people to work much more closely together, and that to me is quite a big step forward.”

⁷ This trend has also been observed by the Black South West Network in their recent report on the impact of COVID-19 on the VCSE sector in Bristol – see https://static1.squarespace.com/static/594948a7414fb5804d2b4395/t/5f86ee6fdcff48772307759b/1602678390554/VCSE_Summary.pdf (accessed 15/12/20)

An increasingly challenging funding landscape

The funding landscape emerged in discussions as a key challenge for the sector. Some raised concerns around the lack of core funding hollowing out organisations and making them less resilient, as well as funding from both foundations and commissioners being committed for only one- or two-years, creating insecurity. Declines in contract funding have led to closures of organisations that were dependent on these, with one VCSE organisation representative saying this has led to growth for some more established organisations by filling gaps, adding that “this has certainly damaged the diversity of provision in the sector in Bristol.” Some interviewees mentioned the impact of Sirona Care and Health taking on the role of providing Adult and Children’s Community Services in April 2020 and Bristol Community Health closing. This came as a surprise to some in the sector and has brought the challenge of building new relationships between Sirona Care and Health and the sector, particularly regarding funding.

Two representatives of VCSE organisations raised that, in general, statutory agencies do not adequately consider the funding needs of VCSE organisations and have asked for support without offering necessary funding. One interviewee said, “Within statutory and commissioning agencies, there is a lot of rhetoric about supporting the voluntary sector but I don’t feel like we’ve been equal in those conversations, we’ve just been a nice thing to have and there is still a nag that people think voluntary sector means free.” Health and wellbeing VCSE organisations also face some uncertainty with planned or potential changes to funding streams like Bristol Ageing Better, the Voice and Influence Partnership and the Bristol Impact Fund.

Unsurprisingly given this context, several people spoke of an increasingly competitive atmosphere related to funding, with tensions around which kinds of organisations and activities are seen as the ‘most likely’ to attract funding. Some interviewees spoke about the implications of a funding focus on anchor organisations for other parts of the sector. For example, one VCSE organisation representative agreed with the focus on growing a more localised approach through anchor organisations but that “it does have the risk of undoing the advances of specialist and targeted organisations.”

