INSTITUTE of HEALTH EQUITY

DELIVERING NHS SERVICES AND TACKLING HEALTH INEQUALITIES: A CASE STUDY OF THE SOCIAL ENTERPRISE FCMS

CONTENTS

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Authors

Report Writing: Tammy Boyce

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All photos courtesy of FCMS. Cover photos show the Fleetwood Urgent Treatment Centre; Boathouse Youth members drawing and painting; FCMS staff taking part in activities with Boathouse Youth members

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FCMS staff member Chloe helping with washing up at a Boathouse Youth day.

INTRODUCTION

The NHS is facing sustained financial and demand pressures, particularly in the urgent and emergency care systems that consistently operate at full capacity. Even within this pressured context, organisations delivering NHS services can, and should, address health inequalities. Social enterprise organisations delivering services for the NHS have the potential to improve the social determinants of health for patients and communities, alongside their mandate to deliver services and manage illness and can play a crucial role in reducing health inequalities and fostering greater equity in health outcomes.

Many NHS providers, such as social enterprises, are keen to play their part in tackling health inequalities, however their potential to be key partners can be undervalued by NHS commissioners. The 2012 Social Value Act required public sector providers, including the NHS, to include social value in their procurement. In 2022, it was required that the NHS give a 10% minimum weighting to Social Value in all tenders. (2) NHS Social Value Guidance states organisations commissioning and purchasing goods and services for the NHS will be required to adopt this weighting.

Social enterprises in the NHS

NHS Confederation describes social enterprises as "part of the NHS family and central to the diversity of health and care provision in the UK...they have a turnover of £1.5 billion and employ around 100,000 staff. They play a significant role in the delivery of community care, out of hours care and a host of other services....Social enterprises reinvest their surpluses back into their services and into the communities they serve." (1)

FCMS

FCMS is a pioneering, not-for-profit social enterprise operating in Northern England delivering a range of NHS services, including urgent, community, and primary care. FCMS has long adopted social value at part of its core purpose.

As a leading social enterprise provider, FCMS delivers a wide range of health and wellbeing services (urgent care, diagnostic services, emergency dental services, call handling, and targeted care for vulnerable communities) to patients across the North West and the Midlands. They run the Blackpool and Fleetwood Urgent Treatment Centres (UTC). Whilst UTCs were introduced in 2017, similar services were in place for years beforehand. In 2008 FCMS launched the "Same Day Health Centre" in Fleetwood and one year later began to deliver Blackpool Teaching Hospital's "Urgent Care Centre". UTCs provide urgent medical help to non-life-threatening emergencies. Each UTC in England is expected to be open at least 12 hours a day, every day, Appointments are usually booked through NHS 111and have staff able to investigate, diagnose, and deal with common injuries and illnesses people attend Accident and Emergency Departments.

This report examines the role of FCMS's urgent treatment centres in Blackpool and Fleetwood to tackle health inequalities and explores opportunities for social enterprises and similar NHS providers to address health inequities by integrating social value approaches in all of their work.

FCMS directly tackles health inequalities in its Fleetwood and Blackpool UTCs by providing key services in areas of high deprivation but FCMS goes further than many other NHS organisations by tackling inequalities indirectly – through its social value approaches. FCMS is a model for other NHS providers, showing it is possible to improve the social determinants of health and reduce health inequalities when delivering NHS services.

