The Complete Care Community Programme (CCCP)
Celebrating NHS success in tackling health inequalities
The 2024 Symposium

What is the programme and what has it achieved?

The Complete Care Community Programme began in 2021. It set out to determine whether NHS organisations are able to make a positive impact on the health inequalities we know are experienced by communities and people who are disadvantaged.

As has been widely reported, the health inequalities gap has increased despite the stated intentions and policy of Government and the NHS to reverse this trend[1].

With sites located across England working to address health inequalities across a range of disadvantaged groups, the programme sought to identify common themes - what works regardless of geography and population cohort?

- 60 sites from across the country were invited to identify an aspect of local disadvantage and work with local people and local organisations in ways that go beyond a traditional medical model to see what could be done to improve people's health and well-being.
- A wide range of issues were tackled, including food poverty, social isolation, loneliness, mental ill health in children and young people and many more.
- Countless practical programmes have been developed, changing indivdual lives for the better.
- New evidence was revealed of a substantial reduction in demand for traditional primary care services for those in contact with the programme.
- Increasingly we refer to the Core Determinants of Health – rather than the wider determinants. Core determinants reflects the importance of facts such as housing, poverty, air quality etc on health. By recognising them as core it makes them less easy to marginalise when working in a service, such as the NHS, that is meant to be concerned with health as well as disease.

[1] Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J. Health Equity in England: The Marmot Review 10 Years On. Institute of Health Equity; 2020 (health.org./publications/reports/the-marmot-review-10-years-on)

The 2024 Symposium

At the beginning of March 2024, 40 CCCP NHS sites came together for two days to celebrate their extraordinary achievements in tackling health inequalities.

Three years into the programme, two thirds of the 60 sites that make up this national programme took two days out of their busy schedules to share their successes, enthusiasm and learning. There was a unanimous wish to continue with personal mentorship and build on achievements by establishing a permanent CCCP network to embed new ways of working as "business as usual" and to deepen and extend the learning.

A wide range of speakers gave their insights into the current state of the busy NHS including words of hope and encouragement for primary care.

Feedback forms were completed pre-symposium and during intensive shared learning sessions. Key early messages from sites are included here. A full analysis is underway and will be written up in a peer-reviewed journal.

Key takeaways

Engagement and identification

- Better to plan and engage than than act immediately .
- Engage early on with people and populations.
- Advice from mentors and the central team has been pivotal. Drawing on the experience of mentors in the central team advising on sources of data and even on specific questions to ask when speaking to individuals about their needs.
- The programme has delivered agency to both people and professionals serving them

Communication and location of services

- Perseverance in making initial contact by trying different forms of communication – a trial and error process that may take a few attempts in order to find the one that works.
- Creativity in finding alternative places to provide services from including mobile units.

Support

- Continuity of support by the CCCP, was valued, whether through the regular meetings with experienced mentors or contacts with other sites, including the twice yearly plenaries.
- Discovery and support from local organisations of which PCNs were previously unaware.

Flexibility and open minds

- Flexibility and permission to change whether it was detailed focus or even whole programs, was particularly valued as sites got to know their populations experiencing health inequalities.
- Permission to use available resources in a fashion appropriate to the specific site.
- Light touch reporting was appreciated, with highlight reports discussed in regular online meetings rather than through laborious monitoring mechanisms.

The future

- The CCCP is an established community of health inequality- focused PCNs, often with the NHS as anchor institution.
- There was a universal wish to continue with the supportive programme.
- The CCCP will become a permanent supportive network.
- Practical training for new sites and for health inequalities SROs is to be explored.

Highlights from feedback forms and symposium sessions

Engagement

Few initial plans, however well-meaning and carefully constructed, survived first contact with selected populations and individuals. Rather than delivering a preordained service, it was much better to engage early and spend time talking with people, understanding their lives and agreeing with them what success looks like and working out together how that is best achieved. Engagement is a skill in itself. . .and hard but satisfying work.