Gaps in provision and higher need

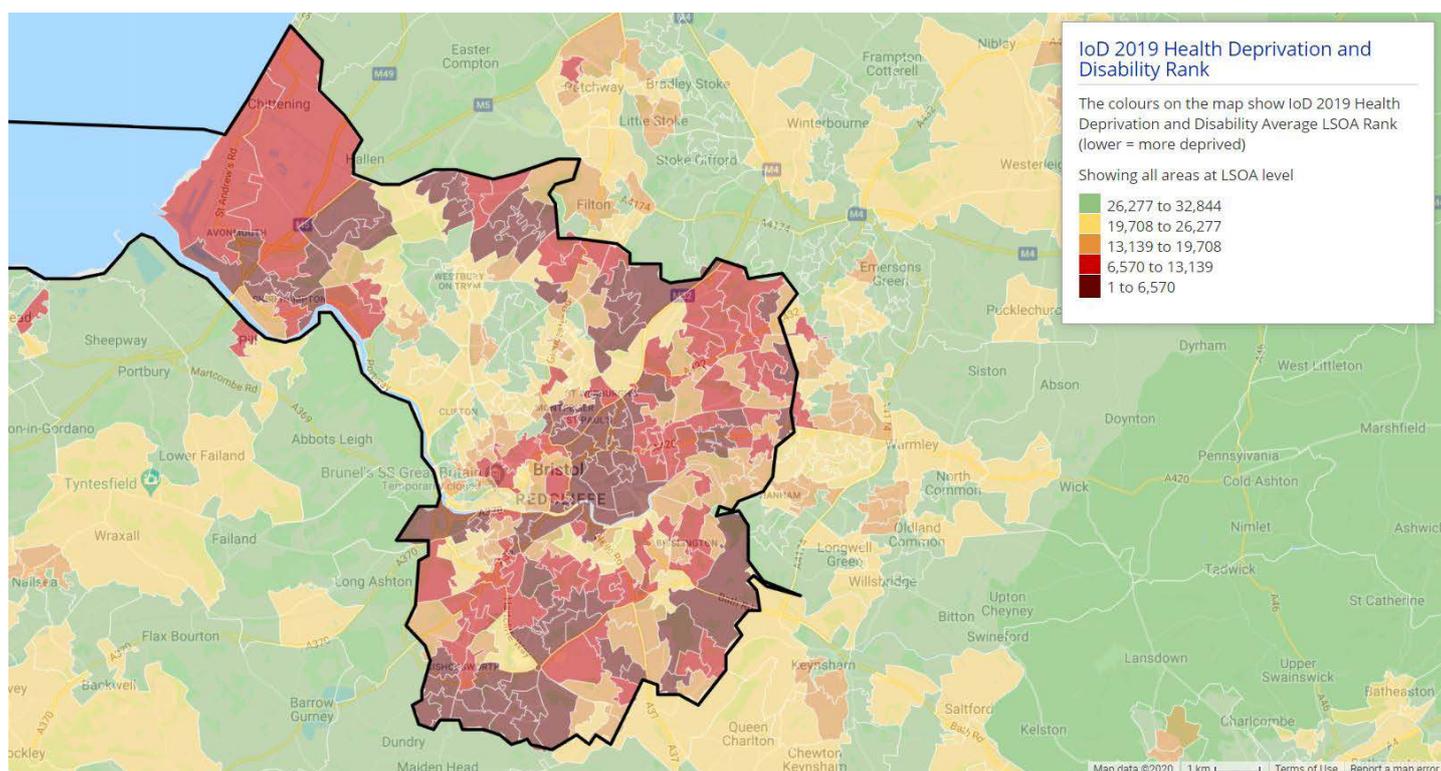


Figure 3 Indices of Deprivation 2019 Health Deprivation and Disability Rank - map from Local Insight and Google Maps⁸

Health inequality is a longstanding issue for Bristol. Figure 3 shows how areas in Bristol rank in terms of health deprivation and disability compared to other areas across England. Bristol has both some of the most and least deprived neighbourhoods in England, with stark differences between neighbouring areas in some cases. There are disparities across a variety of physical health and mental health outcomes, for example, the gap in life expectancy

between the most and least deprived areas in Bristol is 9.8 years for men and 7.7 years for women.⁹

There were a wide range of needs and potential gaps in provision that were raised, both during workshops and in interviews. **South Bristol** generally and specific areas like **Hartcliffe** and **Withywood** were stressed as areas of higher need that are likely to face gaps in health and wellbeing provision. This emphasis is consistent with official data on deprivation, which found that the 10 most

⁸ Indices of Deprivation (IoD) Health Deprivation and Disability, (2019), Ministry of Housing Communities and Local Government (MHCLG), <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019> (accessed 17/12/20), Map from local.communityinsight.org and powered by Google Maps

⁹ State of Bristol Key Facts, (2020), Bristol City Council, <https://www.bristol.gov.uk/documents/20182/32947/State+of+Bristol+-+Key+Facts+2018-19.PDF/263d5f0f-763e-9553-467d-c9704f307d7c>, p. 5 (accessed 15/12/20)

deprived neighbourhoods in Bristol are all in the South Bristol areas of Hartcliffe, Whitchurch Park and Knowle West.¹⁰ In addition, **Lawrence Weston** was highlighted as an example of an area of multiple deprivation outside of South Bristol.

In terms of populations, respondents raised the gaps in provision for **BAME communities** most often. Monira Chowdhury, Head of Equality, Diversity and Inclusion at North Bristol NHS Trust and previously Manager at Community Access Support Service, raised the need for BAME specialised workers within non-targeted organisations, while others mentioned the needs of BAME older people and BAME children with autism. Other populations that are at higher risk of experiencing gaps in provision mentioned included: **older people; Gypsy, Roma and Traveller people; young people (particularly care leavers and primary school-aged children); disabled people and deaf people.**

The need for mental health services was the thematic gap in provision raised most often, and some linked this need with very high thresholds for statutory mental health services. A number of interviewees specified the need for preventative and community-based mental health services. Mental health has been raised as an issue of urgent concern by VCSE organisations working across a range of topics, including beyond so-called health and wellbeing organisations. Recent research from the Black South West Network on the impact of COVID-19 on the VCSE sector in Bristol stated that, among their qualitative sample, “according to all organisational sectors and across all recipient communities, the most urgent emerging challenge

is by far mental health.”¹¹

There was also repeated discussion of the need for services addressing other issues that have been exacerbated by COVID-19, including **loneliness and isolation, digital inclusion**, and provision of services to reach those who are **digitally excluded**. One interviewee also raised the need for **information and advice in different languages** including British Sign Language.