HEALTH INEQUALITIES AND NHS PROVIDERS AND SOCIAL ENTERPRISES

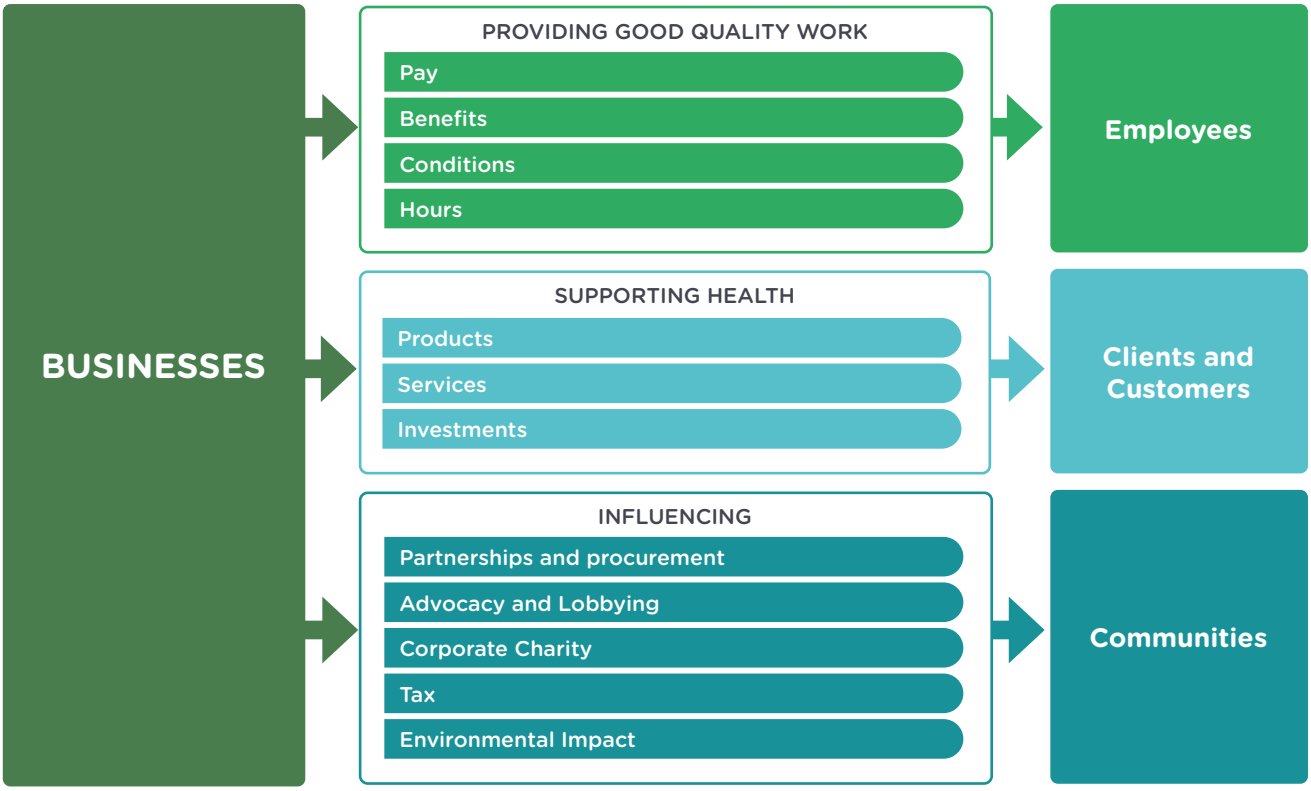
There are key areas where social enterprises and NHS providers such as FCMS can enhance their impact on health inequalities are by:

- **Adopting an upstream social determinants of health approach** by focusing on primary prevention and addressing structural causes of ill health.
- Developing targeted interventions and **promoting health education and prevention programmes**.
- **Further expanding services in primary and community care** to tackle the causes of increasing attendance in A&E and UTCs.
- **Enhancing collaborations and partnerships** with NHS commissioners and other healthcare providers, local authorities, voluntary sectors and community organisations to tailor approaches and share successes.
- **Improving communications:** Sharing experiences in challenging norms and delivering innovative NHS services that are reducing inequalities.

In implementing these types of strategies, social enterprises and other NHS providers can improve health inequalities; enhance patient experiences to ensure equitable access to high-quality care; and in doing so, help to **reduce demand and make healthcare systems more sustainable:** A proactive approach to health inequalities will alleviate urgent care pressures and contribute to the sustainability of NHS and public services.

The Institute of Health Equity's framework for businesses highlights three main routes through which organisations, including social enterprises such as FCMS, can influence the social, economic and environmental conditions that shape health and health inequalities, as shown in Figure 1.

Figure 1. How businesses shape health: the IHE framework



Source: *Institute of Health Equity (3)*

METHODOLOGY

The research was based on qualitative methods, involving semi-structured interviews conducted both in-person and remotely, as well as meetings with stakeholders. Participants included staff from FCMS, partners in the NHS, community groups, local authorities and business partners. The Institute of Health Equity facilitated the interviews, which were recorded and transcribed for analysis. Forty-five individuals were engaged through interviews and small group discussions held in Fleetwood and Blackpool. Further interactions were conducted with many participants to gather additional insights and information.

All quotes from participants are anonymised and presented in green text.

HEALTH INEQUALITIES IN BLACKPOOL AND FLEETWOOD

"Hope has disappeared."

In both **Blackpool** and **Fleetwood, health inequalities are stark**. These coastal areas in North West England experience higher levels of deprivation, lower life expectancies and poorer health compared to national averages. In these two communities, people, on average, live shorter lives and live more of their life in poor health.