The CCCP programme delivered agency to both people and professionals involved creating resilience that allowed both to survive the impact of other difficult pressures, including e.g. poverty, unemployment, and housing.

"In Truro, we used the Brazilian community health worker model in order to reach families and individuals in Truro's more disadvantaged areas – and thereby build trust in the programme and increase social capital".

Support

From other organisations. Sites typically started their projects unaware of pre-existing work with their target community and were encouraged to search for potential partners in Local Authorities (especially Public Health and CYP services), VCSE, other health providers, education, housing etc.

Virtually all sites discovered there were already organisations involved in in their local area, serving the chosen populations.

Still others found that mainstream services had already been involved, unbeknownst to PCNs. Support from these organisations and from ICBs improved the effectiveness, quality and sustainability of the offer from sites.

From the CCCP team and mentors. Continuity of care from the same mentors and team throughout the 2 to 3 years of the programme with regular scheduled contacts has been key to so many still remaining engaged in their programs.

Woolston and Townhill PCN, dealing with liver disease in deprived communities in Southampton. "Regular support from the same mentor is essential, including help with identification of deprived areas , focusing on patient views, not on what we think they need".

Flexibility and open minds

Many began with a plan which required significant modification once the people in a target population and their community supporters revealed their true needs. Rather than insisting on working through the original plan, sites have been given "permission to change", supported in adapting and changing their plans.

This is combined with the flexibility to use available funds as the site determined. Light touch reporting through regular highlight reports and teams meetings about energies to be concentrating on delivery.

In Runcorn, focusing on children with conduct disorders," we wrote all our moaning down on post it notes and locked them away in a box. We worked back from our dream and built an innovative action plan which is now delivering."

Communication

Standard NHS forms of communication were frequently not responded to but when different types of communication were used response rates went up. There were myriad reasons behind this – literacy levels, language barriers, cultural inappropriacy, fear or mistrust of authority, misinterpretation of commonly used terms (e.g. Social Prescriber = Social Care and fears of removal of children). Perseverance using different forms of communication works.

In Burnley East, "we have found that as service providers, we need to learn how to use existing resources within our communities to co-produce services, deliver from localised centres where service users feel most comfortable and willing to attend".

Location of services

The location of services was equally as important in ensuring ongoing engagement – sites have given a lot of thought to finding places that are easily accessible by public transport or can be walked to and existing venues already commonly used by a community. At least four sites had already discovered that mobile units were more successful in reaching communities.

Healthbus is a pioneering mobile unit in Bournemouth addressing the neeeds of the homeless. "The most vulnerable people have to be seen face to face, do not have mobile phones and do not have the literacy to book appointments". Healthbus successfully engages, with huge benefits to them and the wider NHS.

Patient identification and engagement

Sites were helped with mapping to Core 20PLUS 5 priorities, with permission to focus on 'PLUS' elements and from the early stages, on CYP and inclusion health, dealing, for example, with the needs of homeless, gypsy Roma and traveller or asylum seeking communities.

Advice from mentors and the central team. Drawing on the experience of mentors in the central team advising on sources of data and even on specific questions to ask when speaking to individuals about their needs.

East Staffordshire have used software linked to primary care electronic records to identify 1200 vulnerable individuals and refer them to social prescribers resulting in 8,000 fewer primary care contacts.

The future

The CCCP has a track record of success in supporting health inequalities-focused PCNs with the NHS as an anchor institution. Tackling health inequalities in a practical way with continuity of support has been a source of pride and optimism in contrast to sometimes gloomy and negative views about the NHS.

It is time to consolidate the established community of the CCCP into a permanent, supportive network for tackling local disadvantage and health inequalities that continues to support sites and has the capacity to include others expressing an interest in joining our community of communities. Training based on it successes covering the theory and practice of tackling health inequalities is currently being explored to meet the immediate needs of new site and and health inequalities SROs in ICB's and other organisations.