These are broad contours of insight from this mixed research sample of respondents from charitable foundations, statutory agencies, VCSE organisations and independent experts. However, several interviewees discussed that the changes brought by the pandemic mean that new and specific local gaps are likely to have emerged. Therefore, the case-by-case assessment of applications was mentioned as particularly important, including to assess evidence of co-production and consultation of beneficiaries in bids.

10 Deprivation in Bristol, (2019), Bristol City Council, <https://www.bristol.gov.uk/documents/20182/32951/Deprivation+in+Bristol+2019.pdf/ff3e5492-9849-6300-b227-1bdff2779f80> (accessed 15/12/20)

11 Priority Areas of Investment for an Effective VCSE Recovery Post COVID-19 Interim Report, (2020), Black South West Network, https://static1.squarespace.com/static/594948a7414fb5804d2b4395/t/5f86ee9929b7f63df-7c7ad64/1602678441541/VCSE_Report.pdf p. 8 (accessed 15/12/20)

RISKS AND OPPORTUNITIES

Risks: Overstretching the fund and a lack of clear objectives

When asked about potential risks for the fund, there was a striking consensus amongst interviewees around two related threats – of overstretch and of lacking clear objectives. Due to the current funding landscape, multiple interviewees stressed that the fund risks overstretching itself across too many projects. It was noted that there will be many worthwhile projects applying, especially ones focused on service provision, however, most were keen to stress the benefits of selecting grantees to have a manageable and well-supported cohort. Retaining a focus on building the sector’s resilience, creating opportunities for capacity building and learning was encouraged. Some in the sector felt that capacity building funding is not offered as often as service provision funding, so this strand of the grant programme was recognised repeatedly as particularly valuable.

Both funders and those working for VCSE organisations in the sector raised the risk of lacking clarity on what exactly Bristol City Funds wants achieved with this grant programme. Questions raised included: Is this grant there to fund the sector as it is, or is it about seeing change? Is the grant panel expecting systems change? What expectations are proportionate to this level of funding? Several interviewees stressed that the programme should seek to identify a small number of key intended outcomes which could then be clearly communicated to potential applicants.

“What’s important is the city being clear about what it wants to see achieved, and perhaps focusing on a small number of outcomes that it wants to focus on rather than a scattergun approach” - Maggie Telfer (Chief Executive, Bristol Drugs Project)

Opportunity: Look beyond the usual suspects

Most interviewees encouraged the grant programme to be used to support organisations that make a significant impact for health and wellbeing but face barriers to accessing funding, in particular small organisations, including “hyper-local” and volunteer-led organisations, as well as BAME-targeted organisations. Barriers to accessing funding for these organisations include finding out about funding opportunities in the first place, having the capacity and expertise to prepare applications, as well as broader structural inequalities.

“Smaller voluntary organisations across the board get left out or only get fringe funding, on top of that if you are an equalities-led organisation it’s the crumbs of the fringe funding, and if you are BAME-led, the crumbs from that fringe funding.” - Monira Chowdhury

Multiple interviewees hoped this fund would invest in BAME-led and targeted organisations, and that it would be used as an opportunity to work on levelling the playing field. One VCSE organisation representative said, “there are emerging Black-led and other minority-led organisations which potentially with some capacity building could be at the top table ... of the go-to organisations that you would seek to invest in with these kinds of [grants].”

Many felt that a broader support offer would be as important for organisations as the grant funding itself. Suggestions included offering support around governance, developing funding models, grant writing, gathering

evaluation data and offering a simple theory of change tool to help make a stronger case for funding in the future.

There were numerous examples of the positive impact made by organisations that are less likely to receive funding. For instance, Fiona Spence, Equalities and Community Development Manager at Sirona Care and Health, spoke about the role grassroots organisations played in making information about COVID-19 accessible for diverse communities: “Community Access Support Service has been absolutely brilliant in leading on information about COVID ... it’s been very influential in making sure that information is translated, ... [and] cascaded across all organisations in the city... There have been some shining examples of organisations leading from a grassroots level.”

Volunteer-led responses to COVID were raised as a specific opportunity if these could be leveraged and supported to become sustainable. One suggestion was to help develop volunteer systems or other infrastructures to build on the growth of mutual aid groups, while another interviewee noted that the health and wellbeing benefit of volunteering could be shared more widely.