The IHE report, *A hopeful future: equity and the social determinants of health in Lancashire and Cumbria,* highlights extensive inequalities in the region. (3) Blackpool is the most deprived local authority in England and **has the lowest life expectancy and healthy life expectancy** of any local authority in England. (4) In Bloomfield, Blackpool's area of highest deprivation, men live in good health to age 47 on average, and women to 51 years. (5) Close to half of Fleetwood's neighbourhoods are among the 10% most deprived in the country (the lowest unit of geography available for healthy life expectancy data for Fleetwood is Fylde coast, which covers large parts of Lancashire county).

Blackpool and Fleetwood have many similar challenges to those facing other coastal communities in the UK: higher median ages, more retired adults, lower proportions of residents reporting very good health, higher proportions of residents who are disabled, lower employment rates among working-age adults, and fewer residents with higher education qualifications compared to non-coastal areas (6). Increasing levels of poverty, falling real incomes, and higher living costs are leading to worse social determinants of health and worse health outcomes. (7) (8) In the future health **in England is predicted to deteriorate:** Health Foundation projections estimate a significant increase in the number of working-age adults living with major illnesses by 2040, predominantly among those living in the most deprived areas. (9)

Interviews with people from and working with these communities revealed a sense of hopelessness and low aspirations, which directly impact their mental and physical health. Poverty and debt are significant barriers to health improvement – one commissioner spoke of their impact on health, with residents prioritising 'survival' over health and wellbeing.

*"**Surviving is the priority** for people – health and wellbeing is not. **There is a sense of helplessness**, people want someone else to fix them and don't see the value in prioritising themselves. Kids are learning this from their parents and want someone else to fix them."*

Interviewees wanted the NHS to invest in primary prevention. One suggested how NHS providers, such as FCMS, could intervene and address these social issues before they became health problems.

*"**People don't even care [about their health**], they are living with debt and poverty. They find a breast lump or can't catch breath, but the first thing is to sort out is debt and crisis. Before health intervenes, they need to support these issues first...It's difficult to articulate that. The NHS needs to work differently. There is the odd innovator like FCMS."*

Prevention and the social determinants

Primary prevention: Actions aimed at reduce the incidence of disease and health problems before they occur – for example, through universal measures that improve places and opportunities for health lifestyles or by targeting high-risk groups, such as those living in areas of high deprivation.

Secondary prevention: Actions taken after detection of early stages of disease to seek to reduce harm before full symptoms develop – for example, GPs identifying patients with high blood pressure and prescribing drugs and/or advising patients on actions to take to reduce high blood pressure.

Social determinants of health: The social, economic or environmental factors affecting health, such as education, jobs, housing, transport and wider environments. (11)

TACKLING HEALTH INEQUALITIES IN URGENT TREATMENT CENTRES

Rising rates of poverty and deprivation lead to higher societal costs. **People living in areas of high deprivation, such as Fleetwood and Blackpool, have higher rates of Accident and Emergency (A&E) attendance.** Between March 2021 and March 2022, individuals living in the most deprived areas were 1.7 times more likely to attend A&E compared to those in the least deprived areas. (12)

UTCs play a pivotal role in healthcare systems, particularly in areas of high deprivation (such as Fleetwood and Blackpool) which often have lower rates of general practitioners per capita. (13) (14) UTCs help alleviate pressures on primary care and A&E departments.

Data analysis shows FCMS UTCs are able to address the needs of the majority of its patients without further need to redirect them to other services:

- 67% of all UTC visits in Fleetwood resulted in no further action (prescriptions are not recorded on their systems).
- 0.1% of patients at Fleetwood's UTC between January 1, 2023, and July 19, 2023, were redirected to another service. (14)
- 1% of patients at the Blackpool UTC from October 2021 to December 2021 were advised to attend A&E. (16)

Interviewees stated there is great potential for UTCs such as those in Fleetwood and Blackpool to build on these successes and take more active roles in and addressing health inequalities.

CHALLENGES IN COMMISSIONING

NHS and local authority commissioners face significant challenges due to limited resources and increasing demand, forcing difficult decisions about prioritising services. (17) In interviews, commissioners described the system as under *'phenomenal'* pressure, with frequent *'firefighting'* and a lack of stability within the local Integrated Care Board (ICB). The current environment was described as *'rigid'* and *'lacking creativity'* making it harder to commission new approaches: *"In that space it is hard to be creative and commission new work. I don't think this is anything to do with FCMS, it's about the space the ICB is in at the minute."*

An interviewee from primary care stated that in this environment, they are struggling to find NHS commissioners who understood change was needed and risks sometimes needed to be taken. Interviewees reported many commissioners lacked awareness of which providers are capable of tackling health inequalities, or the actions needed. *"The NHS is in retreat. We used to have honest relationships with commissioners, to discuss what is possible. But now they've lost intelligence from good commissioners who knew systems and could identify what is needed."*

Commissioning to address health inequalities often requires new partnerships and delivery pathways, which is difficult in a conservative, risk-averse system. Commissioners interviewed confirmed they felt constrained by national project management practices and had little room to commission creative solutions. The UTCs delivered by FCMS could go further in providing more flexible and effective healthcare delivery better able to tackle health inequalities in the communities where people live.

Commissioning for social action in challenges times

Despite the significant pressures on the NHS and other public services, there are examples of NHS organisations and local authorities that are using social value approaches in their procurement. Social Enterprise UK and the Institute for Voluntary Action Research (IVAR) set out a 12-step approach to embedding social value in health and care commissioning based on work with 12 areas and partnerships with Clinical Commissioning Groups, local authorities and the Voluntary Community and Social Enterprise. (18)

The Local Government Association has studied 'Asset based commissioning' in the last decade and observed that some local authorities commissioned more holistically during the COVID pandemic and suggest a fairer way to commission:

- Focus on **commissioning for social, environmental and economic outcomes** with the service and for the wider community.
- Promote innovation and enable social action by moving away from over-specified services and **asking providers and people using services to come up with ideas and activities to achieve the outcomes.**
- Promote the **creation of long-term value across social, environmental and economic costs and benefits, and emphasise the importance of prevention.**
- Use a range of methods to develop insight, exploring needs, assets and aspirations to **build a picture of what works and current strengths, as well as what support is needed.**
- Put co-production at its heart: the commissioning process is **co-produced with citizens** and it is expected that providers will begin to co-produce their services with those intended to benefit from them.

- **Be iterative and adaptive:** continuous reflection and evaluation to create flexibility for services to be adapted to the interests of local people.
- **Be collaborative:** promote strong relationships across and between public sector organisations, the the voluntary, community and social enterprise sector (VCSE), civic groups and residents, e.g. joint commissioning and opportunities for providers to form alliances or consortia. (19)

Community services, mental health and inequalities

In Blackpool and Fleetwood and in many other areas of high deprivation, there is a pressing need for preventive, early identification and treatment mental health services for children and young people. While mental health is one of the five clinical priorities in the Core20PLUS5 for children and young people. (20) it is unclear how many areas have implemented services to reduce these health inequalities in mental health.

Key approaches to mental health that are likely to benefit health equity:

- Providing services in the community and working with communities to develop these approaches
- Adopting a prevention mentality – addressing problems such as depression, social isolation and loneliness before they become more serious problems.

NHS England has committed to provide more community-based mental health services, involving "new care models, with better coordination between the range of different NHS mental and physical health services, and other services". (21) Adopting a prevention or public mental health approach, involves tackling mental health problems and disorders before they arise and promoting mental wellbeing and resilience. (22) Many prevention interventions and public mental health services can be delivered outside of the NHS, in communities — by a range of NHS providers or those outside of the NHS, such as the Voluntary and Community Sector.

Interviewees spoke of the need for FCMS to deliver much needed mental health services, stating *"we need a plan to deliver mental health out in the community that is structured…People are in the (local) mental health unit for short periods of time…they go in and back out quickly. It's not the place for people to make changes."*

When mental health issues such as social isolation and loneliness are addressed in communities, they can prevent more serious forms of mental health problems. Interviewees stated social isolation looks different in each area: Fleetwood has a strong sense of community and stable population yet people still feel 'lonely' and that there is 'nothing to do'. The Weatherspoon's pub closing in Fleetwood was discussed as a turning point in Fleetwood by people in voluntary groups: *"You know you're living in a bad place when 'Spoons closes."* In Blackpool, interviewees stated inward migration and lack of connection to Blackpool meant there are residents who have few, if any, people to talk to.

In both places interviewees said residents were 'staying in' more because of the high cost of living and reported people had *'nothing to do'*. Because of this, they reported concerns of increasing social isolation and subsequent impacts on communities and individuals in the short, medium and long-term. Interviewees stated community-based services have to be free, as residents on low incomes do not have the funds to pay, such as for gym membership fees, even if they are low-cost.

Public mental health approaches involve improving psychosocial interventions, such as 'social skills training, physical activity promotion, supported employment and skills-based training, supported housing, positive psychology interventions, and mindfulness'. (22)

NHS providers, can deliver public mental health approaches - supporting community activities and spaces and providing opportunities to increase social connections. FCMS already delivers public mental health services through its financial support to community projects, such as funding local gyms to improve physical and mental health.