Opportunity: Focus on asset-based projects

Another theme that emerged was the opportunity for growing services that are relevant for Bristol's communities by supporting asset-based projects. Bristol's diversity of languages, religions, cultural and ethnic backgrounds, was described by multiple interviewees as a strength that can be harnessed. Asset-based approaches have been developed to adapt services to both reach new groups and support those already in contact with health and wellbeing services more effectively. Bristol City Council has played a significant role in promoting this approach in Bristol through projects like the Health Champions Initiatives from the Inner City Health Improvement Team, which engaged and trained volunteers to support others in their community to lead healthier lives.¹²

Examples of asset-based initiatives mentioned in discussions included a peer-led cycling programme for Muslim women and a swimming programme for Somali men, which used cultural and religious understanding to reduce barriers to participation. Interviewees spoke specifically about the importance of culturally-tailored mental health projects, which avoid the stigma around medicalized mental health services, for instance, by holding informal talking therapies in cultural group settings. A Bristol Ageing Better evaluation of pilot projects supporting BAME older peoples' wellbeing also highlights that "culturally-tailored interventions are more likely to break down the barriers to accessing wellbeing

interventions".¹³ Multiple interviewees were keen to suggest that this funding could help grow asset-based projects in Bristol.

**"It's a really great opportunity if we can have this fund to enable the grassroots organisations to develop, sustain and grow what they do to support the most disadvantaged communities' health and wellbeing, then we have a good structure to build on ... you have the well-established anchor organisations [in the first layer] and then you have the grassroots organisations which are the second layer - we need to invest more in that second layer to strengthen a community-led notion of wellbeing."
- Mohammed El-Sharif (Community Development Manager, Bristol City Council)**

12 For more information about this project, see: https://democracy.bristol.gov.uk/documents/s15066/1_%20Appendix%201%20-%20Health%20Champion%20outline.pdf

13 Wellbeing Service Pilot Projects: Key Learning, (2017), Bristol Ageing Better, [http://bristolageingbetter.org.uk/userfiles/files/Key%20learning%20from%205%20pilots\(1\).pdf](http://bristolageingbetter.org.uk/userfiles/files/Key%20learning%20from%205%20pilots(1).pdf) (accessed 15/12/20)

Opportunity: Test and learn

The opportunity to test and learn with this fund was emphasised by a number of interviewees. Suggestions around this theme included learning with grantees, helping organisations build a more robust evidence-base, and piloting ideas that may have the potential to be commissioned in the future.

This fund was also seen as an opportunity for peer-learning for successful grantees. Interviewees also suggested that grants could be allocated strategically to facilitate learning, by factoring which projects could be worthwhile to bring together to learn from each other or as a point of comparison into decision making.

Some interviewees described a broader issue that evidence of the VCSE sector's impact is sometimes seen as overly anecdotal. It was suggested that building a more robust evidence base around VCSE organisations' impact on community health and wellbeing could help organisations make a stronger case for funding from the public sector. The role of the fund would be to support grantees and improve their monitoring and evaluation, including by taking on part of this role. Bristol Ageing Better, which had centralised capacity for monitoring and an external evaluation partner, was mentioned by funders as a potential model.

The last suggestion for testing and learning was the idea that the fund could be used to pilot models and ideas that might in future get commissioned funding. This was described by one interviewee as a way to allow providers to trial change, while “de-risking” these ideas for public sector commissioners by being able to provide findings from these trials.

Opportunity: Make strategic connections

There were a number of suggestions for how Bristol City Funds could take strategic steps that could increase the impact of this grant programme. Interviewees from Sirona Care and Health and charitable foundations spoke about the benefit of coordinating as funders by sharing information on funding decisions to identify gaps and increase impact.

“The funding landscape, certainly from a statutory services perspective, is not particularly visible, and that’s one of the things we have been working on over the last few months, if we could have a clear framework with which we could more visibly see where each of the funders are spending money, maybe we could get more value out of the public purse ... not necessarily around directing where people are spending money but just having an insight to gain that understanding.” - Simon Allen (Head of Partnerships and Community Development, Sirona Care and Health)

Bristol City Funds could also look to facilitate better relationships between public sector commissioners and VCSE organisations. Interviewees from both Sirona Care and Health and VCSE organisations agreed that there is still work to be done to make the voluntary sector an equal partner. The pandemic response was described by some as changing dynamics and creating a window for collaboration and mutual understanding with statutory agencies, particularly because, as one interviewee described, the sector in Bristol went “above and beyond and I think we’ve proven our worth to the wider audience.”