Formal services

At the time of the interviews, in the spring of 2024, there were no out-of-hours mental health services for children and young people in Fleetwood and interviewees suggested such a service, covering weekdays from 5pm to 8pm and weekends from 12pm to 6pm, was desperately needed. Similar services to the ones suggested for Fleetwood are offered in Blackpool. They suggested FCMS should assess need, talk to partners and consider if the UTCs could deliver this service. Interviewees spoke of previous consultations with communities in Fleetwood that identified children and young people's mental health as a priority. A local authority commissioner stated FCMS could take leadership and *'drive the agenda'* and should scale up their work with children and young people in Fleetwood and across Wyre. They stated the ICB is *"unable to spend its mental health and CYP funding due to recruitment problems"* and suggested FCMS could lead efforts to utilise unspent mental health funds.

Interviewees also highlighted problems with the poor provision of mental health services for adults in Fleetwood, particularly the lack of out-of-hours services, with clinicians having *'nowhere to refer'*. Interviewees stated FCMS should directly deliver formal mental health clinics in its UTCs.

TACKLING HEALTH INEQUALITIES IN PRIMARY AND COMMUNITY SERVICES

FCMS's approach is an example of **delivering flexible, community-based primary care** services to tackle health inequalities, in addition to delivering its UTCs. FCMS delivers primary care services to patients outside of traditional GP premises, an effective method of tackling health inequalities. (23) A review published by the Health Equity Evidence Centre identified six principles to reduce inequalities in primary and secondary care. Flexibility is one of the principles to follow: "Care delivery should be flexible enough to make allowances for different patient needs and preferences in terms of time, accessible communication, location, and provided support." (24)

Interviewees referred to the **expertise FCMS has in taking time with patients** who do not access prevention services in primary care, such as screening and sexual health services, and suggested FCMS should deliver these services to reduce inequalities. Blackpool public health team said that *"FCMS are good at asking why people are not engaging and adapting services."*

FCMS's primary care services, which dedicate time to high-need patients, have been effective in meeting the health and social needs of people who have often been excluded from primary care. Existing FCMS services that tackle inequalities include:

- **Complex Lives.** Since January 2021 the Complex Lives team has provided a Homeless Health service across the Fylde Coast, addressing barriers to care for people who are homeless. Clinics are offered at community centres, health centres and via a mobile outreach bus purchased by FCMS. The service is supported by partnerships with primary and secondary care services and specialist health and care partners. The team provides various health services, aiming to build trust and ensure patient comfort and satisfaction.
  - > FCMS is respected for delivering outreach nursing support in North Lancashire as part of its Complex Lives work: *"FCMS did great work with people who are street homeless, it's a fantastic nurse-led service treating wounds...willing to put nurses in different centres."*
- **Changing Futures.** FCMS provide an outreach nurse to the Changing Futures services in North Lancashire. Collaborating with specialist partners, FCMS assists in identifying and treating patients facing multiple disadvantages, such as homelessness, substance misuse, mental health issues, domestic abuse and contact with the criminal justice system.
- **Special Allocation Services:** Since 2017, FCMS has provided Special Allocation Services across Lancashire and South Cumbria for patients unable to receive treatment from mainstream GP practices. This dynamic GP practice offers traditional primary care services, including remote consultations and face-to-face appointments at various clinical sites and a mobile clinic. The multidisciplinary team, supported by Patient Liaison Officers, tailors care to individual needs, aiming to build trusting relationships with patients.
- **Drop-in GP sessions for refugees and asylum seekers:** Since 2021, the Complex Lives service has supported refugees and asylum seekers in Blackpool by providing health checks and arranging referrals. The GP working at the Metropole praised the service for helping refugees *'lost in the system'* and noted that FCMS is addressing significant *'unmet needs'*. FCMS has collaborated with the GP, demonstrating a positive and innovative partnership to meet these needs.
  - > In primary care settings translation services can take up valuable time in a GP's day, with clinicians waiting 30 minutes, for example, for translators via phone services. The GP working with Metropole stated FCMS was quick to fund translation services, reducing barriers in the primary care services offered there: *"FCMS provides face- to-face interpreters that are nationally registered: this is excellent. The interpreters are excellent".*
- **Compass Medical Practice.** A virtual GP practice for patients removed from mainstream GP practices due to being deemed 'difficult to manage', serving Lancashire, Cumbria, and Halton. Consultations are conducted via telephone or video, and face-to-face appointments held in community clinical spaces or a bespoke clinical van. Each face-to-face appointment includes a risk assessment and at least one patient liaison officer, whose role is crucial in building trust. Compass employs social prescribers who help to address health inequalities by connecting patients to community services and activities.

These populations often struggle in mainstream primary care settings, and FCMS's approach of dedicating time to a small number of high-need patients can be scaled up to tackle inequalities across wider populations.

FCMS has also worked with public health teams to deliver successful outreach campaigns for measles vaccinations. The Blackpool public health team observed: *"We commissioned FCMS to do a campaign... to go to families not vaccinated with MMR and they went to their houses, with massively positive uptake...outreach works for these families... FCMS talked them around, took the time to spend with people and most ended up being vaccinated."* This type of **community-based services**, delivered outside of hospital and primary care settings, **are useful in reducing inequalities**. The NHS Confederation

estimates shifting to community care approaches could save a typical ICS £26 million in reduced acute demand. It found **areas that spent more in community care had non-elective admission rates 15% lower and ambulance conveyance rates 10% lower.** There is no national contract for community services, and it is up to Lancashire and South Cumbria ICB to develop its own approaches (25).

NHS PROVIDERS AS ANCHORS

"FCMS is a good example of how social value policy is being implemented."

Despite the absence of a national or regional Social Value strategy or plan beyond the 2012 Social Value Act, FCMS committed to being a social enterprise dedicated to benefiting the local communities where it is based. As an anchor institution rooted in its community, FCMS aims to maximise its social, economic, and environmental benefits. **FCMS emotionally and financially invests in a number of community initiatives, building long-term meaningful partnerships based on shared values.** The NHS Confederation argues adopting anchor approaches is 'perhaps the most significant chance...to bring the NHS's role in addressing the inequalities agenda more to the fore' (26).

FCMS is deeply embedded in its community and embodies the qualities of an anchor institution. **FCMS currently supports a range of community initiatives** including providing long-term funding to a children's charity in Blackpool and supporting a community café at a primary school in Fleetwood.

- Since 2021 FCMS has financially supported **Boathouse Youth in Blackpool**. Staff also help at their summer camp. Boathouse Youth works with children and young people aged 5 to 17, from communities of high deprivation across Blackpool. It provides physical, creative and educational activities including centre-based youth work, offsite visits and residential experiences. It also has a specialist programme for children with additional needs and disabilities. All services are fully funded and free at the point of access (27).
- In 2023 FCMS funded the **Strive community coffee shop at Flakefleet Primary School**. FCMS funded the renovations and staffing for the next four years at no cost to the school. Strive coffee shop serves as a community hub with various volunteering opportunities and activities shaped by its users (28).

FCMS provides **recurrent funding to community projects to promote self-sustainability teaching skills rather than offering temporary solutions**. The financial support provided comes without caveats – FCMS trusts the partners it invests in to deliver meaningful change. By sustainably investing in community projects such as Boathouse Youth and Strive coffee shop, FCMS is supporting long-term health and social improvements over short-term projects.

FCMS currently commits 1% of its turnover to community projects, and there are plans to increase this commitment. Its future social value approaches are developed after consulting with local voluntary and charity sector leaders in the communities where they deliver NHS services. As a result of these conversations, future FCMS investments are focusing on: the first 1,000 days; youth mental wellness and environmental considerations.

What can NHS providers such as FCMS do to further tackle inequalities?

- There are opportunities to improve the use of space within buildings delivering NHS services. For example, **offering free or reduced cost meeting rooms** to the voluntary sector and other community groups.
- **Sharing the skills of staff** with local community groups could be highly beneficial. For example, providing training to the voluntary sector is another possibility.
- NHS providers can **develop a research arm**, secure research infrastructure funding, and create a space where practitioners and patients can collaborate on research. At FCMS it aligns with its philosophy of following its passions and taking actions without seeking permission.
- **Considering the needs of particular community groups** is key for effective anchor approaches. NHS provider organisations could, for example, offer particular groups, such as single mothers, training and support for future employment at the same time helping them to access income and welfare benefits.

Boathouse Youth members taking part in activities.

GOING FURTHER, FASTER TO REDUCE INEQUALITIES

Social enterprises such as FCMS are key players in effectively tackling health inequalities and improving health outcomes in communities like Fleetwood and Blackpool that are facing severe challenges.