“Commissioned and statutory services were a slow burner. COVID has drawn the need for collaboration in a greater way and I feel like the voluntary sector around health and wellbeing have been doing that for a long time and now we’ve been able to draw in some of those services and maybe try and bend them to consider the individual ... they are starting to talk the language of community and people ... not just medicalising it.” - VCSE organisation representative

Other suggestions included linking up with the One City Plan’s Health and Wellbeing Board, for instance, to identify a few key objectives for future grant programme rounds. The Health and Wellbeing Board has three sub-themes: health inequalities, mental health, and adverse childhood experiences, and each has a priority indicator e.g., % of population reporting below-average mental wellbeing for mental health.¹⁴ The One City Office was also suggested as a resource to structure collaboration and one that could be signposted to grantees. Considering the limited timescale of this grant programme, some of these strategic steps towards systemic change are relevant for Bristol City Funds to consider beyond this programme itself.

¹⁴ For more information about the Health and Wellbeing objectives of the One City approach, see: <https://www.bristolonecity.com/health-and-wellbeing/>

SUMMARY

Key trends

- The benefits of managing many health and wellbeing needs outside of primary care are increasingly recognised. With systems to refer people to VCSE organisation-based activities growing, especially social prescribing, a funding gap for small VCSE organisations raised concerns around their ability to respond well to increased demand.
- The introduction of Locality Leads presents opportunities for engagement between VCSE organisations and statutory NHS agencies. Questions remain around funding for this role and the position of Locality Leads within the wider sector.
- COVID-19 and lockdown restrictions have required organisations to adapt service provision. The pandemic has brought issues around reaching digitally excluded people and managing staff health and wellbeing to the fore.
- The volunteer-led response to the pandemic is seen as a huge asset for health and wellbeing. Reflecting a broader national interest in supporting and leveraging this movement, many are considering what this could look like in Bristol.
- Collaboration was a strength of the sector in response to the COVID-19 crisis, and led to new and successful partnerships.
- VCSE organisations working on health and wellbeing face an increasingly challenging funding landscape, with uncertainty around a range of funding streams from the main community health provider and charitable foundations to the local authority and statutory NHS agencies.
- Long-standing health inequality in Bristol and increased health and wellbeing needs linked to the pandemic raised concerns around a wide range of potential gaps in provision, including in areas of deprivation, for specific populations like BAME communities and for services addressing needs exacerbated by the crisis like mental health.

Risks and opportunities

- Considering the volume and range of interest this fund is likely to see, the grant panel is encouraged to consider how to manage the risks of overstretching the fund and lacking clear objectives.
- The fund could support organisations that make a significant impact but face barriers to accessing funding, through grant funding and a capacity-building offer. The types of organisations highlighted are small organisations, including hyper-local and volunteer-led initiatives, and BAME-led/BAME-targeted organisations.
- This fund could focus on growing services using asset-based approaches that use knowledge of communities, such as cultural and religious understanding, to increase access to health and wellbeing services for specific groups.
- Using the fund to test and learn was another suggestion for the fund. Recommendations included building a stronger evidence base, fostering learning among grantees and taking risks on ideas that have the potential to be commissioned in the future.
- The fund could also prioritize building strategic connections that would benefit community health and wellbeing. Points raised included strengthening communication and information sharing among funders, fostering a better relationship between VCSE organisations and statutory NHS agencies, and forging closer links with the One City Plan's Health and Wellbeing Board.

APPENDIX A: LIST OF INTERVIEWEES

- Adam Rees (St Monica's Trust)
- Carly Urbanski (Bristol Ageing Better)
- Cllr Asher Craig (Bristol City Council)
- Di Robinson (Independent consultant)
- Dominic Ellison (WECIL - The West of England Centre for Inclusive Living)
- Fiona Spence (Sirona Care and Health)
- Ian Bickerton (Bristol Older People's Forum)
- Jean Smith (Nilaari)
- Karen Black (Off the Record)
- Maggie Telfer (Bristol Drugs Project)
- Mohammed El-Sharif (Bristol City Council)
- Monira Chowdhury (North Bristol NHS Trust)
- Nicky Auguste (Bristol Drugs Project and mutual aid groups)
- Simon Allen (Sirona Care and Health)
- Sophie Chester (Co-produce Care)
- Tim Temple (National Lottery Community Fund and Southmead Development Trust)

Anonymous interviewees and workshop participants have not been listed.