There are a number of ways NHS social enterprises such as FCMS can enhance their capacity to reduce health inequalities in their current services and in delivering new services:

- **Diversifying the team.** Employing social prescribers and care navigators is recommended to address social determinants of health. The British Red Cross highlights the importance of linking community-based support to social prescribing. (23) FCMS's Compass clinic has found social prescribers crucial for providing non-clinical support to patients who are homeless.
    - > Commissioners suggest expanding FCMS's services to employ non-clinical staff, labelling them 'Back on Track Navigators': *"Back on Track Navigators – I suspect there are a whole host of people in Fleetwood who would value having someone such as this to support them. The Fleetwood Primary Care Network are incredible and have a whole system of delivery to support vulnerable people but I haven't seen anything like this as part of the offer."*
    - > Working in primary care to provide care for particular groups such as homeless patients. A primary care interviewee suggested: *"If I had a wish list, I would suggest the ICB commission FCMS to provide a GP surgery for the homeless... The issue with a lot of homeless is that they are registered with a GP but don't go to the practice, they don't go to healthcare because they don't feel welcome...You need people who can see the whole individual who's not had treatment and care for 30 years and to slowly work with package of care they are willing to have."*
    - > The team coordinating and delivering homeless services in Blackpool wanted *"as near to instant access to nurses and doctors as possible – for chaotic patients without phones and a mobile GP surgery".*
- **Refugee and asylum services** can shift to a **hub and spoke model,** to bring refugee patients into a single service, with GP clinical leadership. A GP working with FCMS providing services to refugees and asylum seekers housed in Blackpool stated it *"was very difficult to give patients the continuity they so desperately need".*
- **Making Every Contact Count (MECC):** MECC involves NHS staff engaging with patients on improving their health and wellbeing in short communications, in many different settings. If done well and with awareness of inequalities, this quick signposting approach can improve the social determinants of health. (29) FCMS can adopt the MECC approach, training staff to engage with patients on improving their health and wellbeing in all interactions. This approach can enhance staff knowledge, confidence, and contribute to an organisational culture shift toward health prevention.
- **Data approaches:** ICBs to use data to identify opportunities for reducing health inequalities in UTCs. (29) Specifically, analysing the effect of FCMS's UTCs on A&E attendance in Blackpool could demonstrate FCMS's role in addressing health inequalities.
    - > A 2024 NHS Confederation report encourages system partners to understand their own data, capacity, and skills to address health inequalities by asking key questions about understanding, culture, alignment, and challenges in their work. (30)
- **Primary prevention:** In areas of high deprivation, prevention should go beyond signposting to equipping individuals and communities with skills for better health and wellbeing. Communication strategies should consider the community's characteristics, such as limited phone access and lower education levels. FCMS could improve dissemination of health information through preferred channels identified by Healthwatch Lancashire. Healthwatch Lancashire reported in 2022 that over half of 552 survey respondents were not aware of the Patient UK website or the local child health advice booklet. (31) The Healthwatch report showed preferred communication methods depending on ages of patients. The preferred method of communication for all age groups up to age 65 was the NHS website but for over age 65, TV adverts were preferred. (31) FCMS can adopt proactive, holistic health prevention strategies, focusing on primary and secondary prevention, to delay disease and improve health outcomes. This includes working with communities to identify needed information and effective engagement methods.
- **Drug and alcohol services.** Blackpool has the highest rate of hospital admissions for alcohol-related harm in England, with men aged 35-54 most at risk of harm (32). Drug use prevalence is high, particularly in low-income households. (33) Interviews with drug and alcohol workers highlighted the potential for FCMS to improve referrals between UTCs and local drug and alcohol services. Interviewees emphasised the role of peer support workers with lived experience

providing services: *"Lived-experience peer support workers are the golden thread. They do operate in Fleetwood but only work with those who are our most complex."*

> Interviewees also spoke of the support needs of families affected by substance abuse. Public Health England outlines the multiple support needs of families affected by problem alcohol and drug use. These needs include: poverty; mental ill health; interparental conflict or domestic abuse; housing problems; worklessness; offending and child safeguarding concerns. (34) Interviewees suggested FCMS has alcohol liaison nurses in UTCs and improves data linkage to better connect admissions to treatment services.

- **Working in partnership with ambulance services.** FCMS staff are considering housing an ambulance hub within their Fleetwood building, offering a chance to work with the North West Ambulance Service (NWAS) to address health inequalities and reduce UTC and A&E demand. In recent years, ambulance services, including NWAS, have recognised their role in tackling health inequalities. In June 2023 the Association of Ambulance Chief Executives launched a national consensus to support ambulance services and ICSs in providing equitable services and addressing health inequalities. (35)

- The Northern Ambulance Alliance **mapped the main reasons for ambulance calls against Core20Plus 5** and found:

> call volumes are highest in areas of highest deprivation, yet these areas have the lowest proportion of hospital conveyances, suggesting **barriers to accessing services such as primary care**

> a **higher proportion of calls from areas of high deprivation involve younger people**, highlighting a need for further exploration

> calls related to mental health and respiratory problems are prevalent, indicating potential areas for targeted interventions. (36)

> A population health commissioner interviewed emphasised the value of working in partnership with NWAS: *"We know, NWAS knows, some of the patients they care for are not right for A&E. NWAS could assign a health and wellbeing coach and not transport patients to A&E. A non-clinical worker linked to NWAS and urgent walk-in is needed, someone rooted in place."*

FCMS staff helping serve lunch to Boathouse Youth members.

FCMS, and other NHS primary care and UTC providers could also provide direct access to **support and information for housing, debt and benefit entitlements and employment in primary and urgent care services** to improve the social determinants of health. This information is usually provided by non-clinical roles such as social prescribers or health justice partnerships (37). Such services are crucial for addressing the social determinants of health. Primary care services that are best placed to reduce health inequalities have a varied staff cohort (including non-clinical roles such as social prescribers), and are located where people are, such as in community centres and food banks.

INCREASING ACCOUNTABILITY IN SOCIAL ENTERPRISES

Being a social enterprise means **any surpluses generated in delivering services in the NHS are reinvested into the business or communities** where they are based to support improvements in social, economic and health arenas. Reports, such as this one, frequently report on examples of social enterprises reinvesting their profits to increase social value locally and for their staff. However, it remains unclear what level of investment social enterprises make as a percentage of their profits and what are the wider social value impacts of these reinvestments. Despite the Social Value Act being introduced more than a decade ago, **social enterprises are generally not being held to account for their social value impacts** — it is unclear how much of their profit is being reinvested in local communities and what social value impact this has had.

Accountability mechanisms are needed to ensure that social enterprise organisations have positive social value impacts, that they measure the impacts and that senior leadership are accountable for them of. The Institute of Health Equity analysed accountability mechanisms for health inequalities across the NHS and concluded **"(r)obust accountability systems are an essential part of reducing health inequalities**. Without these there is a risk health inequality will be disregarded as other priorities with clear and stringent accountability mechanisms take precedence." (38)

Social enterprises were created to "shift power from central to local control and encourage people and organisations to play a more active part in their local communities" (39). Commissioners such as ICSs or Clinical Commissioning Groups need to ask their provider organisations to no longer accept weak general statements about impact, such as providers 'aiming' to tackle health inequalities — they **should require performance management data to monitor whether they are taking actions and hold them contractually accountable**. In the current climate in the NHS, with sustained financial and demand pressures, both commissioners and providers may be more likely to prioritise financial sustainability over social goals.

FCMS shows it is possible to deliver good quality NHS services at the same time as reinvesting profits back into local communities, as such, able to meet or exceed social value commitments and tackle health inequality (See Care Quality Commission reviews (16) (15)).

Commissioners hold a great deal of power; they hold the power to require NHS providers, including social enterprises, to outline clear monitoring and metrics related to health inequalities and to clearly articulate how providers are reinvesting their profits to address health inequalities — as FCMS clearly does. **Making it mandatory that social enterprises outline how inequalities are being addressed and how they are reinvesting their profits and holding them accountable on that through robust performance management will help local NHS systems amplify their impacts as anchor organisations and tackle the social determinants of health and reduce health inequalities**.

HEALTH EQUITY IN ALL POLICIES

FCMS and other NHS providers can lead efforts to tackle health inequalities by implementing systemic changes through effective leadership, partnerships, and community collaborations:

- **Leadership and advocacy.** NHS providers, such as FCMS, can be local leaders, leveraging their infrastructure, resources and reputation to address health inequalities. The IHE business review states businesses have power to 'advocate' for others - the public, businesses, local and national government, - to take action to reduce health inequalities. (3) By advocating for action on health inequalities FCMS is setting an example to other NHS providers and to all providers of UTCs to understand and prioritise health equity.

- **Partnerships and collaboration:** Furthermore, fostering partnerships with similar organisations within the NHS and sharing strategies for reducing health inequalities can amplify the impact of an NHS provider's efforts. The IHE Business review suggests that businesses should "partner with communities, VCFSE and public sector organisations wherever they operate" (3). Despite the importance of collaboration, many providers of NHS services overlook or undervalue it. NHS systems tend to be siloed which means partnerships are hard to establish and sustain.

NHS Providers and social enterprises, such as FCMS, have the staff, the buildings, the wider capacity to deliver health inequalities – it requires both a **shift in commissioning and a shift in providing** – for all partners to see **the necessity for health equity in all policies, even when delivering key NHS services**.

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